Effectiveness of the AAA-Training Programme on GP-Patient Communication in Palliative care; a Controlled Clinical Trial (COMPACT).

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON22983

Source
NTR

Brief title
COMPACT

Health condition

Patients receiving palliative care from their GPs.

Sponsors and support

Primary sponsor: Institute for Research in Extramural Medicine, Department of General Practice
VU University Medical Centre
Van der Boechorststraat 7
1081 BT Amsterdam
Source(s) of monetary or material Support: Pfizer bv
OZ zorgverzekeringen
Janivo Stichting
IKZ (Eindhoven)

Intervention

Outcome measures

Primary outcome

The first research question, on effectiveness of the AAA assessment tool, will be measured by analysis of video-recorded consultations with simulated patients: the GP-patient communication in PC will be determined by the Roter Interaction Analysis System (RIAS). This primary outcome will also be measured according to a study-specific ‘AAA’ rating scale. Two times during the project GPs will be video-taped (consultation with a simulated patient); the first time will be during the first 2-day course (before the start of the intervention); the second time will be during the third 2-day course (one year later).

Secondary outcome

Effects at patient level will be measured by questionnaires to real PC patients:
1. Satisfaction about the communication with their GP will be measured with the Dutch version of the Patient Satisfaction Questionnaire III;
2. Disease-related quality of life will be measured with the Palliative Care Outcome Scale and the EORTC QLQ-C15-PAL;
3. Feelings of being at peace and comfortable will be measured according to a study-specific ‘rest & peace’ rating scale;
4. Implementation of AAA items by GPs will be measured by a study-specific 'AAA Patient Questionnaire'.
Two times during the project GPs will be asked to recruit the first two consecutive patients for whom they currently provide PC, and who are eligible for participation. The first time will be during the three months before the start of the course; the second time will be between the second and third 2-day course.

Study description

Background summary

The aim of the proposed study is to improve palliative care (PC) in general practice, by improving general practitioner (GP)-patient communication in PC. GPs play a central role in providing PC in the Netherlands. Good GP-patient communication is essential for the delivery of high quality care. Communication in PC is difficult, involving a mix of physical, psychosocial, and spiritual issues. Because of barriers in communication, not all of the patient’s problems are clarified. Consequently, GPs will not take subsequent actions, and the quality of life of the patient may be unnecessarily impaired. Our literature review and our preliminary studies yielded three key elements for GP-patient communication in PC: Availability, Active listening, and Anticipating (AAA). Existing PC training courses for GPs are

too much generalized, lacking tools for GPs to detect their personal gaps. We developed the AAA assessment tool, that enables GPs to identify the gaps in their PC communication skills and to formulate learning goals. Tailored communication exercises are offered, and finally the tool is used for self-evaluation of learned AAA skills. The effectiveness of this tool will be evaluated in a controlled clinical trial. Study questions are: 1. what are the effects of implementing the AAA assessment tool on communication skills of GPs? 2. Do GPs experience the newly acquired skills in their palliative practice as useful? 3. Do their palliative patients benefit in terms of feeling at peace and comfortable, and of decreased symptoms? A control group of 80 GPs will attend an existing Palliative Peer Group Training Course. An intervention group of 80 GPs will attend a similar course, in which the AAA tool is implemented. Participating GPs will recruit four PC patients. Outcomes are 1. GPs' performance on PC communication skills, assessed by video-recorded consultations with simulated patients; 2. Perceived PC competence and applicability of learned skills, measured by GP questionnaires; 3. Symptom severity and feeling comfortable, measured by patient questionnaires. If demonstrated to be effective, the AAA assessment tool will be implemented in existing Peer Group Courses, and in the vocational GP training.

Study objective

GPs play a central role in providing palliative care (PC) in the Netherlands. Good GP-patient communication is essential for the delivery of high quality care. Communication in PC is difficult, involving a mix of physical, psychosocial, and spiritual issues. Because of barriers in communication, not all of the patient's problems are clarified. Consequently, GPs will not take subsequent actions, and the quality of life of the patient may be unnecessarily impaired.
We developed the AAA assessment tool, that enables GPs to identify the gaps in their PC communication skills and to formulate learning goals. Tailored communication exercises are offered, and finally the tool is used for self-evaluation of learned AAA skills. The effectiveness of this tool will be evaluated in a controlled clinical trial with outcome measures on GP and patient level.
It is hypothesized that, compared to existing PC courses, a training course on communication in PC guided by the AAA assessment tool will increase GPs' competence in identifying and meeting the needs of PC patients more. As a result, patients will suffer less and be more satisfied with the PC they receive from their GPs.

Intervention

Based on the literature and preliminary studies three key elements for GP-patient communication in PC were identified: Availability, Active listening, and Anticipating (AAA). Existing GP training programmes on communication in PC are in need of a tool for identifying GPs' individual learning goals. The AAA assessment tool will enable GPs to gain insight in the quality of their communication skills in PC; this will increase the effectiveness of the learning process by helping to focus on the aspects GPs want to improve.
All participating GPs will attend a PC Peer Group Training Course, only the intervention group will attend the course with the AAA assessment tool integrated in the course. In the intervention group the AAA assessment tool will be implemented in the existing Peer Group Course as follows: (A.) At the start, a consultation with a simulated PC patient is video-

recorded and (a few weeks later) the GP receives feedback according to the AAA assessment tool. GPs will be invited to identify their gaps and to formulate personal learning goals, based on the received feedback. (B.) During the residential course education modules on the AAA items will be offered: individual GPs participate in the module(s) that focus on their gaps. (C.) During the peer group sessions GPs will apply the AAA assessment tool to give feedback on cases presented (orally, transcribed, or audio/video-taped) by their peers. This tailor-made intervention will focus on the aspects each individual GP wants to improve.

Contacts

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Eligibility criteria

Inclusion criteria

1. Incurable cancer with a life-expectancy of less than six months;
2. Over 18 years of age;
3. Ability to speak, read and write Dutch;
4. Absence of overt psychopathology or serious cognitive dysfunction that would impede their ability to take part in the study;
5. Written informed consent.

Exclusion criteria

None.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-03-2006
Enrollment:	640
Type:	Anticipated

Ethics review

Positive opinion

Date:	17-01-2006
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL521
NTR-old	NTR565
Other	: N/A
ISRCTN	ISRCTN56722368

Study results

Summary results
N/A