



Supportive and palliative care research and audit conference

Wednesday 30 November 2016

Oral and poster abstract submission template

Abstracts must conform to the following requirements:

- Include a short title (up to 20 words) and the author's names (asterisk the presenting author)
- Maximum length: 250 words
- Structure: background/objectives, methods, results, implications
- Include presenting author's contact details (including name, job title, institution and email address).

Abstracts should be submitted to <u>samantha.wilkinson@srft.nhs.uk</u> by 5pm on Friday 30 September 2016.

Title: Could a Person Centred Communication (PCComm) training intervention for recruitment nurses improve patient participation in RCTs in palliative care?

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Abstract

Background

Recruitment and retention challenges often impede the development and timely completion of clinical trials in advanced cancer and palliative care. Successful recruitment into trials generally centres on the patient/recruiter encounter where the recruiter's communication skills have an important influence on patients' decision making processes. The drive to deliver Person Centred Care (PCC) across the NHS has been significantly promoted over the last decade, as a means of enhancing the quality of care experienced by patients in everyday clinical settings. However, trial recruitment interactions and shared decision making has been largely neglected and little attention given to how the concept of Person Centred Communication (PCComm) could be relevant to and improve trial recruitment.

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This is a collaborative conference hosted by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC) Greater Manchester, the Strategic Clinical Network (SCN) Research and Audit Special Interest Group (SIG), the North West Audit Group (NWAG), and Palliative Care Research In Manchester (PRiMa).

Research Objective

Explore staff recruitment practices and shared decision making during recruitment to a breast cancer multi-site randomised controlled trial (RCT).

Methods

Fifteen individual interviews and one focus group with recruiting staff (n=8) were undertaken. Thematic analysis of the data was undertaken utilising NVivo 10.

Results

Recruitment encounters appeared to vary considerably in quality and content and there was suboptimal practice in recruitment communication. Key themes identified were: 1) Giving patients a voice 2) Accurate knowledge sharing 3) Shared decision making.

Implications

A PCComm training intervention has the potential to improve recruiter's communication skills and increase trial recruitment. Future research could develop and test a training intervention, for staff, recruiting palliative cancer patients into randomised controlled trials (RCTs).