

Communication between clinicians and patients with advanced cancer: assessing the 'face validity' and acceptability of a Serious Illness Conversation Guide to improve clinical communication

McGlinchey T¹, Mason S¹, Coackley A², Maguire M², Roberts A¹, Maloney F³, Sanders J³, Paladino J³, Block S³, Kirkbride P², Ellershaw JE¹

¹Marie Curie Palliative Care Institute Liverpool, University of Liverpool, ²Clatterbridge Cancer Centre NHS Foundation Trust, ³Ariadne Labs, Brigham and Women's Hospital, and Harvard T.H. Chan School of Public Health, Boston, Massachusetts

Background

Improving the way in which clinicians initiate and engage in important conversations with patients with serious illness and their families is an imperative.¹ The Serious Illness Care Programme ("the programme") is a multi-component, systems-based intervention developed by Ariadne Labs in the United States (U.S.) to improve the care of all persons with serious illness². It employs clinical tools, training programmes, and workflow innovations to achieve these outcomes. The Serious Illness Conversation Guide ("the guide") is an evidence-based clinical tool to improve the quality of clinician-led conversations, promoting shared decision making and future care planning. Preliminary work in the U.S. demonstrates positive impacts of the intervention on the frequency, timeliness, and quality of conversations with seriously ill patients, as well as their positive impact on patients and families.

NHS England has funded a pilot implementation of the programme within the UK. Prior to the pilot, work was undertaken to adapt the programme to the UK setting, including a qualitative research project to assess the 'face validity' of the guide for a UK context.

Aims

- Establish 'face validity' and acceptability of the Serious Illness Conversation Guide for use within the UK
- Make recommendations for amendment if required

Methods

Method	Sample	Objectives
Step 1: Nominal Group Meeting^{3,4} Expert Group Consensus Meeting	14 participants in 3 'expert' groups: 1. 5 Oncology Consultants 2. 4 Palliative Care Experts – 3 Consultants, 1 Palliative Care Specialist Trainee 3. 5 Communication Skills Experts	<ul style="list-style-type: none"> • Review the guide; recommendations for improvements • Consensus; whether the guide could be used in the UK.
Step 2: Cognitive Interviews^{5,6} - 'Think Aloud' Technique⁷ Explore how respondents answer prompts within the guide	6 patient and public representatives recruited from a North West Cancer Centre	<ul style="list-style-type: none"> • Understand how respondents perceive and interpret prompts in the guide • Assess format, context and language

Results

Nominal Group Meeting

Consensus gained:

- Conversation guide could provide support for clinicians to initiate difficult conversations with patients with serious illness
- Minimal amendments to wording suggested however final changes to be put forward following Cognitive Interviews with Patient and Public Representatives.

Led by:

Results (Cont.)

Cognitive Interviews

Overall, participants felt the guide was a useful 'conversation piece', promoting a 'partnership' approach to care planning, empowering patients to talk about what is most important for their future care:

"It's a partnership...I suppose the doctor...is wanting to see what it is the patient is concerned about..."

"...as a conversation piece...I think it's ok..."

Participants valued the attention to the patients 'holistic' needs as an individual, rather than exclusively focussing on their 'disease':

"It's seeing the person as an individual and that they've got a life".

Education and training is key; participants had concerns that use of the guide could create an artificial 'interview' situation. Clinicians will require skill to incorporate prompts into a 'natural' conversation:

"...I think sometimes using these words just makes it sound like a formal interview...you need to...be able to put the patient into a situation where they feel comfortable to...open up with their concerns".

All participants agreed the final phrase in the guide, "we're in this together", could undermine the patient centred aim: consensus that this prompt be removed:

"you're not actually in it together...you're not, I mean yes put some comforting words there but...we're in it together is hardly comforting, when you know it's not true."

Conclusion

Participants felt the guide would aid communication between clinicians and patients, and the approach was valued by all. Small amendments were identified and a revised guide for the UK was developed.

A National pilot is underway at three NHS sites, funded by NHS England. Research to investigate the acceptability and feasibility of the implementation of the Serious Illness Care Programme UK is being undertaken in one cancer centre.



References

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