

NHS

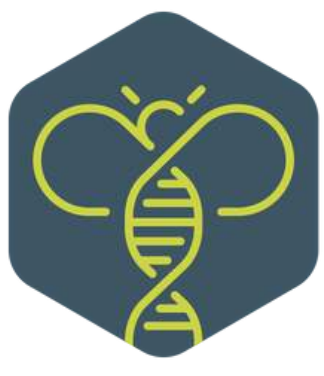
Greater Manchester
Cancer Alliance

Communication Skills

Training Pilot

Results

Re:course



Pages 1-2 of this report give headline information around the background of the AI communication skills pilot as well as overarching conclusions. Full results from learners can be found in the subsequent pages.

Background

We know that good care start with effective communication, and Greater Manchester Cancer Alliance are committed to making sure communication skills training is more accessible than ever before via the GM Cancer Academy - the education provider for the alliance.

Working with Recourse, we have leveraged technology to make cancer education more accessible, interactive and meaningful than ever before. We are looking to transform the way people access communication skills training by creating AI-driven experiential education.

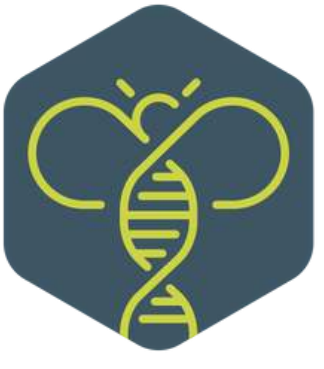
Healthcare professionals will be able to immerse themselves in interactive scenarios with patients and carers, practicing vital skills such as delivering difficult news, managing conflict, and de-escalating tense situations, all within a secure and controlled environment.

This training, initially piloted with 200 members of the current and future workforce, has undergone extensive consultation to ensure it meets the needs of participants. Additionally, the simulations and assessment frameworks have been co-produced to ensure they are inclusive and representative of real-world experiences.

With AI rapidly evolving, we are excited to witness how advancements in technology will continue to enhance this training. While this approach differs significantly from traditional communication skills training methods, we are committed to pushing boundaries and exploring innovative, sustainable, and scalable solutions for the future of cancer education.

The package includes a CPD accredited module on communication skills training. Learners must complete the eLearning package in order to access the simulations.

This exciting new training offer is now available for purchase through the Greater Manchester Cancer Academy website - including other cancer alliances.



Conclusions

- The AI training allowed participants to experiment with different communication techniques, boosting confidence by removing the pressure of being observed by others, as is common in face-to-face training.
- Many appreciated the opportunity to break down conversations into stages, which enhanced understanding and mastery of key elements like consent, empathy, and patient understanding.
- Some users found the AI training more insightful than traditional actor-based simulations, as it offered detailed feedback and allowed for ongoing practice at their own pace.
- A few participants noted that while the AI was realistic in its responses, it lacked the emotional depth that face-to-face interactions with real patients or actors provide, particularly in picking up on non-verbal cues.
- There was a consensus that this type of technology represents the future of communication skills training, especially in terms of accessibility, flexibility, and repeatability.
- Suggestions for improvement included addressing technical issues and expanding the scope of scenarios to cover a broader range of medical and emotional situations, including non-cancer scenarios and those involving language barriers.

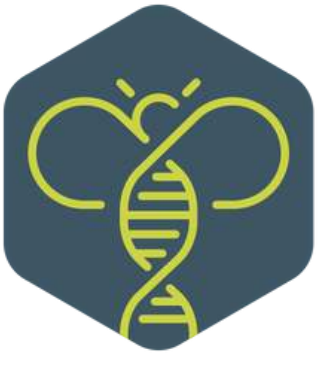
Next Steps

Over the next 12 months, we plan to expand our offering with enhanced communication skills scenarios and introduce additional exciting features to enrich the overall learning experience.

Recognising the importance of treating the patient holistically, we are actively working with the GM Workforce and Education Board towards developing system-wide communications package. This will include collaboration across various specialities, ensuring that communication skills are integrated seamlessly throughout different areas of care.

To support the work, we are working with Professors at Manchester Metropolitan University to publish an academic piece of research around the interactional authenticity of the training, and how our workforce retain education delivered via AI, and how it's put into practice.

**Since this report was issued, amendments to the AI package have been made to further meet the needs of the workforce.*



The AI Scenarios

Daniel Stewart is a 58-year-old male who attended a 2-week-wait appointment with his wife, Susan, at the chest clinic today following a GP referral for dyspnoea, back pain and weight loss.

Daniel had a CT scan two days prior to today's appointment which is reported as a likely primary lung cancer (3cm nodule in right upper lobe) with metastatic bone and liver disease.

Daniel's consultant (Dr Shah) has explained the findings and the poor prognosis to him and his wife. Around 5 out of 100 people (almost 5%) with this stage of lung cancer will survive their cancer for 5 years or more after they're diagnosed.

Daniel has been made aware that his diagnosis is not curable. It will be discussed at the Lung MDT tomorrow to help determine the best course of action which may involve chemotherapy or immunotherapy. To control symptoms such as his back pain, he may be offered radiotherapy.

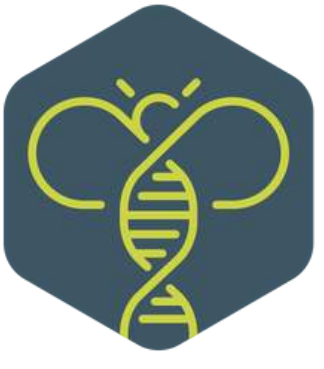
Neither Daniel nor his wife were expecting this diagnosis today and were devastated when the consultant explained the findings. Given the unexpected diagnosis, Dr Shah is not sure that Daniel and his wife took on board all of the information that he provided. He wants to ensure Daniel and his wife have an opportunity to discuss the diagnosis further and ask any questions they might have once they have the chance to process the news.

Dr Shah has asked you as one of the advanced nurse practitioners in the clinic to meet with Daniel and Susan following his consultation. Daniel has provided verbal consent for all staff including yourself to freely discuss his medical details with Susan. Daniel is alone in the waiting room, you call him into your consultation room.

Your objective with both is to explore their understandings of Daniel's diagnosis, provide knowledge empathetically, and competently close the conversation through summarisation, time-bound planning, and offering solutions if appropriate.

You may verbally signpost to additional resources if needed. This signposting does not have to be direct phone numbers, links or email addresses. You may signpost generally (e.g. Financial support, information leaflets) or to specific services (e.g. Cancer Research UK, Macmillan, Patient Advice and Liaison Service).

hint - Daniel and Susan's personalities and goals may vary. Your aim is to adjust your communication style for each scenario. Repetition may indicate there is a communication technique you need to utilise.



Recourse Data Insights (52 learners)

Scenario 1: Daniel (Patient)

Context: Dr Shah has asked you as one of the advanced nurse practitioners in the clinic to meet with Daniel and Susan following his consultation. Daniel is alone in the waiting room, you call him into your consultation room. Your objective is to introduce yourself, ensure Daniel is comfortable, gather Daniel's perception of his diagnosis, invite him to speak to you about the topic, provide Daniel with the knowledge he requires, speak empathetically, and close the conversation with summarisation skills.

7847 minutes invested - avg. 150 minutes per person. - avg 3 attempts per person

first performance score: 54%

best performance score: 70%

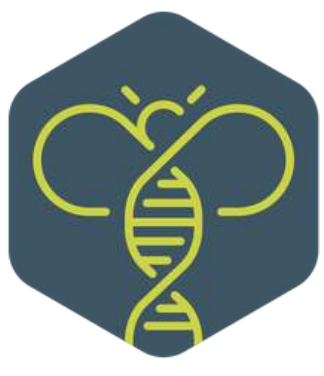
Scenario 2: Susan (Wife - Carer)

Context: You have already met with Daniel and discussed the diagnosis and next steps. Daniel provided verbal consent for you to speak to his wife. Daniel's wife, Susan, returns to the clinic alone and visibly distressed demanding to speak to the consultant, however, he is in the middle of the clinic. You offer to speak to Susan in one of the free consultation rooms.

2843 minutes invested - avg. 54 minutes per person. - avg. 2 attempts per person

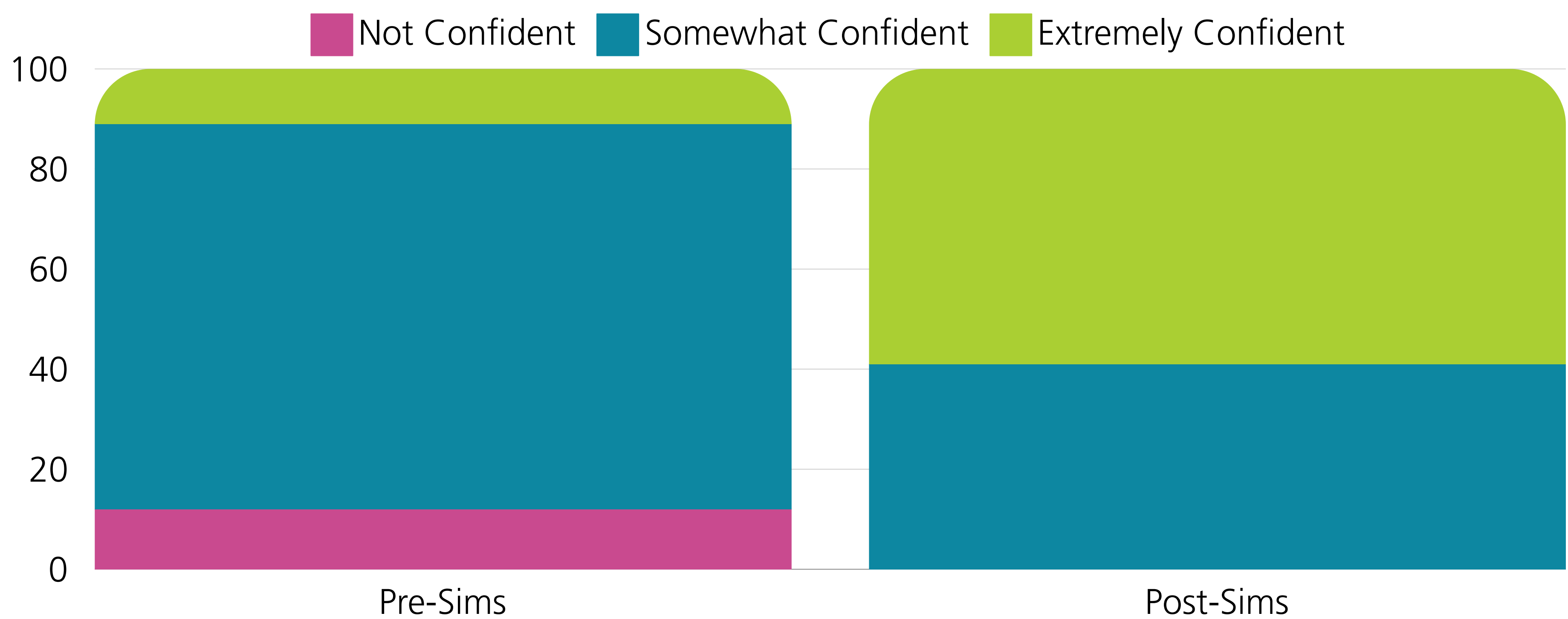
first performance score: 56%

best performance score: 65%

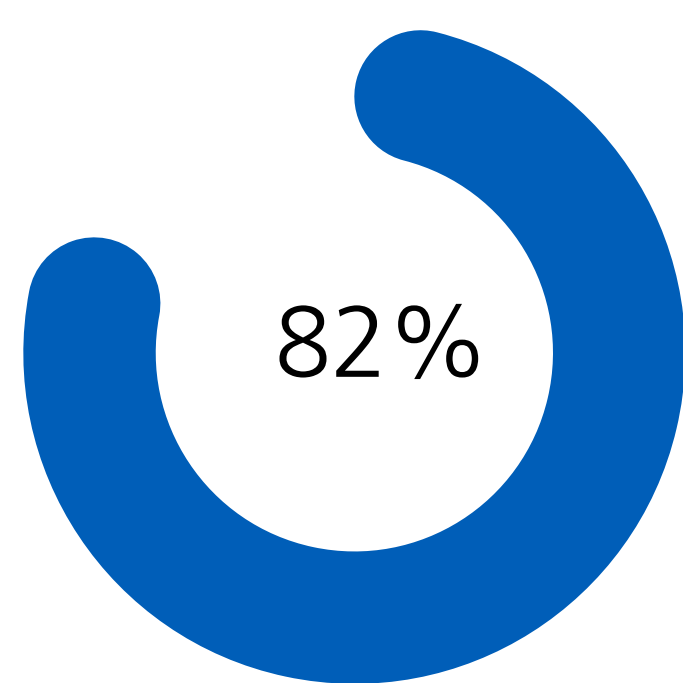


Learner Evaluation

How confident were you in your communication skills before starting the training?
Please rate your confidence level now after completing the training.

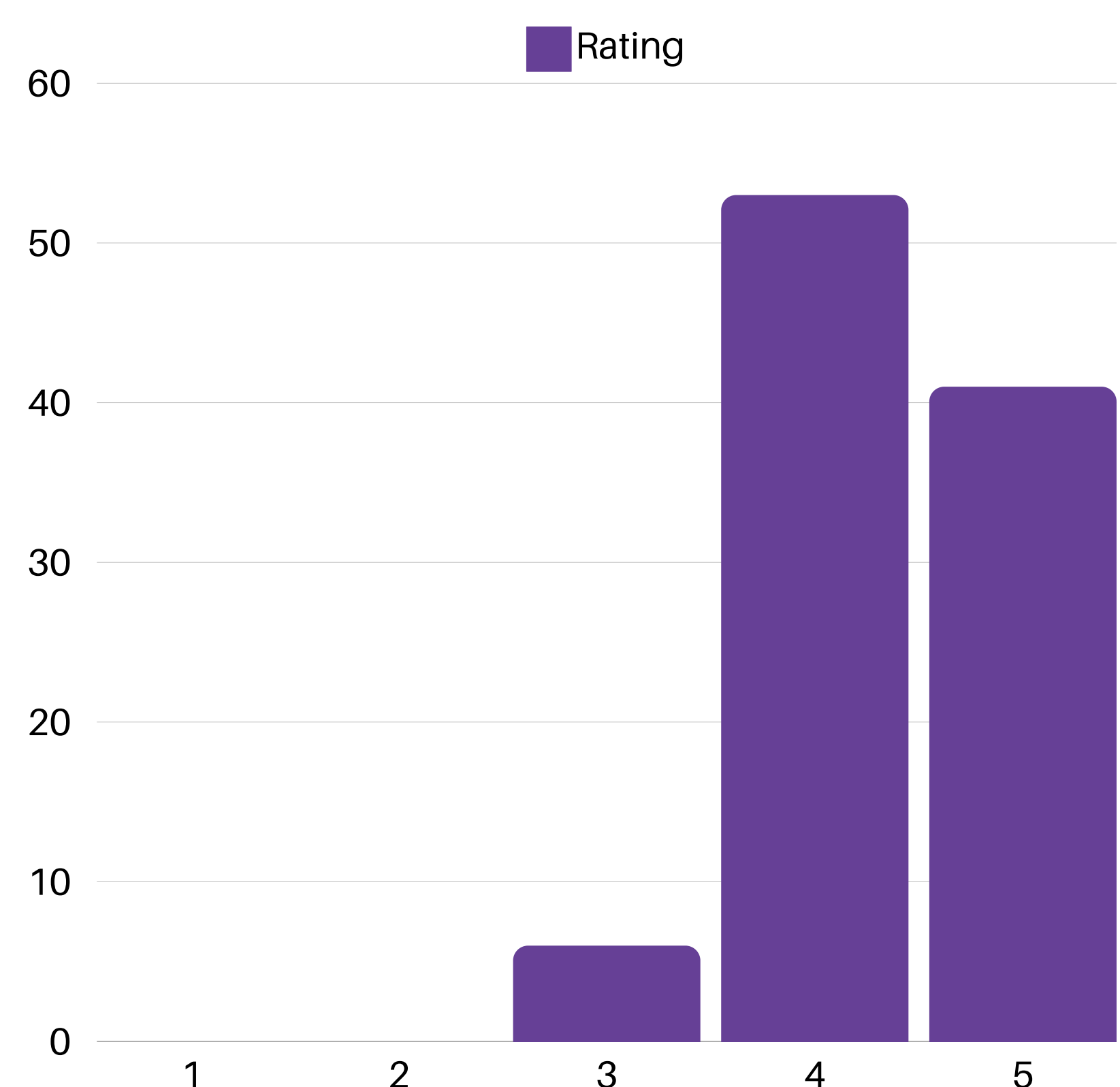


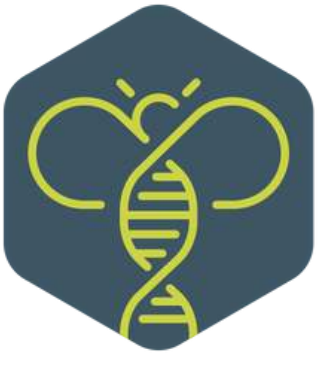
Were the scenarios relevant to your level of practice?



The remaining 28% who indicated no were in the following professions:
End of Life CNS, Hospice Educator and Clinical Education Lead.
Comments were that they weren't specific to their roles in end of life care.

Rate the overall experience of the AI simulations (5 being the best)





Learner Evaluation (cont.)

Reflecting on the AI simulations, can you provide specific examples of how the training has equipped you with new communication skills that you plan to implement in your professional practice?

I feel there was more structure to my questions. I felt the feedback was very detailed and gave me time to reflect on my communications skills and helped me improve these skills.

Increased my self-awareness, increased my empathy, made me think creatively of ways to communicate.

Made me think about how I would speak to someone. Had time to think before saying what I wanted to say, made me aware of phrases that could be used in different situations.

Simulation give me opportunity feeling like a have a conversation with real person , and I can change scenario , and repeat to do the better , that's how I learned to be better with difficult conversation

A way in which I will introduce myself to patients, I have a better understanding of what matters to the patient.

It really helped me to consider all aspects of the situation, from everyone's viewpoint.

be comfortable with silences and don't try to relate to what people say. chunk and check to repeat back for understanding is important

It was interesting to see the consultation broken down into specific stages and themes. It helped to identify weaknesses that perhaps I had not considered part of communication skills such as proper introductions. Make me more aware of delivering the correct information as well as reflecting and understanding the patient.

Useful to be able to try out different approaches in a safe environment, so for example, using empathy and seeing the impact.

It has taught me the importance of pauses and clarifying what the person has told you to show you have been listening. It has made me realise that sometimes it can take some time for information to sink in with people and the importance of offering a follow up to ensure that patients/relatives have a full understanding.

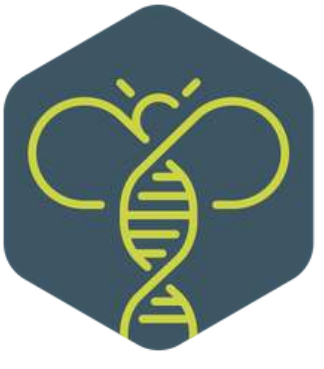
The feedback was really focused and constructive. It was also helpful to get further opportunities to do the simulation

It was a shock the AI patients wife was angry I wasn't expecting. The AI simulators didn't always pick up what I said - especially when I read through my feedback some of the improvements were things I had mentioned like PALS

The ability to go through the simulations a few times really allowed me to take my time and gain the skills in a way that is more difficult with simulated actors.

I found being able to break down the communication afterwards really helpful, as it identified areas where I needed to focus on, for example gaining consent, checking the patient had a relative or carer was with them, checking understanding at the end. Following on from this training, I now remember to do this during each conversation I have with patients and their families/carers, as I relate it back to the scenarios.

Breaking down conversation into sections, checking patient understanding at each point.



Learner Evaluation (cont.)

How did you find the experience of interacting with digital humans in the AI simulations? Did you enjoy using this technology to enhance your communication skills? Why or why not?

I enjoyed using the technology as I found it very realistic, and the conversation flowed well which I did not expect. The AI would react and communicate in ways in which a patient would do, which made it a lot more realistic and therefore helped to consolidate the learning from the slides.

It was really interesting. I tried using different languages and local dialect to see if this could be picked up which it could

Very different to anything I have experienced before, took some time to get used to but an incredibly valuable experience!

On first I was feel uncomfortable as was oddly ? but after all very helpful , interesting , convincingly

yes I enjoyed it felt as if you was in a clinic setting

it was strange at first but eased into it quickly. I enjoyed being able to practice and then come back to it

It was a lot more realistic than I anticipated. I really enjoyed using this technology and I'm incredibly interested to see where it goes.

I found it better than expected. I felt the AI picked up on some of the nuances I didn't expect such as use of different words. I liked the use of tech and liked that it can be carried out in any environment.

Fine however, I would of rated this more if I had not experienced the issues I had.

Interacting with digital humans is more realistic, and unpredictable. More natural conversation reflective of real life practice

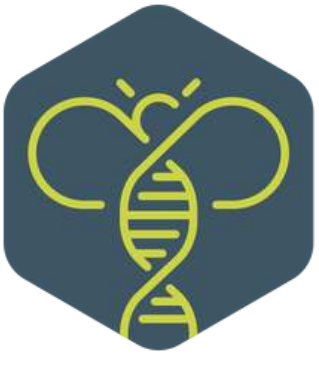
Initially I didn't, but as I continued to interact I felt better.

I had some technical issues and had to complete on my mobile due to firewalls etc- I think it was valuable but nothing is quite the same as face to face

I felt the interaction with the AI simulation was difficult as there was no body language/facial expressions to be guided with. I felt it took a bit of a while for me to get used to the interactions and communicate, felt the interaction was a bit cold. However, I do feel the feedback was in-depth and helped me reflect and restructure my questions.

I'm undecided. It's really useful to run through scenarios, but difficult to pick up on cues.

Yes, the module was used easily.



Learner Evaluation (cont.)

Were there any aspects that you found particularly user-friendly or challenging?

The feedback on where to improve was great

I felt it was very user friendly.

Very easy to navigate, clear instructions, easy to access.

The guides of how to use the system were thorough and easy to understand. using one button to speak helped to feel more natural in the conversation.

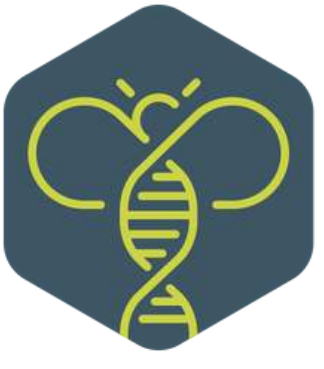
sometimes the platform would crash on my computer and I had to reload numerous times

The controls were easy to master. It was useful to see the script at the side in the chat. I loved the feedback (although don't think it picked up all of my actions correctly). It was interesting to be given a score, and the opportunity to improve on that.!)

The different responses were challenging, but very helpful.

It was straightforward to use, but as above difficult to pick up on cues, which is something I rely on heavily in my practice, both in primary and secondary care

I found it emotionally very challenging, after training I was still thinking about the situation. That maybe as it is a situation I would not usually find myself in.



Learner Evaluation (cont.)

If additional scenarios were to be created in future iterations of the training, what specific topics or situations would you like to see covered to further enhance your communication skills?

Speaking to TYA patients and their families

Breaking bad news when a patient has had a rapid deterioration in health and therefore for BSC. Communication with a distressed/frustrated relative when treatment hasn't worked and there are no further treatment options.

Mental Health related scenarios - I am a student MH nurse and communication is key to everything we do - this could be really valuable for us.

how to approach conversations about end of life. maybe an interaction with the children of a sick parent, eg speaking to a teenage son?
how to speak to someone with a language barrier

It would be good to have situations where you have specific bad news to give to a patient and deal with the reaction. Would also be good to have situations where the patient is not talkative or stand offish with the user.

I appreciate that the work is being developed by the cancer alliance, but non-cancer situations would be useful, such as breaking bad news, dealing with anger, dealing with quiet/non-responsive patients.

I think there is a role to test joint decision making in order to help meet patients expressed wishes for care. An example might be someone who has severe pain from bone mets and unable to mobilise. They are awaiting radiotherapy slots and on maximum pain relief. Their expressed wishes are to return home but clinical concerns that package of care not able to meet needs (unable to mobilise due to pain to get to toilet etc). Discussions around catheter, alternative places of care etc. I too often find that palliative care aren't involved early enough in care

People coming from complex backgrounds, or having additional needs.

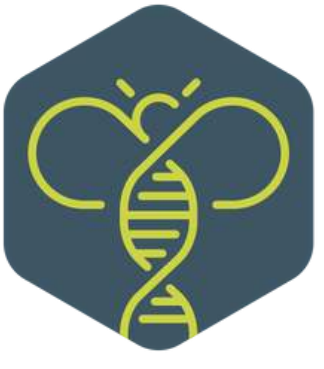
I'm think this training was aimed primarily at nurses, allied health professionals. Simulations specifically for Doctors would be very helpful, eg breaking bad news, discussing end of life care, advanced care planning and DNAR

I work in palliative and end-of-life care. While these scenarios were helpful for general skills of engaging in difficult conversations, it would be even more helpful to have palliative and EOL specific scenarios. For example- conversations where the patients asks: "Am I dying?", "How much time do I have left", "Why did this happen to me", "Please don't tell me family, or don't tell my dad that he is dying please"

I think it would be helpful to have more scenario's, so one breaking bad news where the conversation is around a poor prognosis, one where the patient is unsure about treatment or declining any further treatment, one where a patient has a good prognosis but has complex needs (e.g. social or psychological) which this cancer diagnosis might impact.

Bereavement conversation

Yes - test, investigations and other family member's, such as the child's perspective.



Learner Evaluation (cont.)

For those who have previously undergone communication skills training in a face-to-face environment, how does this AI simulation-based training compare? What unique advantages or disadvantages do you perceive in each approach?

I can do this anytime , using simulation how many time I want to training my self , without feeling time pressure ,

I think it compared to a face to face communication skill training I did

I didn't think anything could replace face to face and was unsure about this at first. when I did advance communications previously i only had 1 hour with the actress to go through my scenario. it was good at the time but I didn't get any other practice. having access to these scenarios and looking at progression and in detail feedback on different phrases i said and techniques i tried was much more insightful. coming back to it when I want to try something new is useful. I'd like more scenarios to really build my skills more. it made me feel safe and I feel much more confident. This type of training is the future and we need to learn to adapt.

Able to think longer. Unable to use body language or touch as you would do in a face to face scenario

I personally wish I would of had this kind of training before I started in my current post, I think it is an excellent tool when it works

Advantages - easy to access, able to navigate and use in own time and spend as long as you need, no additional pressure of having other's observe whilst you try out new skills. Disadvantages - not as personal - e.g. AI can not respond to what you are saying in the same way that a human would.

I personally preferred this to the ACST training I did previously. I felt judged and vulnerable going through scenarios with the actor, and in some ways felt more 'unsafe' then I ever have with a patient. The ai meant I could test different techniques and phrases with no judgement and I could do it in my own time. I did enjoy face to face in other aspects and it is nice to share learning with others but as our society moves to other alternatives this was pretty great. would recommend and like to see more

The advantage of the ai is it is risk free and private. you can test responses that you may not feel confident to say in a group of other professionals. There is less expectation to already know or get it right first time. I feel it was not the same as speaking to a real person but did in some ways offer to train different skills. the ai training was more about the thing you said rather than the way you say it which again is both positive or negative.

I have both undergone and delivered ACST and wouldn't be confident that this approach would equip a person to deliver communications in the same way as a person who has undergone a full ACST programme. The start to finish approach doesn't enable the learning in the same way as breaking down and reflecting on smaller sections. The feedback is pretty general (although on the whole, covers a lot) but relies on the person being able to interpret this in relation to their own skills. (A main problem is often that people don't see themselves for what they are doing). In an ACST course, skills are dismantled and put back together. However, I can see that the development of AI will bring benefits too - such as accessibility to all. Also as technology improves, more and more will be able to be undertaken with AI

Main advantage is being able to put your skills into practice and the focused feedback

Can re-take conversations multiple times, to check you are learning from mistakes.