

Gynecologic Oncology

Prospective evaluation of patient satisfaction after the use of brachytherapy specific educational materials for cervical cancer

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ABSTRACT

BACKGROUND: Cervical cancer patients are faced with an enormous amount of medical information in a complex oncology field with sophisticated treatments including brachytherapy. We investigated the use of enhanced vs. standard brachytherapy-specific educational materials on patient-reported satisfaction during the informed consent process for intracavitary high-dose-rate brachytherapy.

METHODS AND MATERIALS: A single-institution, prospective, randomized trial was performed to study patient-reported satisfaction with novel educational materials for high-dose-rate brachytherapy in women undergoing definitive radiation for cervical cancer.

RESULTS: Fourteen women receiving informed consent with a customized educational booklet were randomized between no further intervention and take-home educational materials. The weighted average for 10 of 11 survey questions was higher in the intervention arm but ranged between 4 (agree) and 5 (strongly agree) for all questions in both arms. The mean weighted patient satisfaction scores \pm standard deviations in the control arm and the intervention arms were 54.3 ± 6.4 and 57.5 ± 2.7 , respectively ($p = 0.26$).

CONCLUSIONS: Knowledge acquisition is presumed to be part of the coping process for women facing increased stress during a cancer diagnosis. A brachytherapy-specific, visual, patient-educational booklet and take-home materials used to supplement the informed consent process for high-dose-rate brachytherapy resulted in high levels of patient-reported satisfaction among women treated with cervical cancer. Published by Elsevier Inc. on behalf of American Brachytherapy Society.

Keywords:

Brachytherapy; Cervical cancer; Patient education

Introduction

Patients have associated high-quality care with the ability to participate in decision making and obtain reliable information about their health and treatment (1, 2). Specifically, patients report decreased quality of care when trust is limited or information is difficult to obtain or understand (3). Preparatory patient education has been shown to result

in significantly greater treatment-related knowledge and improved psychological functioning at the completion of cancer treatment, possibly facilitated by the development of effective coping mechanisms (4–6).

Cervical cancer patients encounter a multitude of sophisticated and complex medical information as part of their treatment proposals from their treatment team. Often, the information gathered is not easily understood by the patients. High-dose-rate brachytherapy is an integral component of the definitive treatment of locally advanced cervical cancer (7). This complex treatment can be difficult to comprehend for patients who are unfamiliar with radiation therapy, especially in the context of trying to understand external beam radiation treatments. Large volumes of new information to explain these treatments can be overwhelming despite well-documented informed consent (8).

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The purpose of this randomized study was to investigate cervical cancer patient satisfaction with an enhanced informed consent process using custom, brachytherapy-specific, visual educational materials. Specifically, an in-clinic brachytherapy educational booklet was used during the informed consent process, with half the patients also receiving a take-home abridged booklet for reading comprehension away from the clinic and medical staff. Our goal was to provide insight into (1) the use of visual teaching materials in the informed consent process of intracavitary brachytherapy and (2) the utility of take-home booklets to enhance a patient's experience with her brachytherapy procedures.

Methods and materials

Between October 2012 and January 2013, a single-institution, prospective, randomized trial was performed to study patient-reported brachytherapy understanding and satisfaction in patients undergoing definitive external beam radiation and internal high-dose-rate brachytherapy for cervical cancer. Inclusion criteria included female gender, age >18 years, a diagnosis of International Federation of Gynecology and Obstetrics Stage IB–IVA cervical cancer, receipt or planned receipt of definitive chemoradiation that included intracavitary brachytherapy with a tandem and ring, and a Karnofsky performance status ≥ 70 (Fig. 1).

Using block randomization based on chronological arrival in the clinic, all consecutive eligible patients were

randomized to a standard or enhanced brachytherapy informed consent process. Informed consent in the standard arm involved using a customized visual in-clinic educational booklet (Fig. 2) alone (Group A). The enhanced arm patients were provided with a miniature take-home abridged booklet for reading and comprehension away from the medical center (Group B). After this informed consent process, but before receipt of their first brachytherapy treatment, all patients were then given a Likert-scale questionnaire to assess their baseline satisfaction with the information provided about the procedure. This survey was adapted from a previously published instrument that was validated in studies measuring patient satisfaction with cancer treatment information and is listed in Table 1 (9). For Group B patients randomized to receive a reference take-home booklet after the informed consent process, a second survey was administered to assess its adequacy. This survey was also adapted from a validated instrument previously used to assess the acceptability of decision-making tools for patients with breast cancer, as listed in Table 2 (10). The educational booklet's illustrated explanations of key treatment details are available for download and clinical use free of charge (see online Supplemental material).

Statistical analysis

Data collected from the first survey were analyzed both by investigational arm and in aggregate for each question to determine whether satisfaction scores improved with the

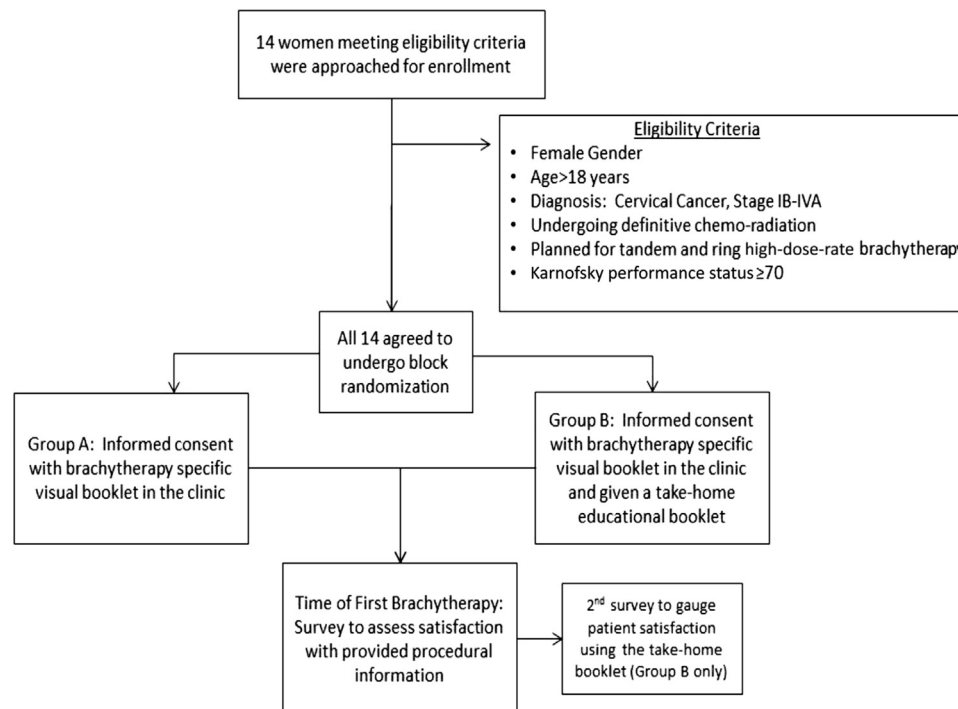


Fig. 1. Enrollment flow diagram.

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