Decision simulation technology to assess practical application of massage therapists' (MTs) use of a MT-client helping conversation for skin cancer risk reduction

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Background

- Skin cancer, the most common cancer in the U.S., is a public health problem in Arizona. ¹⁻² Early skin cancer detection decreases potential morbidity, mortality, and cost. ¹⁻²
- Massage therapists (MTs) are an innovative resource for reducing skin cancer risk. MTs have unique access to clients' skin; MTs practicing in Arizona average about 620 client encounters per year—affording the potential to converse with thousands of Arizonans about skin cancer risk reduction strategies. ³
- MTs currently have inconsistent skin cancer education that lacks rigorous evaluation for its impact on MTs and their clients. ³
- We developed and implemented an e-training instructing MTs how to have helping conversations with their clients about skin cancer risk reduction.
- DecisionSim™ branched narrative simulations are widely used in medical and clinical training applications, with marked efficacy and satisfaction.⁴ Decision simulation cases that are interactive and adaptive provide the opportunity to mimic a client encounter and integrate and properly apply knowledge and skills learned in e-training.

Reported here is the development and implementation of the branched-narrative decision simulation component of a skin cancer risk reduction e-training intervention for massage therapists (MTs).

Methods

- Developed five decision simulation cases based on the e-training competencies, mimicking a MT-client encounter and demonstrating the MTs' application of training knowledge.
- Case development: 1) drafted a variety of scenarios with local MT subject matter experts; 2) visually mapped each case to create each potential conversation pathway (see Figure 1); and 3) built each case within the DecisionSim ™ platform (see Figure 2).
- Each simulation branching node had paths of "optimal, feedback, or suboptimal." The choices in each node corresponded to one of 4 helping conversation competencies: Awareness, Understanding, Helping and Relating.
- Scored each path selected by the MT and tracked performance and choice selection using counters (see Figure 3).
- Downloaded reports of specific learner sessions to view the MT's path through the case, scores, and the amount of real time spent from the first node to the case endpoint.
- 36 MTs rated their agreement regarding enjoyment of and perceptions of the usefulness of the simulations on a 5-point scale (1 = Not at all useful; 5 = Very useful).

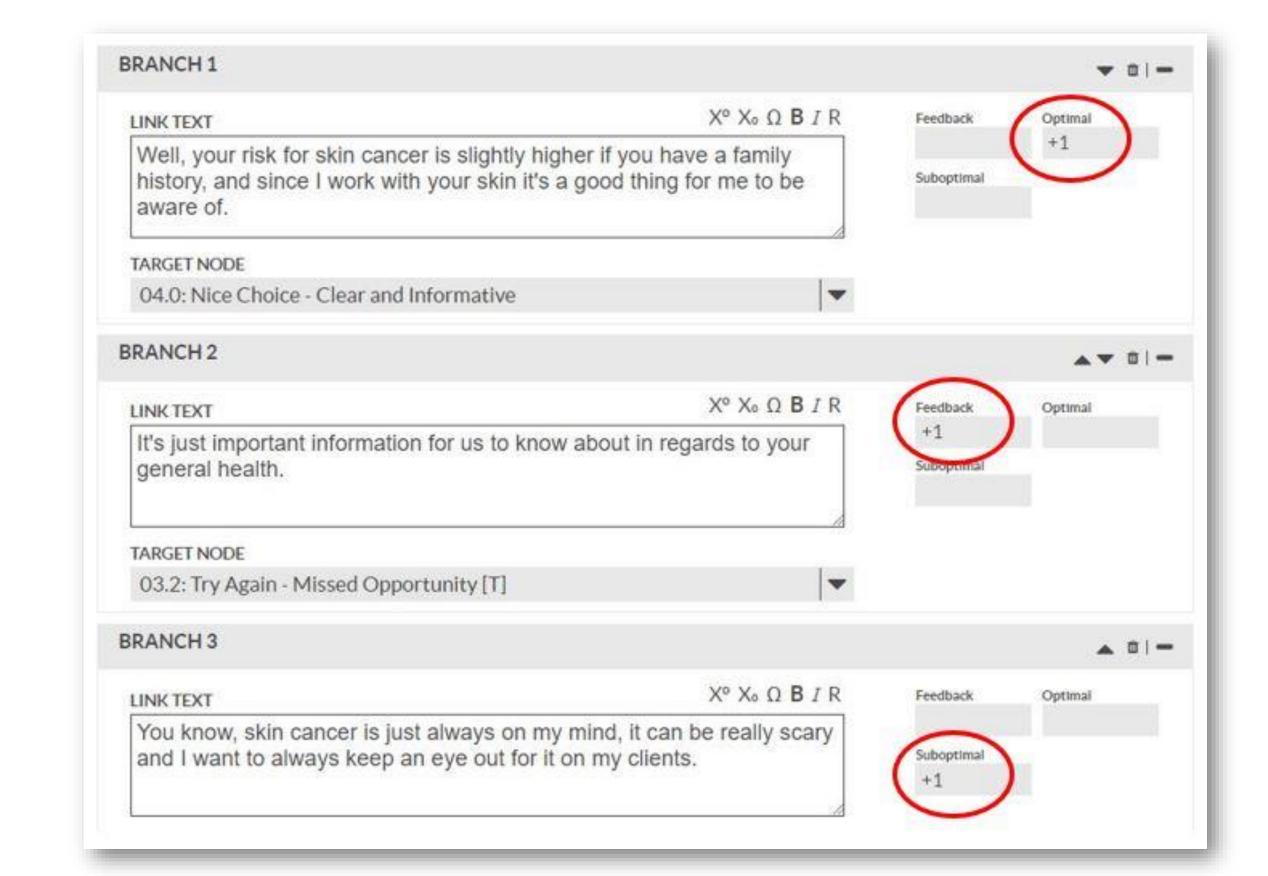


Figure 3

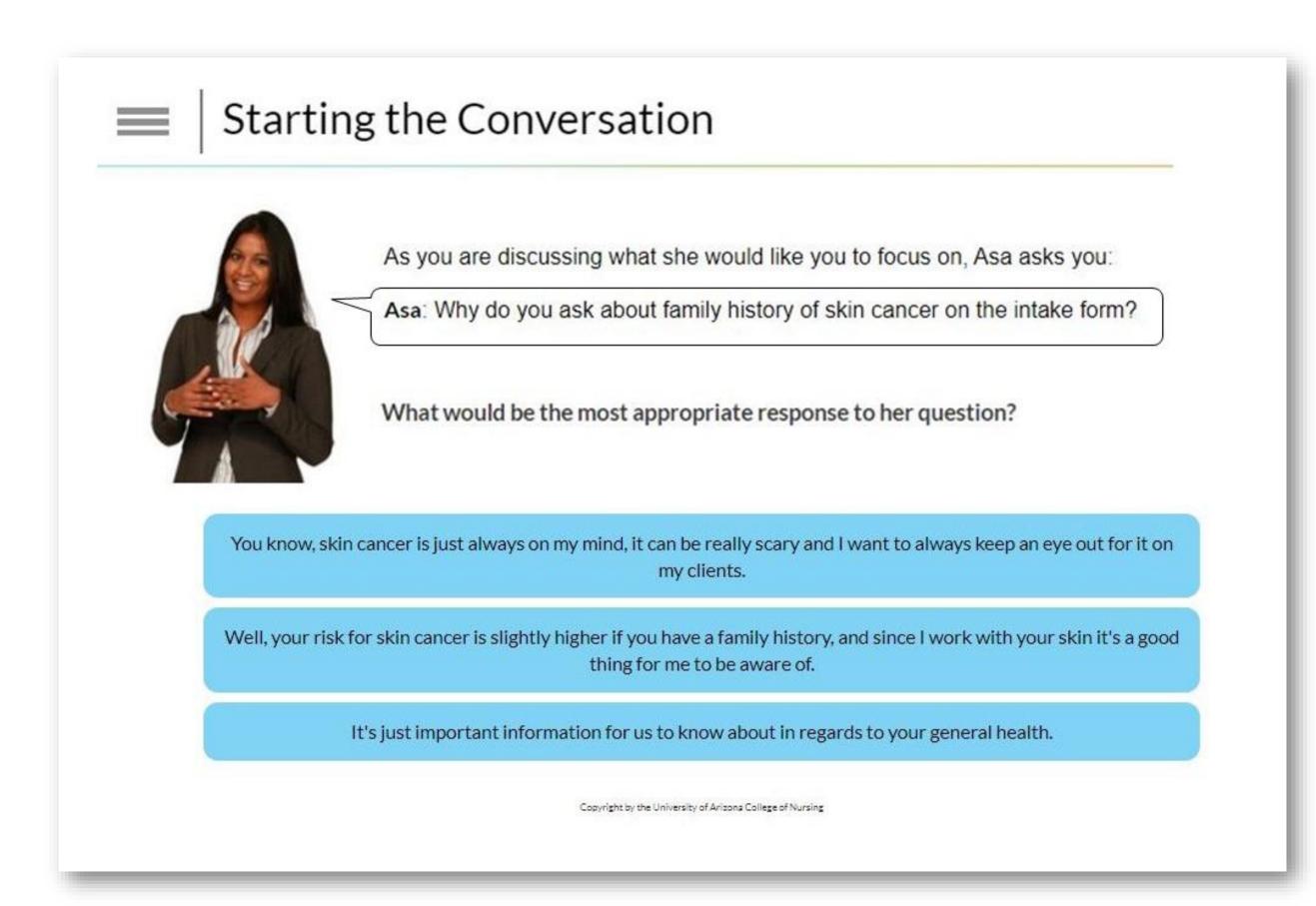
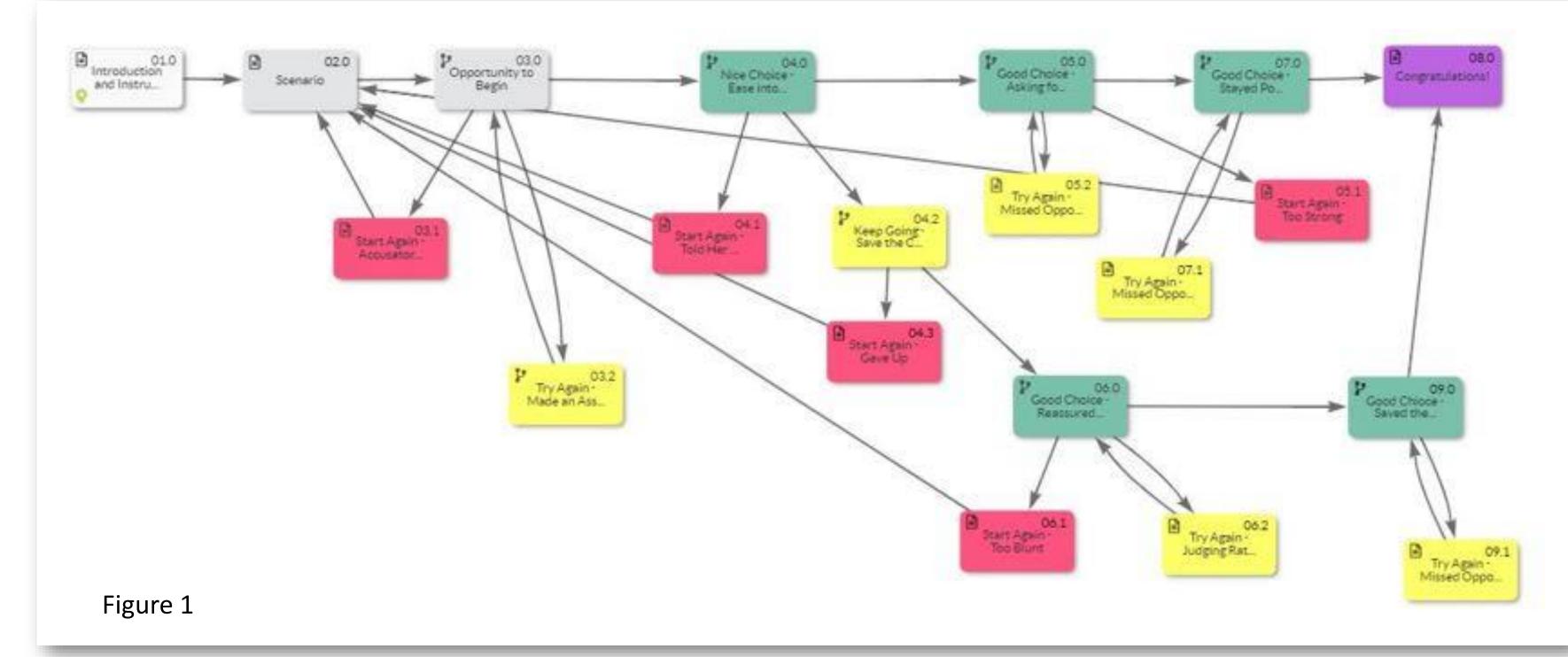


Figure 2





Results

Table 1. Participant simulation performance by case (n=81)					
	Case 1	Case 2	Case 3	Case 4	Case 5
Case Scenario	The MT sees a new client who asks why the new client intake form contains a question about skin cancer history.	The MT sees a new client who has a greater than average number of moles on their back.	The MT sees a new client who has clear tan lines from UV exposure.	The MT sees a returning client who shares their plan to go for a hike on a sunny day.	The MT sees a returning client who has a suspicious lesion on their leg.
Time Spent in Case (minutes)					
Mean	4.12	2.40	2.12	1.93	2.90
Min	1.08	0.57	0.73	0.50	0.83
Max	30.70	11.32	10.10	21.75	18.20
Number of participants who selected:	N (%)	N (%)	N (%)	N (%)	N (%)
Feedback	18 (22.2)	34 (42)	28 (34.6)	21 (25.92)	5 (6.17)
Cook anatina al		3 (3.70)	0 (0.0)	2 (2.47)	19 (23.46)
Feedback + Suboptimal	4 (4.93)	8 (9.90)	3 (3.70)	2 (2.47)	23 (28.40)
Optimal	55 (68.9)	36 (44.4)	50 (61.73)	56 (69.13)	31 (38.27)

- 81 MTs completed the simulation in an average of 2.7 minutes.
- The most common feedback and suboptimal responses corresponded to competencies in the Awareness and Helping steps of the helping conversation (starting the conversation and sharing information, respectively).
- Common mistakes: MTs' expression of personal concern when communicating with the simulated client; sharing personal experiences in a potentially negative way.
- The case with the most suboptimal responses (23.4%) pertained to finding a suspicious lesion on a client. The case with the most optimal responses (69.13%) pertained to sun protection.
- The majority of MTs (86%) agreed/strongly agreed that they enjoyed the simulations (mean = 4.31); 92% agreed that the simulations were helpful to include in the training (mean = 4.36).

Conclusion

Decision simulation technology integrated into e-training modules was useful for assessing practical application of MT knowledge and skills for a MT-client helping conversation for skin cancer risk reduction.

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