Introduction to Oncotalk Teach
developing skills for teaching communication to oncologists

Our goal
The Oncotalk Teach program aims to provide faculty development for oncology faculty involved in teaching communication skills at their home institutions. We view the Oncotalk Teach program as part of a larger vision of establishing communication as a core skill for clinicians who care for patients with cancer—a vision that includes further development of a learning community within oncology, a clear delineation of expertise and milestones in acquiring expertise, and further research to establish an evidence base linking communication to patient- and family-level outcomes.

Why we designed Oncotalk Teach
A number of Oncotalk alumni have asked about further programs and training, and many have reported that they have done some communication teaching after returning home. Many quickly discovered that simply having the teaching materials (slides and modules) was not enough to prepare a really successful teaching session. We had not clearly defined what made the teaching work in a manner that could be shared with others.

To define the teaching better, we analyzed about 100 hours of transcribed audiotapes of Oncotalk small group teaching, and out of that we defined a few core skills. These skills for teaching communication go beyond what is available in the literature now—particularly when teaching communication skills to more experienced clinicians who are on the frontline of life-threatening illness.

We specifically designed a program to enhance teaching skills because we decided that the most effective way to move communication to the front burner was to create a new cadre of oncology faculty who possess the core teaching skills. We are hoping that the Oncotalk Teach faculty will ensure that teaching communication is better integrated into the teaching of oncology fellows.

What you will acquire
In Oncotalk Teach, we will focus on skills for teaching better communication in the most common teaching settings in oncology training: outpatient clinic visits, and inpatient attending. We have placed the primary focus in Oncotalk Teach on these common settings rather than in a
specialized workshop like the original Oncotalk retreat for a couple of practical reasons. First, a specialized workshop requires more resources and commitment from your program. They are more likely to spring for a specialized workshop if they can see the skills as important and teachable. Second, the specialized workshop skills—while effective and memorable—require more faculty expertise. We honed our teaching skills in common clinical settings, and we all still do this kind of teaching much more commonly than in an Oncotalk-like workshop.

**Important definitions**

Oncotalk Teach will focus on foundational skills for communication teaching in common clinical settings. We will use the term “learner talks” to denote settings in which the learner is talking to the patient, and the teacher is observing. We will use the term “teacher talks” to denote clinical settings in which the teacher talks to the patient, and the learner is observing. We will use the term “group talks” to denote settings in which the teacher is trying to generate thinking, talking, and reflection in a small group of learners—typically during rounds, or an ad hoc meeting about a patient. We will use the term “workshop” to denote a setting that is specifically for education, such as a block of time in a fellows’ weekly educational curriculum, or a special 2-4 hour workshop aimed specifically at communication. Those of you who attended Oncotalk will probably notice that a workshop conducted away from the clinic has some important advantages, and we agree—that is why Oncotalk Teach is residential. There is no substitute for intensive face-to-face teaching. Once you have established some short-term teaching successes with common clinical teaching encounters, you should consider a workshop for your fellows.

**What to expect with Oncotalk Teach**

Virtually all the sessions in Oncotalk Teach happen in small groups. The small group format capitalizes on the experiential aspects of learning. As in Oncotalk, we will emphasize skills practice, and this will constitute the meat of the course. Because this program represents a unique opportunity we expect—as with Oncotalk—that we will attract an extraordinary group of clinicians who contribute a great deal to the learning that occurs for all of us.

We recognize that this format is unlike most medical education, especially CMEs designed for physicians. Medical education is built on the model of ‘see one, do one, teach one.’—and most CMEs consist of simply ‘see someone talk about one.’ Yet the empirical evidence demonstrates that acquiring complex skills, like communication, requires much more than watching someone once. And we think that by this point in your career, you’ve already seen enough power point for a lifetime.

**Overarching principles**

Here are some bedrock principles for teaching communication.

- Clinicians and teachers both use themselves as instruments
- Communication teaching requires attention to the cognitive and emotional data
- How teachers act (with students and patients) is as important as what they say
- What learners discover is more important than what they are told

**How novices differ from experts**

One of the problems with a lot of medical education, in our opinion, is that it fails to take into account how novices differ from experts. These differences can be especially perplexing in communication because previous work in communication has not clearly defined the skills or the milestones. The modules following this will define these differences in detail. At this point, we would simply like to point out the novices see the world differently than experts. To teach a novice, you must uncover and correct the novice’s explanatory model of how things work (or how a patient is responding, or what helps a patient understand) before you provide the new approach. Thus you will see our teaching put a great deal of emphasis on exploration—but not exploration simply to unearth detail. The exploration we are talking about for good teaching is tactical—you are looking for explanatory models. Correcting a learner’s incorrect explanatory
model is more likely change learner behavior. The learning sciences have identified this ability of a teacher to respond to complex and novel situations as adaptive expertise, and that is what we are aiming to give you.

**An overview of the modules**

Basically, the modules will walk you through a teaching encounter—from the beginning, through the middle, to the end. You will notice that the "end" of an encounter is not simply when you have stopped talking. The real end occurs after you have done a bit of reflection on what happened. This kind of reflection, which we will do explicitly in Oncotalk Teach, is called metacognition within the learning sciences, and it is essential to building new levels of expertise. We will ask you to reflect on your teaching, and you will ask your learners to reflect on their communication.

**References**

