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Working together to improve trial communication

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Background

It's common for patients to be part of developing participant information sheets. This is to help ensure that the sheets can be easily understood, and that they address people's real concerns. Providing participants with clear written information is a vital part of obtaining informed consent. However there are many other factors which can effect someone's decision to take part in a trial.

Some LICTR study teams working with colleagues in LIHS have moved beyond information sheets and are considering the nuances of how information is verbally communicated during the recruitment process. Two cancer studies are currently looking at this issue: SABRTOOTH (Lung cancer) and BRAVO (Bladder cancer)

Both of these studies include a surgical and a non-surgical arm. Previously, similar studies have faced recruitment challenges.



Stills taken from the SABRTOOTH films

Simulation

Both studies have drawn on a technique called simulation. Simulation is a specialist form of role play. It has a long history within healthcare education and is increasingly being used within a research context. Simulated patients (role players) take on the part of potential research participants and their families. They then interact with real health professionals so that they can rehearse conversations about the study. This is followed by a structured debrief where the health professionals get feedback, reflect on their skills and try new approaches.

SABRTOOTH and BRAVO both used simulation techniques in slightly different ways:

SABRTOOTH

Communication issues were explored as part of the trial launch. Past patients spoke about how their diagnosis and treatment options were communicated to them.

Simulated scenarios were developed by the Chief Investigator, with input from the study's public contributor.

Simulations and debriefs were filmed with real trial doctors and nurses.

The films are available for sites to use with their staff.

BRAVO

Qualitative work was carried out with past patients to explore how their diagnosis and treatment options were discussed

Those data formed the basis of simulated scenarios.

The scenarios were further developed at a workshop with the study's public involvement group.

Live simulations took place in small groups made up of clinical staff, researchers and patients.

The simulation sessions were part of broader trial education days at various sites.

Learning

Simulation can:

- Provide experiential learning opportunities for recruiters.
- Act as an engaging starting point for discussions between patients, researchers and clinicians.
- Bring complex challenges to life in a safe environment.

More evaluation is needed to see how this work impacts on recruitment and on the experience of staff and participants.

Contact

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