

# An Evaluation of Advanced Communication Skills Training (ACST): Blended learning in response to the pandemic

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## An Urgent Need

Face-to-face delivery of Advanced Communication Skills Training (ACST) was brought to a sudden halt by the Covid-19 pandemic. Yet the need to engage in difficult conversations was more intense than ever...

“I was very sceptical how this would work as a virtual learning experience...”

## Challenges

Transferring face to face learning to blended learning presented a number of concerns about maintaining quality. We wanted to maintain a safe, effective learning space for attendees. We also wanted to avoid ‘Zoom fatigue’ (Weiderhold, 2020).

## Evaluation

Evaluation of ‘soft-skills’ online training is rare (Moore et al, 2018). However we were able to compare the final three evaluations of pre-/post- self-reported confidence levels from our face-to-face curriculum with the first three runs of blended learning provision using a validated, anonymised questionnaire (Bibila & Rabiee, 2013). We also performed thematic analysis of free-text responses, which will be reported in more detail elsewhere.

## Results of Evaluation

Trend analysis of confidence-levels before and after ACST indicates equivalence between face-to-face and blended delivery. Both course versions have a particular impact on confidence in dealing with conflict and psychological problems. Q1 in the tables below relates to confidence in structuring assessment interview, while Q5 relates to strong emotion, Q7 and 8 relate to challenging behaviours in patients and colleagues respectively and Q9 relates to discussing psychological problems.

Pre-course Questionnaire - Face to face training (25 respondents)

Confidence	1	2	3	4	5	6	7	8	9	10
Q1				3	6	6	6	3	1	
Q5			3	1	2	9	6	4		
Q7		2		4	5	7	6		1	
Q8			4	4	6	2	5		1	
Q9			1	2	4	7	5	2		1

Pre-course Questionnaire - Digital training (15 respondents)

Confidence	1	2	3	4	5	6	7	8	9	10
Q1	1	1		3	5	1	3	1		
Q5				3	3	3	1	4		
Q7		1		3	4	4	2	1		
Q8		1	1	1	5	4	1	2		
Q9			1	2	3	2	6	1		

“...but it has been amazing.”

Post-course Questionnaire - Face to face training (24 respondents)

Confidence	1	2	3	4	5	6	7	8	9	10
Q1						1	3	9	10	1
Q5						1	5	8	7	3
Q7						2	8	3	9	2
Q8						3	9	5	4	3
Q9						2	10	4	6	2

Post-course Questionnaire - Digital training (13 respondents)

Confidence	1	2	3	4	5	6	7	8	9	10
Q1						1	1	6	5	
Q5							5	3	4	1
Q7						1	3	6	2	1
Q8						1	4	5	3	
Q9							4	4	3	2

With thanks to:



For co-development

## Moving Forward...

Blended delivery of the ACST has shown its worth. We continue to deliver this method in partnership with Frontline Communication. Additional evaluation with larger numbers and a focus on specific elements of delivery will help us to better understand this pedagogical approach. A full thematic analysis will explore how we achieved equivalence.

## References

- Bibila, S. Rabiee, F. (2013) Training the powerful: issues that emerged during the evaluation of a communication skills training programme for senior cancer care professionals. *European Journal of Cancer Care* 23 (4) pp. 531-544
- Moore et al (2018) Communication skills training for healthcare professionals working with people who have cancer (review) *Cochrane Database of Systematic reviews* 7 CD003751
- Nowell, L. et al (2017) Thematic Analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16 1-13
- Weiderhold, B. (2020) Connecting through technology during the coronavirus disease 2019 pandemic: Avoiding “zoom fatigue”. 23 (7) 437-8