Digital communication training in general practice

How can we make effective communication training a natural part of everyday GP specialty training?



An open need – not a predefined solution

Today’s programme

01 Welcome and introduction

02 The challenge, needs and purpose

03 Funding scheme and project pathway

04 Questions and answers

05 One-to-one meetings and next steps

Why does this matter?

For patients

Good doctor–patient communication is fundamental to quality, understanding and patient safety.

For GP trainees

Communication skills develop through practice, reflection and specific feedback.

For municipalities

Supervisors have limited time. Training must fit into a busy general practice.

The challenge: Too little ongoing practice

Training often happens in isolated sessions

Courses, joint consultations (felleskonsultasjoner) and supervision meetings matter – but do not always provide frequent and regular practice with observation and feedback.

What could make short, regular learning sessions possible?

A possible learning cycle

PRACTISE

Short training session

GET FEEDBACK

Specific, actionable feedback

REFLECT

Identify an area to improve

TRY AGAIN

Next consultation

We welcome ideas on how digital tools could support this process.

What do we want to achieve?

Frequent, accessible practice

GP trainees should be able to practise in short sessions between regular supervision meetings.

Useful, specific feedback

Feedback should be clinically relevant, actionable and support reflection.

The individual supervisor remains essential

Digital support should complement – not replace – supervision and clinical oversight.

Between meetings

Practice, reflection and preparation.

During supervision

A stronger basis for professional dialogue.

Practical requirements

01 Easy to use

Minimal extra time and administration

02 Workflow

Fits Norwegian general practice

03 Professional quality

Transparent and useful assessments

04 Trust

Privacy and information security

Question 1: What is available?

What solutions already exist?

How are they used today – and in what learning settings?

What can be used as-is, adapted or developed?

Question 2: How do we make training useful?

Learning in small doses

How can GP trainees practise regularly without long courses or major time demands?

Meaningful feedback

How can feedback be linked to a clear framework for clinical communication?

Question 3: How do we ensure quality and trust?

Verifiability

How can assessments be checked against professional judgement?

Uncertainty

How can errors, limitations and uncertainty in automated feedback be made visible?

Question 4: What does safe use require?

Privacy and information security must be built in from the start.

Data handling

What data are needed, where are they stored, who has access and when are they deleted?

Practical implementation

Can the solution work without real patient data? What would be required if such data were used?

Question 5: Scaling across municipalities

The solution should be relevant beyond Trondheim.

Different contexts	How could a solution work for both small and larger Norwegian municipalities?
Resources and capacity	What infrastructure, skills and support would different municipalities need?
Adaptability	Can the solution be introduced gradually and adjusted to local needs?

Question 6: Existing solutions and development

We are interested in both ready-made solutions and promising approaches.

What exists today?	Which parts of our needs can your current solution meet?
What is missing?	What would need to be adapted or further developed?
What would it take?	What resources, collaboration and time would such development require?

Question 7: Approximate costs

Early estimates will help us understand realistic options.

Development	What might adaptation or new development cost, approximately?
Implementation	What are likely onboarding, integration and training costs?
Ongoing use	What would licensing, operation, maintenance and support cost?

Funding and project pathway

Now: Feasibility project funded by the Research Council of Norway

FEASIBILITY PROJECT

Needs, market and opportunities

DECISION POINT

Assess next steps and procurement approach

POTENTIAL MAIN PROJECT

Development, prototyping and testing

No procurement or solution has been decided.

The Research Council of Norway

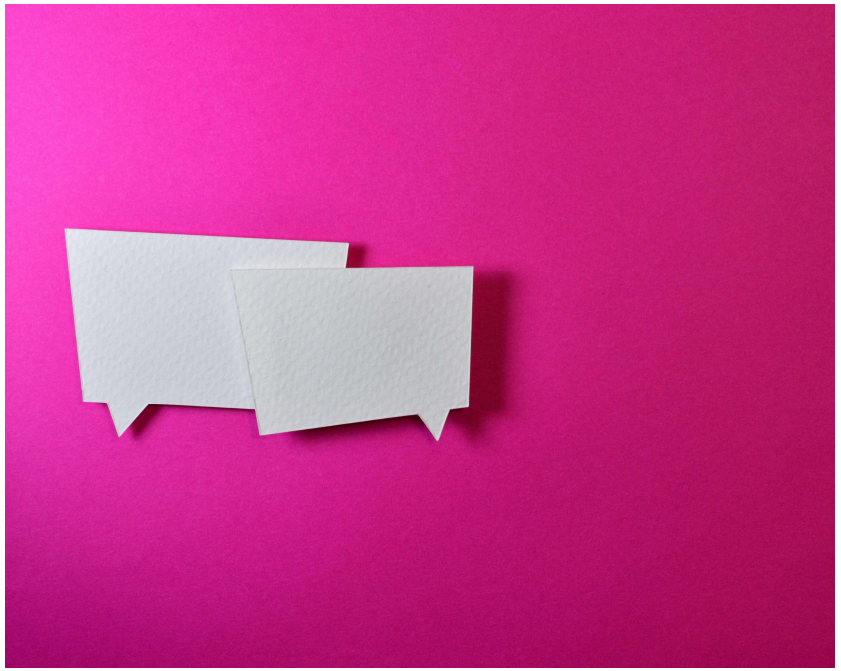
Ny finansieringsordning fra Forskningsrådet

Innovative offentlige anskaffelser

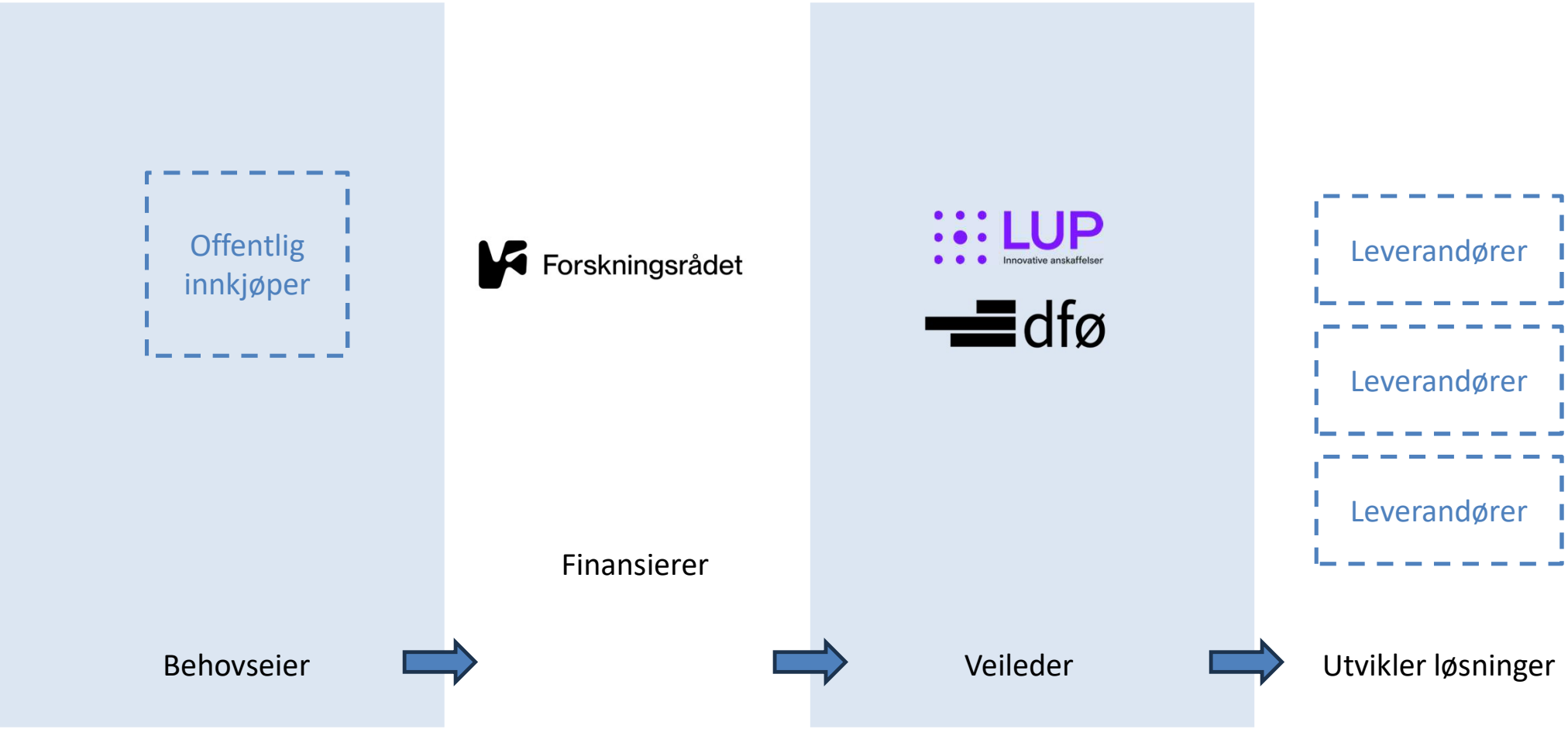
Elisabeth Smith, innovasjonspådriver
elisabeth.smith@lup.no
Mobil: 977 47 082

Innovative anskaffelser

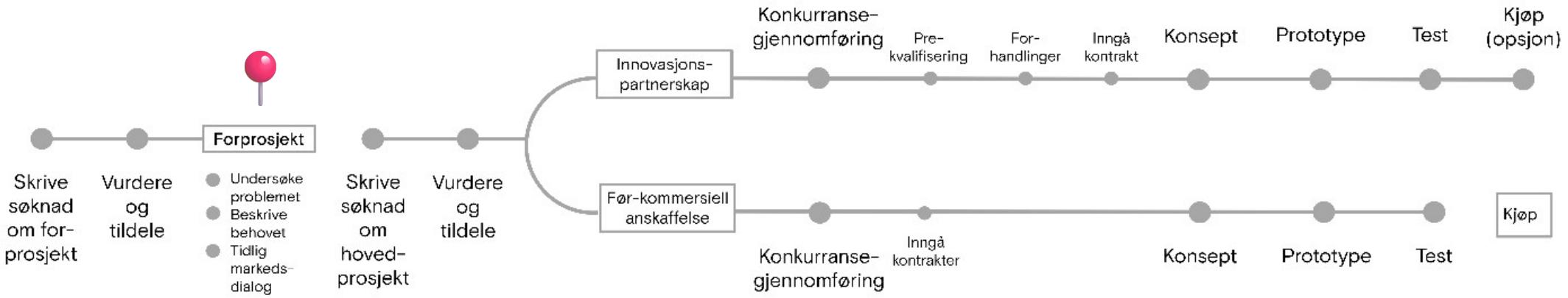
- En metode som legger til rette for anskaffelse av nye løsninger
- Markedsdialog viktig del av metoden
- Dialog om oppdragsgivers behov
  og leverandørenes løsninger før en eventuell innovasjonskonkurranse



Finansieringsordningen



Prosjektforløp



+ 3–6 mnd

+ 1-2 mnd

+ 12-36 mnd



innovativeanskaffelser.no

Dialogue will inform our next decisions

We will use your input to:

01 refine the needs and user perspective

02 understand market opportunities and limitations

03 identify development and innovation needs

04 consider potential next steps

One-to-one meetings and next steps

10 November · online one-to-one meetings

Up to 30 minutes per meeting. An opportunity to explore solutions, experience and requirements in more depth.

After the dialogue

We will synthesise the insights and refine a functional needs description.

This dialogue is not a tender. Confidential input will be handled appropriately.

What have we missed?

What other needs, opportunities or limitations should we explore?

Thank you for sharing your experience and challenging our thinking.