



## A review of results from patient experience surveys during the introduction of group pre-radiotherapy patient information sessions



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### ABSTRACT

**Aim:** The aims of the survey were to check that group pre-radiotherapy information sessions met patients' needs. The use of virtual technology (VT) through Patient Education And Radiotherapy Learning (PEARL) was incorporated part way through the survey period.

**Methods:** Patients attending group pre-radiotherapy information sessions led by assistant practitioners between March and December 2014 were asked to complete questionnaires after they had attended at least five radiotherapy sessions.

**Key results:** 305 patients attended sessions during the survey period. 129 questionnaires were distributed with 103 returned, resulting in an 80% response rate (Overall rate 34%). 102 (99%) patients responded that they were happy and comfortable to receive their radiotherapy information in a group setting. The majority of patients responded that they felt no additional information should be included. **Conclusions and recommendations:** The survey highlighted that almost all patients were happy to receive their information in a group setting. Patients attending non PEARL and PEARL sessions indicated high satisfaction levels with no notable differences between the groups. This has allayed MVCC staffs' original concerns that patients may find the use of VT as frightening in patient information sessions, so the centre is now confident to incorporate it in the future. The implementation of these sessions has seemed to be both feasible and an efficient use of staff time. All patients referred for radical breast radiotherapy are now invited to attend. It is recommended that regular patient experience surveys are conducted in the future to ensure they continue to meet patients' needs.

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### Introduction

The NHS constitution<sup>1</sup> enshrines a person's right to be involved in decisions about their care. Alongside this Government policy<sup>2,3</sup> and national guidance<sup>4</sup> are focused on enabling patients to have control of their own health care. However to allow patients to be proactive partners in their management it is crucial they are provided with up-to-date, understandable, accessible and timely information to help them understand their diagnosis, consent and prepare for any subsequent treatment.<sup>5</sup>

The impact of providing information to help patients overcome anxieties about forthcoming treatments is well documented,<sup>6–8</sup>

and this need is acknowledged in radiotherapy national guidance that requires all patients to be “fully informed about the procedures they are to undergo”.<sup>9</sup> Experience has shown the benefits of providing 1st day chats<sup>10</sup> and pre-radiotherapy patient information sessions<sup>11</sup> to help patients understand their treatment procedures, required pre-treatment preparations and possible treatment side effects. The NICE guidance<sup>4</sup> also recommends using a holistic needs assessment (HNA) to identify patients' physical, psychological, social, spiritual and financial needs at key stages in their cancer journey. A study by Mann and Ford<sup>12</sup> piloted and recognised the reliability of using a HNA to tailor the information needs of radiotherapy patients.

Although many radiotherapy centres have implemented pre-radiotherapy patient information sessions, there are still gaps in provision in some centres.<sup>13</sup> The National Radiotherapy Patient Experience survey highlighted that 16% of patients were not invited to pre-radiotherapy information sessions, 10% of which would have liked to be. Recently the use of virtual technology (VT) has also

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been incorporated into such sessions. These include Virtual Environment for Radiotherapy (VERT)<sup>14</sup> and Patient Education and Radiotherapy Learning (PEARL),<sup>15</sup> the latter designed specifically to help patients understand their radiotherapy. It enables the user to position a virtual patient on the linear accelerator couch, move the couch and gantry 'simulating' radiotherapy delivery. It demonstrates the irradiated areas of the body relative to the normal anatomical structures, to help patients understand their radiotherapy. For patients with breast cancer, it can demonstrate the relationship between the treated area of their breast to heart and lung tissues. For patients receiving pelvic irradiation, it assists with explaining the rationale underlying pre-radiotherapy bowel and bladder preparations, as it can demonstrate the location of their bowel and bladder in relation to the irradiated area within their pelvis. There have been positive findings from the studies already undertaken to evaluate the benefits of incorporating these systems into patient information provision.<sup>16–18</sup>

### **Background to the introduction of group pre-radiotherapy patient information sessions at Mount Vernon Cancer Centre**

In 2010 the Cancer Support and Information Centre (CSIC) Information Team with the Mount Vernon Cancer Centre (MVCC) Chemotherapy Suite staff introduced group chemotherapy pre-consultations.<sup>19</sup> These proved to be popular with patients and successful in the delivery of a safe service by helping to meet the legislative requirements of informed consent.<sup>20</sup> Prior to their introduction there had been situations where patient's chemotherapy was delayed due to a lack of opportunity to obtain consent because of staff shortages. To prevent future reoccurrences these sessions are now a routine part of service delivery.

At the time of the National Radiotherapy Patient Experience Survey<sup>13</sup> only a small proportion of patients referred for radiotherapy at MVCC attended a pre-radiotherapy patient information session to watch a video about radiotherapy followed by a visit a linear accelerator. Some patients were offered a brief 1:1 chat with a radiotherapy assistant practitioner (AP) or radiographer. These short chats were immediately prior to the patients' first radiotherapy session and seemed to result in not all patients retaining the information provided. Due to limited staffing these chats were not provided to all patients. The authors shared concerns about possible shortcomings in the information provision at this stage of the patients' radiotherapy pathway. After discussions with the newly appointed Radiotherapy Service Manager (RTSM) it was agreed to train the APs to deliver group sessions based on a similar model to the chemotherapy pre-consultations with the aim of increasing the number of patients receiving pre-radiotherapy information. The APs had previously been responsible for the delivery of most 1:1 first day chats, as this was a significant component of their role, so it logically followed that they could be trained to deliver the information in the group setting. It was agreed to initially introduce sessions for breast cancer patients, as these constitute approximately 27% of the Centre's radiotherapy workload, thus providing information prior to patients' first radiotherapy session for a significant number of patients and enabling an evaluation of this new delivery model for pre-radiotherapy information. Initially there were two group sessions per week, with up to 5 patients and their carers invited. This increased to 10 patients per session by June 2014 as illustrated in Fig. 1. The aim was to invite patients referred for radical breast radiotherapy between March and December 2014. All patients were asked to complete a holistic needs assessment (HNA) questionnaire on arrival. This was reviewed by the AP so any identified issues could be discussed with the patient at the end of the session. The session content was produced by the authors and included: practical information about

MVCC, introduction to radiotherapy, treatment procedure, symptoms, possible side effects, management advice and details about the CSIC and a visit to a linear accelerator if possible.

MVCC's past positive experience of using VERT<sup>21</sup> in educating their radiotherapy workforce inspired the authors to consider incorporating virtual technology (VT) instead of commissioning the production of a new radiotherapy video. There was resistance to this approach by some MVCC staff as they had concerns that patients would find the use of VT frightening. Instead of using VERT, it was agreed with VIRTUAL<sup>22</sup> to use PEARL for a trial period of 9 months in exchange for commitment to evaluate its use in the group setting. The intention had been for all patients to attend a group information session with PEARL. However due to unforeseeable practical problems, it was not ready when the group information sessions commenced, so it was incorporated sometime later, once these issues had been satisfactorily resolved.

The aims of the patient surveys were to check that group pre-radiotherapy patient information sessions met the needs of the patients attending.

### **Methodology**

A qualitative methodology was adopted using a questionnaire for the patient surveys.

The questionnaire consisted of eight questions. It included questions requiring a YES/NO response and questions with free text responses. Respondents were asked how many radiotherapy sessions they had received when they completed their survey; if they had been happy to receive information in a group setting; if anything about this made them feel uncomfortable; if they were informed about radiotherapy side effects, the CSIC services, who to contact if they felt unwell or had concerns during radiotherapy, and if further information should be added or improved. Patients were also asked demographic data including: gender, date of birth and ethnic background.

Patients attending the group pre-radiotherapy information session were asked to complete questionnaires after they had attended at least 5 radiotherapy sessions. It was felt this would enable them to be sufficiently familiar with the radiotherapy delivery process, to be able to identify if their attendance at the group information session had provided useful and relevant information to reassure them and minimise their anxiety levels when attending for their initial radiotherapy sessions. The aim was to acquire a minimum of 100 completed questionnaires. The sessions started in March 2014 using a series of PowerPoint® slides with photographs. It was not possible to commence with PEARL because of delays acquiring a new laptop, adherence to NHS Trust IT policies and completion of PEARL user training. The group information sessions started as soon as the presentation was ready and PEARL was incorporated once these issues had been resolved. Distribution of the patient questionnaires continued until the end of 2014. The PEARL loan period expired mid January 2015.

Permission to conduct this pilot was granted by the Radiotherapy Services Manager, the MVCC Patient Experience Group and MVCC Audit Committee. All responses to the free text questions were collated to identify the key themes arising.

### **Results and discussion**

#### *Response rate*

From March to December 2014, 412 out of 978 breast patients attending for radiotherapy were invited to attend a group information session. Because of the phased introduction, they were not all invited initially. Of those invited, 305 (74%) attended and 107

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