



# VOICE (Virtual Online vs In- presence Educational) Project

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**American Academy of Pediatrics** - importance for pediatricians to be able to **conduct effective and empathic communications** and discussions regarding the diagnoses of incurability, end of life care, medical errors and even the death of one patient.

**Experiential learning** (e.g., role-play) is considered essential to transform the information into usable skills. Feedback is given in a **safe and sharing environment**, increasing the possibility of personal and group reflection, stimulating empathic skills and actively listening to the emotions and needs of

families  
Baker et al. The AAP Resilience in the Face of Grief and Loss Curriculum. *Pediatrics*. 2016;138(5):e20160791-10.1542/peds.2016-0791

Baker et al. National survey of pediatric residency program directors and residents regarding education in palliative medicine and end-of-life care. *J Palliat Med*. 2007;10(2):420-429. 10.1089/jpm.2006.0135





# The aim of the



1. Increase the **self-confidence in communication** of pediatric trainees,
2. Evaluate **effectiveness of different teaching methods** (evaluate face to face role playing compared to those performed otherwise)

Pilot study with 30 residents



# Project flow-chart

67 residents from June to



Medical Ethics Committee (permission 5230/AO/21).



## Characteristics and demographics

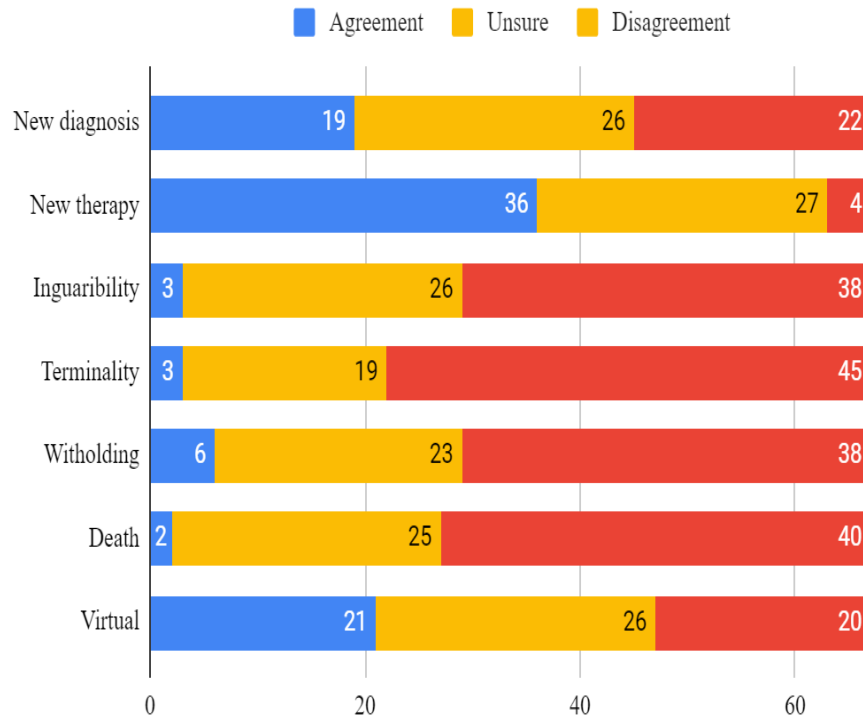
	Participants n= 67 (100%)		
<b>Gender (M/F)</b>	21/46 (31%/69%)		
<b>Age (Years)</b>			
25-29	48 (72%)		
30-35	17 (26%)		
>36	1 (2%)		
<b>School of Residency</b>		<b>Participation rate to the whole n of residents</b>	
Pediatric	42 (63%)	Pediatric	35%
Pediatric surgery	12 (18%)	Pediatric surgery	32%
Pediatric neuro-psychiatrist	13 (19%)	Pediatric neuro-psychiatrist	<b>100%</b>
<b>Year of residency</b>			
1st Year	34 (50%)		
2nd Year	15 (23%)		
3-5 Years	18 (27%)		
<b>Previous communication training</b>			
Yes	12 (17,1%)		
No	58 (82,9%)		



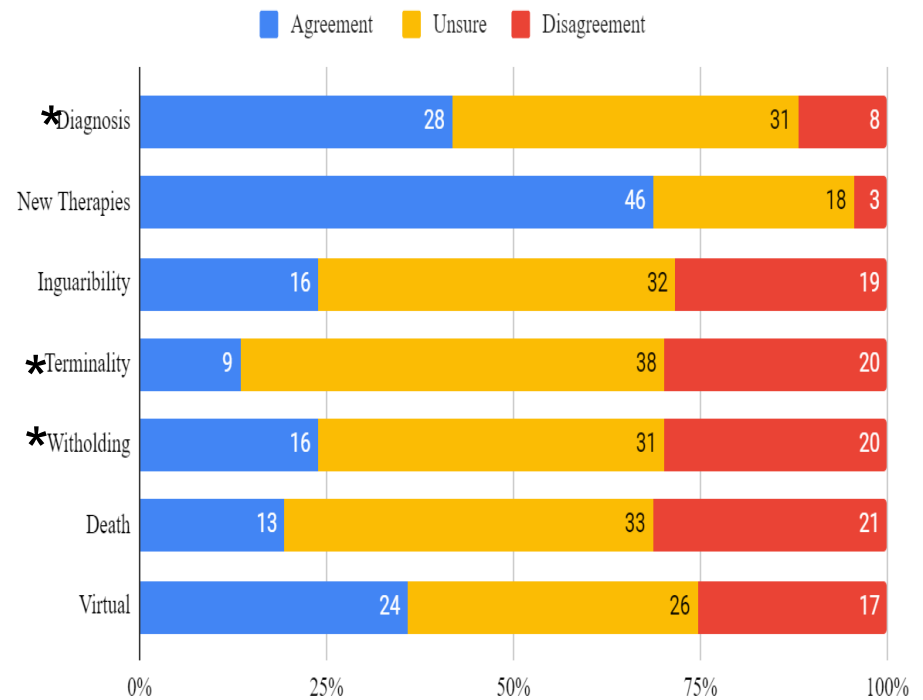
## Self confidence in communication



### Self confidence in delivering difficult communication (pre)



### Self confidence in delivering difficult communication (post)



- New Diagnosis  $p = < 0.001$  (face to face group  $p = 0.011$ )
- Terminality  $p = < 0.001$  (face to face group  $p = 0.011$ )
- Withholding  $p = < 0.001$  (face to face group  $p = 0.011$ )



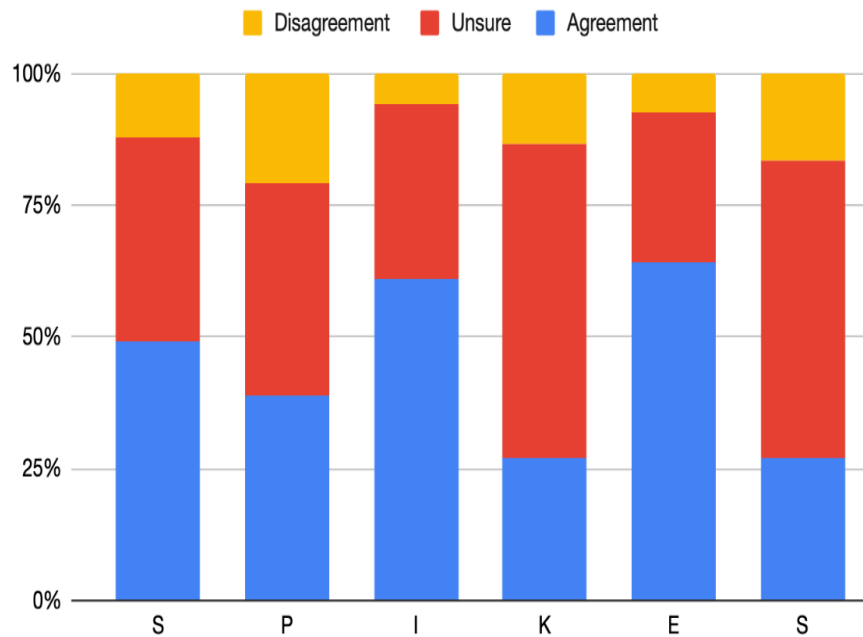
Wilcoxon Signed test analysis





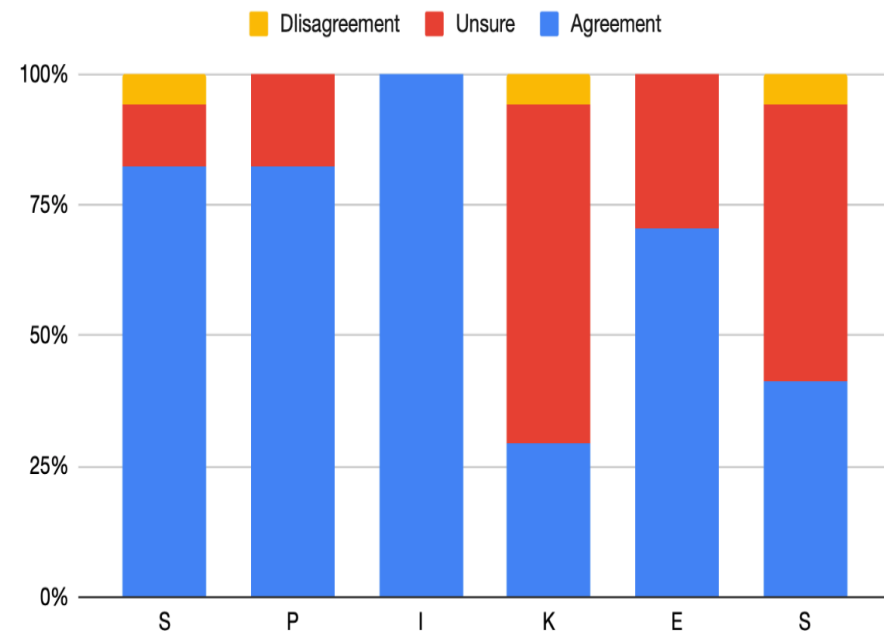
n = 67

Confidence and use of SPIKES protocol



n = 22

Confidence and use of SPIKES guidelines T2



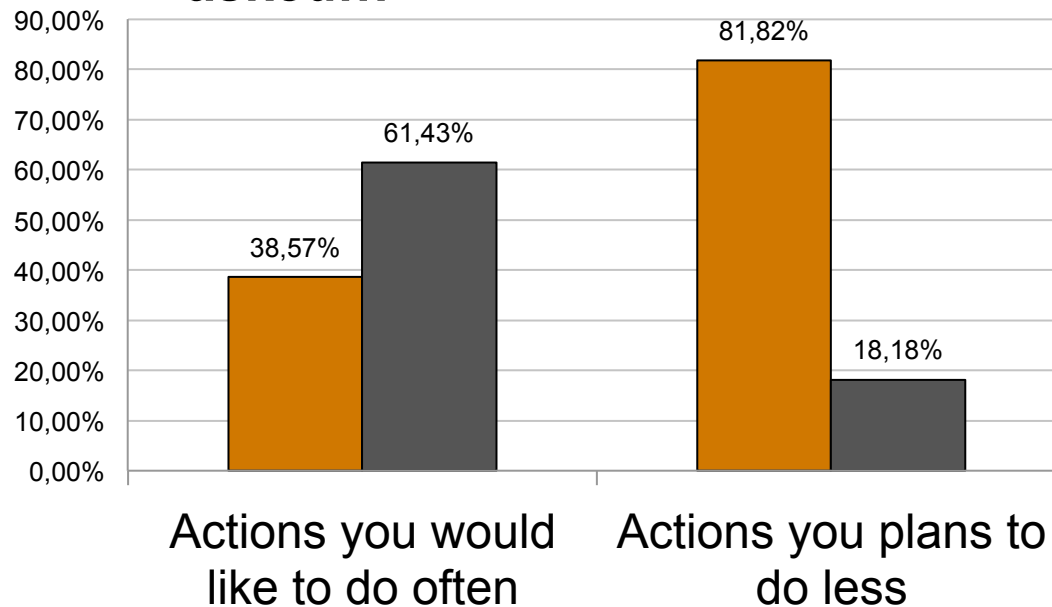
Wilcoxon Signed test analysis

Baile WF, Buckman R, Lenzi R, Gloger G, Beale EA, Kudelka AP. SPIKES-A six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist*. 2000;5(4):302-11. doi: 10.1634/theoncologist.5-4-302. PMID: 10964998.





## After the training, two open-ended questions were asked...



■ Actions relating to the doctor's role

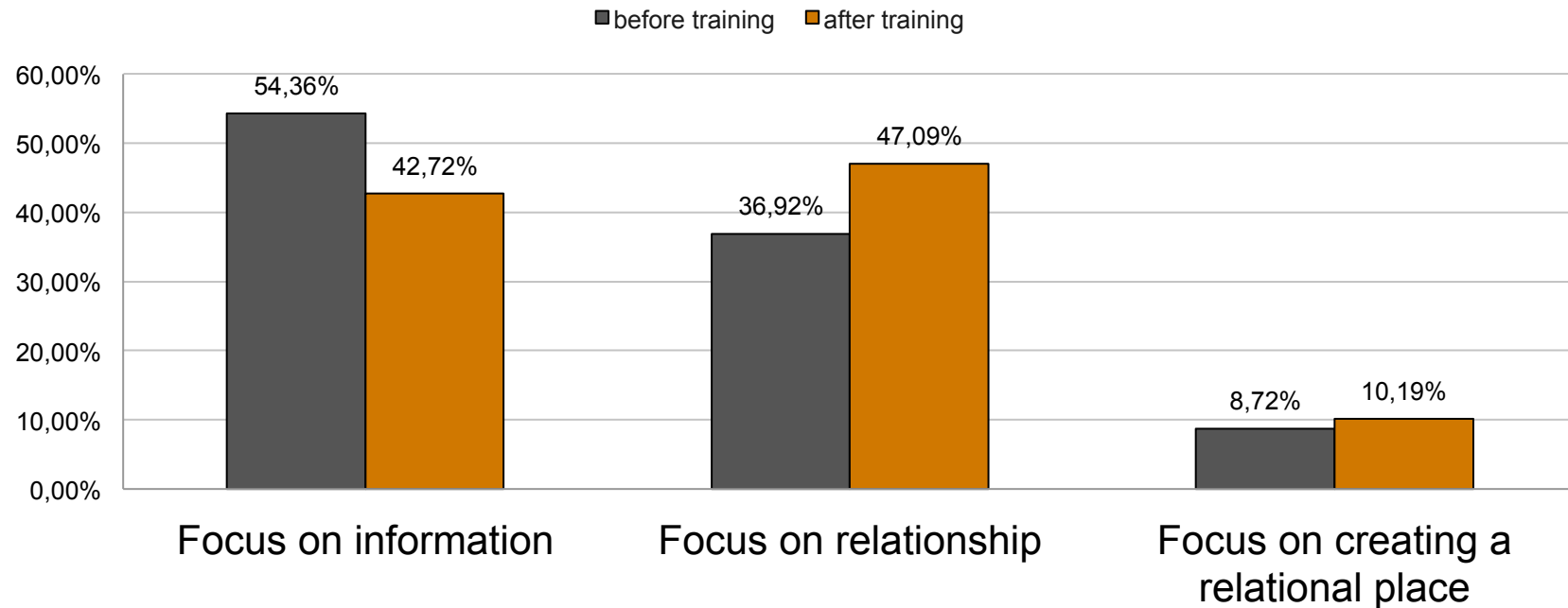
The stimulus is to change oneself by trying to limit certain actions in order to go more towards the others

“Allowing space and listening to the other person's story”; “Increasing emotional understanding to modulate the objective of communication”; “Considering the family expectations and needs”; “The weight of one's words: pauses, time, silence”

“not taking care of the lexicon: technicalities, excessive info, misleading info”; “Being in a hurry”; “Superficiality in the encounter with the other person: trivializing the experience, value judgements, taking things for granted”



## Aspects referred crucial in communication



how to prepare the  
information in  
general

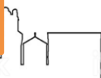
*“Clarity”, “no technicalities”,  
“appropriateness of language”,  
“precision”*

relational competence  
to establish an alliance  
relationship

*“empathy”, “sensitivity”,  
“humanity”,  
“openness”, “listening”,  
“dialogue”, “reciprocity”*

actions to create the right  
situation for active  
listening

*“waiting for them to be  
ready”, “time”, “silence”,  
“pauses”, “calm”, “taking  
care of the end of the  
interview”, “setting”*





## In conclusion

**All three groups declared this training useful (91%). The face-to-face group performed better in general self-confidence and in perceived greater ability to deal with scenarios of new diagnoses, terminality and withholding.**

The most useful training's part was the **role-playing** (57,14%) and the group as a **discussion forum** (21,43%).

For the future, a **longer training** is requested, with **several meetings** (36,62%), **new scenarios** to be played out (e.g., real actors, communication with children) (23.94%)





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DIPARTIMENTO DI SALUTE DELLA DONNA E DEL BAMBINO,  
CENTRO REGIONALE VENETO DI TERAPIA ANTALGICA E CURE PALLIATIVE PEDIATRICHE

Thank you



Padua