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Teams Talking Trials: Results of an RCT to improve the communication of cancer teams about treatment trials

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ABSTRACT

Background: Previous research has shown that communication between members of multidisciplinary teams (MDTs) is often suboptimal and communication about trials between MDTs and their patients is difficult. Educational interventions can help dyadic exchanges with different aspects of trial recruitment but less work has focussed on team interventions.
Methods: 22 multidisciplinary cancer teams in the UK participated in an RCT of a novel Teams Talking Trials (TTT) Workshop aimed at improving the following: awareness, involvement, communication and recruitment to cancer trials. MDTs were randomised following either 6 or 12 months of audits, which were repeated after the intervention. Audits included numbers approached about trials, team members' attitudes, involvement and awareness of their teams' trial portfolios.
Results: There was no significant difference in the rate of approaching patients about trials post workshop (estimated improvement 22% higher regression coefficient of 0.2, exp. (0.2) = 1.22). There was improvement in team members' involvement in trials in 4 areas ($p \leq 0.04$): the pressure to enter patients into RCTs, the likelihood of a start-up meeting to discuss a newly accepted trial, the informational role played by individuals and recognition of this HCP's role by other team members. Also, confidence in communication about RCTS increased and awareness of different aspects of trial management improved on all 14 aspects ($p = 0.001$).
Conclusion: Attendance by teams at focussed workshops designed to enhance communication and trial recruitment improved several aspects of team functioning, but a significant impact on the number of patients approached could not be demonstrated.

1. Introduction

Adoption of the European Commission (EC) Clinical Trials Directive in 2001 was aimed to create a framework for clinical research and harmonise procedures for ethics review. Yet by 2006 only a third of trials in the UK managed to recruit sufficient patients on time and two thirds delayed starting or manifested problems at an early stage in the recruitment process [1]. This was partly due to the interpretation of the directive by the different countries and remains a major issue for cancer organisations in Europe engaged in international trials [2]. Although substantial progress has been made, with 57% of commercial studies recruiting to time and target severe delays remain with the start-up of trials and with the communication about trials to patients [3–5]. Numerous interventions to improve the situation have been trialled but none that engaged the whole multidisciplinary team (MDT) [6].

Given current legislative requirements and the increasing complexity of modern trials, the successful implementation

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and conduct of cancer trials depend not only on committed clinicians, but also on a *team* of committed professionals. For instance, many trials now include sub-studies that require extra tumour samples or additional imaging. Patients may need to be identified as potentially eligible for a study and approached for samples by individuals who are not normally engaged in treatment trials. If prior to trial initiation, the local Principal Investigator has not determined the interest of key individuals, their availability, ability to discuss a trial and other resources within the team, then recruitment may be compromised from the outset. Additionally important aspects of the protocol may not be adhered to, causing poor research conduct. Exploring ways to engage individual team members (who may not view clinical research as part of their role) not only brings benefits for future patients, but also promotes more efficient and harmonious working relationships. Following on from previously successful educational interventions designed to improve dyadic communication about clinical trials [7] and enhance team awareness about colleagues' perceived informational roles [8], we designed, piloted and subsequently modified a 1.5-day workshop called 'Teams Talking Trials' (TTT) with 10 teams in Scotland and England. Qualitative feedback was positive and sufficient for the evaluation of the intervention using quantitative outcome measures.

We examined impact of the TTT workshops from 2 perspectives: that of teams and of their patients. The main outcomes of interest were as follows: a) changes post intervention in the number of patients approached about trials and b) team members' involvement with trials in their MDTs portfolio, their awareness, and confidence when discussing trials with patients. Patients' assessment of the clarity of trial information provided by the MDT member and their reasons for accepting or declining trial participation will be reported separately.

2. Methods and measures

The South East Wales Ethics Committee Panel C (07/WSE03/17) approved the study; Brighton & Sussex Medical School was the sponsor and it was registered with the International Standard Randomised Controlled trial register (ISRN number 08988781).

2.1. Team recruitment method

Between 2006 and 2007, the Wales Cancer Research Network (WCRN) identified 86 cancer MDTs in Wales with an active research portfolio, and invited them to join the RCT of the TTT intervention. Researchers presented further details about the study to those teams expressing an interest. Any healthcare professional who regularly attended team meetings was invited to participate including histo-pathologists, radiologists, radiographers, chemotherapy, specialist and research nurses, surgeons, oncologists, chest physicians, palliative care physicians together with relevant administration staff such as data managers and MDT co-ordinators

2.2. Assessment measures

Fig. 1 shows the data collection time points and measures. At baseline, all MDT members completed 2 questionnaires: one that determined participants' previous communication skills training, another that examined an individual's perceived level of clinical trial involvement within their team. This 14 item study specific questionnaire probed individuals' views about different issues associated with trial recruitment and management with 2 free text questions. Additionally, senior clinicians (consultant level) completed a Clinicians' Attitudes toward Clinical Trials and Research Questionnaire, the results of which have been reported elsewhere [9].

Before and after the TTT workshops, participants completed a 15 item study specific questionnaire, which probed team members' awareness about colleagues' putative roles in trial recruitment and levels of confidence about the trial(s) discussed during the workshop.

Participants also evaluated 3 key elements of the workshop, namely the overall facilitation, the role-play with patient simulators and the trial planning session.

At the end of each team's study period, team members repeated the involvement-in-trials questionnaire, irrespective of workshop attendance.

2.3. Wales Cancer Research Network (WCRN)

The WCRN recorded numbers of patients approached about interventional trials by each participating MDT. Patients were identified as having accepted, declined, or been deemed ineligible for trial entry by the regional Network managers. Each team's current portfolio of trials was also recorded.

2.4. Randomisation

Consenting teams were randomised in balanced groups of 4, sorted by geographic location and cancer site and allocated randomly to workshop attendance preceded by either 6 (group 1) or 12 months (group 2) audit. Post workshop, the WCRN supplied the number of patients approached about trials and portfolios of open trials for a further 12 months.

2.5. The TTT workshop intervention

Workshops lasted for 1.5 days, with the option of residential overnight stay. Attendance attracted 9 Continuing Medical Education (CME) points from the Royal Colleges. The intervention had several generic components but was tailored to the identified needs of each MDT.

Day 1 included didactic presentations of team-specific baseline data about their involvement in trials and their own patients' attitudes to trials. An important TTT workshop component was a trial planning session about either a problematic trial from an MDT's portfolio or one in start-up. Exercises relevant for team building and interpersonal communication were also conducted. The final session on day 1 included a facilitated, small group role-play about the team's chosen trial with simulated patients (professional actors). Day 2 primarily comprised discussion of trial management problems arising from the previous day's interactions and clarification of the best pathways for maximising patient recruitment. This included the following: identification of anomalies, omissions or ambiguities in the Patient Information Sheets, strategies for timely trial set up, and improvements in understanding each team member's actual or putative communication and