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Communication skills training for breast cancer teams talking about trials

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ABSTRACT

Objectives: We modified an educational intervention developed to improve communication about clinical trials and enhance multidisciplinary team (MDT) working for specialist breast cancer MDTs. We assessed the effect of one day MDT training on team members' awareness & clarity about trials in their portfolio, and individuals' confidence & communication about clinical trials.
Materials and methods: Six MDTs in England participated between May 2012 and January 2013. Teams identified a breast trial from their portfolio that was about to start or one for which recruitment was proving difficult. Participants completed questionnaires identifying their roles and awareness of trial activity. The interactive workshop contained several generic elements: including PPT presentations, relevant exercises, and practical sessions but were also customised to fit the individual MDT requirements. Participants completed post-course questionnaires and the team leaders completed a 6-month review.
Results: Eighty healthcare professionals participated. There were significant positive changes ($P < 0.001$) post-workshop for all 15 key areas probed concerning awareness and clarity about the trial(s) discussed during the training intervention. Six month questionnaire data revealed 5/6 teams had greater awareness of actual roles played by their colleagues and that more team members were willing and able to discuss trial(s) with patients. Additionally, 5/6 team leaders said that dynamics had changed for the better and enthusiasm for trials improved.
Conclusion: Workshops focussed on clinical trials can be conducted in one day and produce improvements in team awareness, knowledge of teams' trials portfolios and communication skills.

Introduction

Demonstrating the benefits of novel therapies through successful recruitment to clinical trials is vital if patients are to receive efficacious treatments.

Although recruitment to breast cancer trials in England has increased, the annual report from the National Cancer Research Institute Breast Committee Steering Group (NCRI BCSG) states that challenges remain including adhering to trial start-up times, meeting recruitment targets and completing trials on time [1]. Research has shown that patients themselves are enthusiastic about trial participation [2,3], so ways to improve recruitment with initiatives aimed at Multidisciplinary Teams (MDTs) are needed [4].

Breast cancer specialists were the first in the UK to embrace a model of multidisciplinary team working following observations that specialist cancer care led to better patient outcomes [5]. Historically trials have involved the oncologist, surgeon and research nurse, but the successful implementation and conduct of trials now depends on a much wider team. Virtually all new trials have sub-studies that may need extra tumour samples taken, more histo-pathology (conducted and reported upon quickly) and additional imaging or other screening tests. If the local Principal Investigator has not discussed in detail with the rest of the team whether or not the protocolled trial requirements are practically possible, then failure of the trial through either poor recruitment of potentially eligible patients or protocol violations are very likely outcomes.

Additionally, some team members do not view clinical research as an important or routine part of good quality clinical care and so may not engage actively with the process [6,7]. Others may feel resentful about the often unacknowledged and unappreciated extra work required of them if patients do enter trials. Another aspect of recruitment that is frequently overlooked is the number of different healthcare professionals, apart from the oncologist and research nurse, who will have contact and therefore potentially opportunistic

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discussions about putative trial entry with eligible patients. It is vital to ensure that the entire MDT who might see patients, have enough awareness and confidence to answer trial related questions.

Following on from an educational intervention developed to improve communication about clinical trials and enhance MDT members' awareness about each other's informational roles [8] we modified our original 1.5 day workshops for breast cancer teams. Most of the generic components were retained but each team nominated and chose to focus on specific trials that were proving difficult to recruit to or that were in start-up.

Materials and methods

Participants

Between July 2011 and January 2013 six specialist breast cancer teams in England participated in one day workshops held in ABPI compliant venues. Any healthcare professional who regularly attended breast team meetings was invited to participate including histo-pathologists, radiologists, radiographers, chemotherapy, specialist and research nurses, surgeons, oncologists, palliative care physicians together with relevant administration staff such as data managers and MDT co-ordinators.

Assessment measures

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 [8]. Participants also evaluated 3 key elements of the workshop, namely the overall facilitation, the role-play with patient simulators and the trial planning session. Six months post-workshop, the team leaders completed a third questionnaire designed for the study that assessed whether any changes had been implemented and sustained.

The TTT workshop intervention

Workshops lasted for a day, with the option of residential overnight stay the evening before. Attendance attracted 6 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. The interactive workshop was based on one developed and evaluated in a randomised controlled trial [8]. The team chose the trial several weeks prior to the intervention, and sent the facilitators the Patient Information Sheet for the study. An important workshop component was a planning session about the trial chosen by the team. This involved discussion of trial management problems, clarification of the best pathways for maximising patient recruitment including 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 organisational roles that might maximise efficiency thus enhancing recruitment in the future. Exercises relevant for team building and interpersonal communication were also conducted. The afternoon session comprised facilitated, small group role-play about the team's chosen trial with simulated patients (professional actors). Although the primary focus was on 1 or 2 trials, there was reference throughout the course to other trials within the team's portfolio that shared similar issues or areas of concern. Consideration was also given to ways of disseminating ideas and involving other MDT members who had been unable to attend the workshop.

Outcomes

The primary outcome was a change in MDT members' awareness about and confidence when discussing trials, and awareness of their colleagues' roles in trial management.

Secondary outcome was assessment of feasibility of conducting the workshops in 1 day.

Statistical methods

Responses to 15 items pre and post-workshop were examined using the Sign test. The main outcome of interest was the probability of becoming more aware, or remaining aware, of various features about trials dealt within the questionnaire. Additionally those participants who had a regular role in discussing trials and describing randomisation rated their confidence levels on a 0–10 scale and paired *T* tests were used to calculate differences. Proportions and mean scores for items on the 6-month follow up questionnaire are reported also.

Results

Teams

A total of 80 individuals attended including – surgeons, radiologists, medical & clinical oncologists, histo-pathologists, specialist breast care, chemotherapy and research nurses, nurse practitioners and MDT co-ordinators. Table 1 gives a breakdown of participants per team and the designated leader of each team is indicated.

The trials chosen by the breast teams included – POETIC, EPHOS-B, START, FAST FORWARD, PrefHer, SPIKE (renamed to OPPORTUNE after discussion at the workshop highlighted the inappropriate imagery associated with the acronym). Table 1 shows the composition in terms of team members; 41% (33) male, 59% (47) female. Two teams came from University Hospitals; the other 4 were Foundation Trust Hospitals.

Table 2 shows changes in awareness following the course in different areas, these were significant at $P < 0.001$. Table 3 shows the proportions of individuals who stayed the same, improved or were worse post-workshop. It was notable that 64% of team members improved their awareness of the trial logistics, a key feature if the trial has a chance of recruiting well.

Those participants who were actively involved in discussing trials with patients showed a significant increase in levels of confidence for a) discussing trials in general (pre course mean 7.91, post-course mean 8.58; $P < 0.001$) and b) explaining randomisation (pre course mean 7.81, post-course mean 8.30; $P < 0.001$).

Table 1
Specialists within the teams.

Team ID →	1	2	3	4	5	6	Total
Surgeon	3	3	1	[a]2	3	3	15
Oncologist	1[a]	[a]2	[a]2	2	[a]3	[a]5	15
Radiologist	0	0	0	4	0	0	4
SBCN	3	1	1	3	0	3	11
Research nurse	4	3	4	3	3	1	18
Histo-pathologist	1	0	0	2	0	0	3
MDT coordinator	0	1	0	0	1	1	3
Chemotherapy nurse	2	0	0	0	0	0	2
Breast physician	1	2	3	1	1	0	8
Screening nurse	0	0	1	0	0	0	1
Totals	**15**	**12**	**12**	**17**	**11**	**13**	**80**

[a] Team leader.