

Communication skills training for breast cancer teams talking about trials

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Background

Increasing complexity of trials makes successful implementation and completion dependent on committed Principal Investigators, and equally enthusiastic multidisciplinary team (MDT) members. Our educational interventions shown to improve dyadic communication about RCTs, were modified for specialist breast cancer teams.

Method

67 healthcare professionals (HCP) from 5 MDTs participated in 1.5 day workshops. Participants included: surgeons, radiologists, oncologists, research/specialist/chemotherapy nurses, MDT coordinators and histo-pathologists. Interactive workshops contained several generic elements:-

- ❖ PPT presentations
- ❖ Communication exercises
- ❖ Practical sessions with simulated patients, tailored to each team's needs

Teams nominated trials from their portfolios with recruitment difficulties, e.g. POETIC, PERSPHONE, EPHOS-B, PrefHer, OPPORTUNE. Structured discussion about these trials included:-

- ❖ Mapping the various referral pathways
- ❖ Identifying a patient as potentially eligible for a trial
- ❖ Establishing which HCP first introduces the trial
- ❖ Nominating HCP to give patient the trial information if research nurse not available
- ❖ Determining the logistics of different screening tests or tissue/blood sample reporting

Assessments: pre & post course questionnaires identifying HCPs' roles & awareness of trial activity within the team.

Results

1) Immediately post workshop

Primary results were self-reported changes pre and post workshop in 15 key areas about the trial(s) that were covered during the intervention. Including awareness of:-

- ❖ MDT's trial portfolio
- ❖ Primary aim, logistics of the trials
- ❖ Identification of eligible patients
- ❖ Tests involved
- ❖ Provision of written and verbal information

"I feel as if attending a workshop such as this would be of benefit for every new trial we open. In this way, we could all be certain of each other's roles and the pathway of the trial and all be confident we knew the arms of the trials and how best to approach this with the patient".

There were significant and positive changes for **ALL** 15 items ($p < 0.001$).

44/67 participants who talked with patients about trials showed increased confidence when discussing:

Confidence (0 low to 10 high)	Pre Mean (sd)	Post mean (sd)	P
Trials in general	7.84 (1.6)	8.55 (0.99)	0.001
Randomisation	7.71 (1.8)	8.38 (1.19)	0.002

Course evaluation	Mean (sd)	Range
Venue	4.6 (0.56)	3 - 5
Facilitator	4.9 (0.34)	3 - 5
Actor role play	4.8 (0.52)	3 - 5
Trial planning	4.6 (0.60)	3 - 5
All teams highly likely to recommend workshop to colleagues		

2) Six month post workshop MDT leads (N=5)

Administrative changes:

- 4/5 updated MDT about trials in their portfolio
- 2/5 held extra start up meetings about new trials & changed timing for quicker reporting of results

Communication

- 4/5 used consistent diagrams/flow charts
- 3/5 checked verbal information complimented PIS
- 5/5 greater awareness of team members' roles
- 4/5 more team members willing to discuss trials

Team dynamics 4/5 changed

"previously a sense that trials were owned by oncology, now starting to believe we are all trialists"

Recruitment improved 2/5

"for the trials discussed (in workshop) and interestingly other breast trials we are involved in"

Enthusiasm for trials: 4/5 changed

"there are still some in the team who see it all as extra work but the ethos has changed"

Conclusion:

- Pre & peri operative trials with biological sub studies will involve more MDT members
- Engagement of the entire MDT in educational initiatives such as these is vital if trial recruitment is to succeed

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