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LAY SUMMARY


HEARSAY workshops were developed to improve the quality and content of communication between people living with metastatic breast cancer (MBC) and their health care professionals (HCPs). One day sessions incorporated questionnaires assessing HCPs’ anxiety, burnout and confidence communicating issues e.g. MBC diagnosis/prognosis. Also included were data presentations, facilitated group discussions and exercises. A key aspect was the filmed patient quotes (voiced by 6 actors) covering things HCPs did or said that helped/hindered patient understanding about MBC. Sixty-six HCPs (20 surgeons, 26 oncologists, 20 specialist nurses) attended 5 workshops. Anxiety and burnout were identified as barriers to effective communication. Post workshop revealed significant improvements in self-confidence across all areas, including communication with patients from varied socio-educational backgrounds, of different ages, and those diagnosed with MBC either de-novo or following a recurrence.

WORKSHOP CONTENT


Integral parts of workshop were facilitated group discussions, with emphasis on why certain phrases are acceptable to patients, how to deal flexibly with individuals, balancing reassurance honestly with plausible and realistic goals and addressing patient concerns about treatment management.

Materials
Didactic PPT presentations 1) LIMBER¹survey results, 2) methods to improve prognosis communication 3) techniques to help prevent burnout.
Group exercises 1) to promote awareness about making assumptions 2) effect of stereotyping on communications and 3) reflections on a poem ‘The other side of the waterfall’ about difficulties experienced when a patient does not benefit from a newly approved drug². Delegates were provided with citations for all references, together with links to professional resource services/organisations.

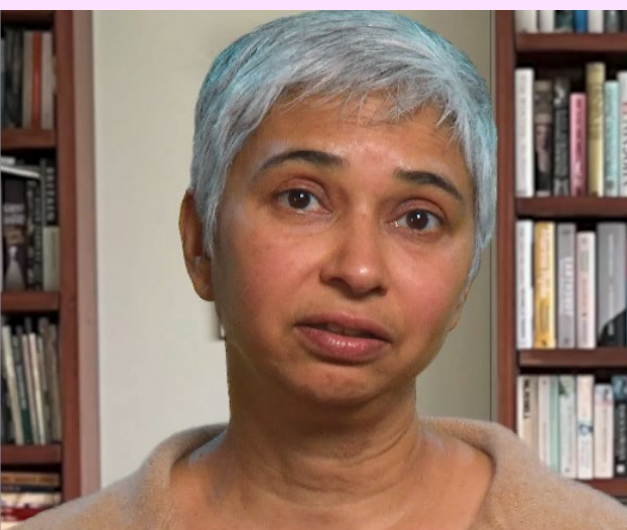
Vox Pops Quotes from patients in the ‘Living with metastatic breast cancer (LIMBER)¹’ survey were voiced by actors.




Andrea (35 years)




Christine (60 years)




Maya (54 years)



Sophie (26 years)



Adila (70 years)



Mary (75 years)

Vox pops were divided into categories:- 1) Reality of recurrence 2) Diagnosis 3) Prognosis 4) Pitching the conversation 5)Treatments and management 6) Impact of the working environment 7) Specialist nurse support 8) Informational gaps and 9) Family support

RECRUITMENT AND ASSESSMENTS

HCPs recruited via flyers, word of mouth and social media. Five workshops were held (Brighton, Bristol, London (2), Liverpool) and accredited 6 CPD points from the Royal College of Physicians.

Pre/post workshop self-confidence questionnaire (discussing 9 key MBC communication issues),12-item General Health Questionnaire³, 16-item Stanford Professional Fulfilment Index⁴, 38-item Navigating Professional Boundaries questionnaire⁵.

Participants	(N=66)
Sex	
Female	47 (71.2%)
Male	19 (28.8%)
Role	
Surgeon	20 (30.3%)
Oncologist	26 (39.3%)
Metastatic BCN	6 (9.0%)
Specialist BCN	14 (21.2%)
Seniority	
Consultant	25 (37.9%)
Other Clinician	21 (31.8%)
Senior Nurse	13 (19.7%)
Other Nurse	7 (10.6%)

Examples of HCPs’ communication challenges pre-workshop

Discussing diagnosis in de novo patients and discussing progression in old patients already on treatment. Also, discussing best supportive care when there are no treatment options available.

When the disease is very advanced and limited life expectancy.

Patients with small children.

When a translator is necessary as patient speaks little English, especially when the translator is a member of the family.

Discussion at end of life when no further treatment is likely to be effective.

Very educated patients can be challenging. Also, patients progressing through neoadjuvant/adjuvant treatment.

Need to give information in short space of time and also manage distress.

Rapidly progressive disease. Running out of options. Brain mets/leptomeningeal disease.

When patients don't want to discuss prognosis at all.

Unrealistic expectations.

RESULTS

Primary analyses
Mean confidence scores improved post-workshop overall (mean change = 1.5, 95% CI: 1.14 to 1.81) and across 9 items. Figure 1 scores (1-10 Likert scale) illustrates overall participant confidence and responses to each of the questions

Mean post-workshop confidence change, estimated using linear mixed-effects models				
Outcome	Mean change	95 % CI	P-value	ICC
Confidence discussing MBC diagnosis:				
with de novo patient	1.35	0.96, 1.74	< 0.001	0.53
with previously treated patient	1.27	0.87, 1.68	< 0.001	0.42
Confidence discussing prognosis:				
with de novo patient	1.68	1.20, 2.15	< 0.001	0.42
with previously treated patient	1.85	1.35, 2.35	< 0.001	0.32
Confidence that patients understand your terminology	1.33	0.96, 1.71	< 0.001	0.35
Confidence explaining Tx/Mx to patients who:				
have a lower education background	1.50	1.12, 1.88	< 0.001	0.36
have a higher education	1.27	0.89, 1.65	< 0.001	0.48
are young (<45)	1.56	1.16, 1.96	< 0.001	0.53
are older (>65)	1.39	1.02, 1.77	< 0.001	0.34
Mean confidence total score	1.47	1.14, 1.81	< 0.001	0.48

Secondary analyses
Higher anxiety levels (GHQ-12 ≥ 4) associated with increased odds of burnout (OR = 6.0, 95% CI: 1.7 to 21.0, *p* = 0.0057) and less likelihood of feeling professionally fulfilled (OR = 0.12, 95% CI: 0.015 to 1.00, *p* = 0.052)

Secondary analyses (N=66)

GHQ-12 ≥4

No 52 (78.8%)
Yes 14 (21.2%)

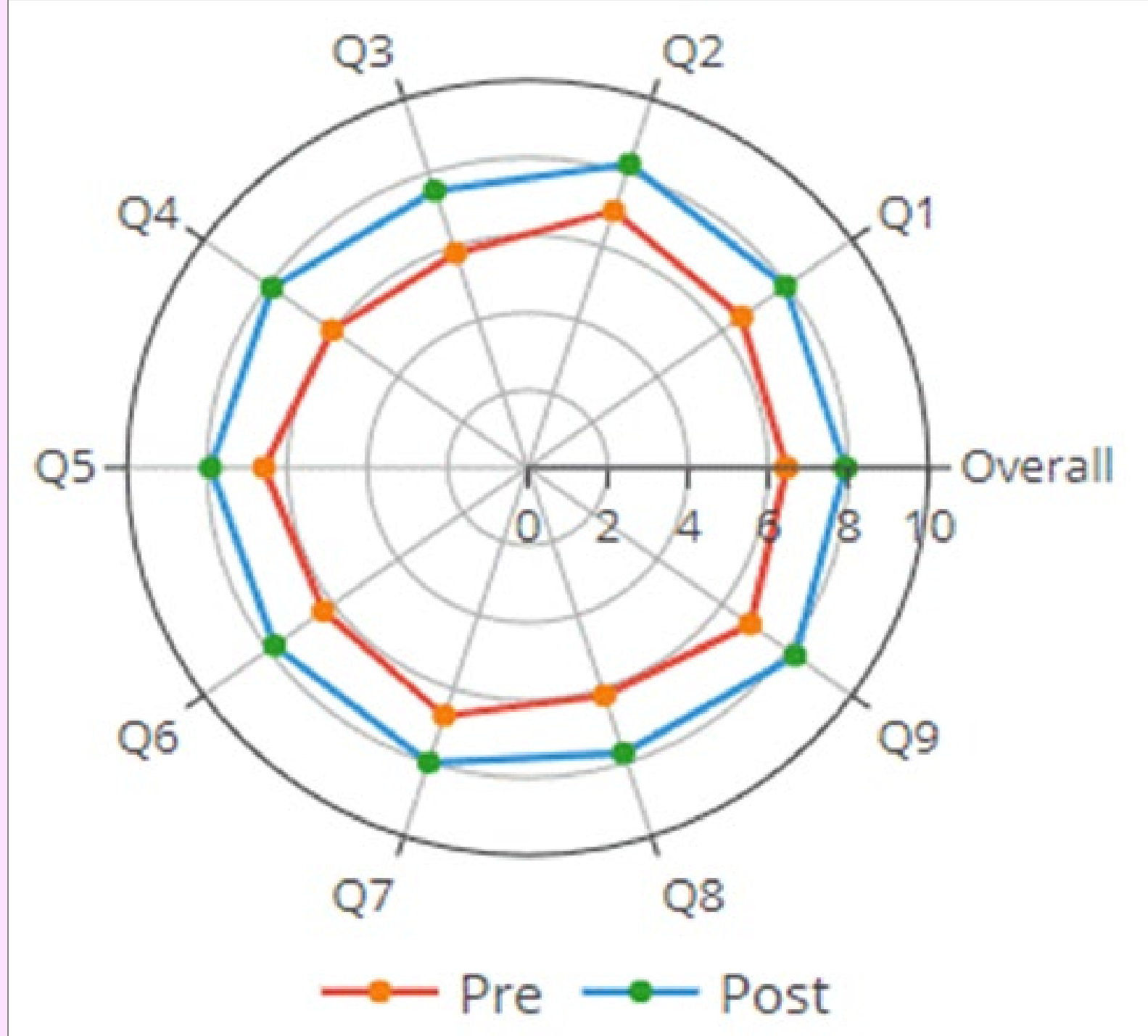
Fulfilment ≥3

No 45 (68.2%)
Yes 21 (31.8%)

Burnout ≥1.3

No 45 (68.2%)
Yes 21 (31.8%)

Figure 1: Radar plot showing mean pre-post- confidence responses to each of the 9 self-confidence questions



FEEDBACK

Workshop feedback (n=66)
100% ‘definitely’ recommend workshop

“A wonderful opportunity & method of evaluating personal practice & to stop & look at the patient perspective. Really great to be in such a mixed group & to finish with self-care - a reminder we all need!”

“Really enjoyed the day and learnt very useful tips to put into my practice.”

CONCLUSIONS

Dissatisfaction with HCPs’ communication reported by patients with MBC is multifactorial. Bespoke small-group HEARSAY workshops using patient verbatims that help address psychological and practice constraints inhibiting effective communication were shown to improve HCPs’ self-confidence when discussing challenging areas during MBC consultations.