

Evaluation of Conversations in Motion (CIM):

A program designed to improve patient-provider communication in the care of rheumatoid arthritis

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BACKGROUND

Published literature suggests presence of gaps in patient-provider communication impacting the care of rheumatoid arthritis (RA)

Conversation in Motion (CIM) by Eli Lilly aimed to address this issue:

- 4-module educational program
- Adapted virtually during pandemic
- 2 online webinars x 3 facilitators
- 6 occasions to participate
- Sept – Oct. 2020

This pilot study assessed the impact of CIM on HCPs' knowledge, skills, confidence, beliefs, and performance, related to the use of communication techniques adapted for RA care

METHODOLOGY

Subjects: UK rheumatology physicians, nurses, and allied HCPs, providing care to 10+ RA patients/year, who completed all 4 modules of CIM (n=15)

Longitudinal mixed-methods evaluation

Baseline Pre-CIM	2-3 weeks Post-CIM	4-6 weeks Post-CIM	5-6 months Post-CIM
Survey #1 (n=13)	Survey #2 (n=8)	Interviews (n=4)**	Survey #3 (n=5)

Matched sample A (n=8)*

Matched sample B (n=5)*

*Descriptive analysis of matched samples from survey data to assess change **quantitatively**

Thematic analysis of interview transcripts to assess change **qualitatively

Triangulation of data sources, methods, and interpretation viewpoints

MEASURED OUTCOMES

5. Performance

Implementation of communication techniques in practice, especially use of patient's own words, metaphors, and open-ended questions

4. Competence

Short and long-term gains in skills and confidence, especially for practicing efficiency, discussing treatment nonadherence

3. Knowledge

Short and long-term gains in knowledge, especially for building trust/empathy and practicing efficiency

2. Satisfaction

Program viewed as highly interactive, well-organized, **useful in improving patient-provider communication**

Interviews 4-6 weeks post-CIM reflected positive changes in awareness and clinical practice:

"... using terms that they use to describe their disease and repeating it back to them, then they realize, okay, this person gets me ..."



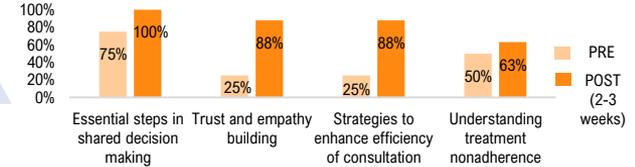
Rheumatologist A, CIM participant

"[I tried to] explain to her, her disease, in the sense that, not using the word inflammation, but like maybe her tissues and her joints are quite angry. I do tend to use that quite a lot."



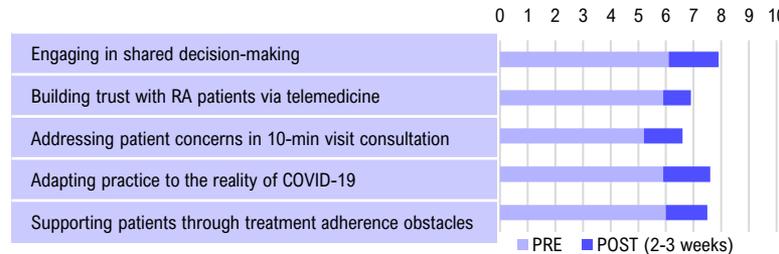
Rheumatologist B, CIM participant

% of participants who answered **knowledge** testing questions about key communication techniques **correctly pre vs. post CIM (n=8)**



Theoretical framework: Moore Jr, D. E., Green, J. S., & Gallis, H. A. (2009). Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. *Journal of continuing education in the health professions, 29*(1), 1-15.

Participants' perceived **confidence level** on a scale of 0 (not confident at all) to 10 (extremely confident) at **pre vs. post CIM (n=8)**



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CONCLUSIONS

- **CIM has a measurable impact on the learning and use** of communication techniques by rheumatology HCPs.
- Use of these techniques can **positively impact patient-provider communication**.
- **Collecting patients' observed changes** in their interactions with HCPs was planned but not achieved due to challenges deploying the program during the pandemic.
- **Future studies** should validate CIMs' impact in a larger sample.