

Effectiveness of the AAA-training programme on GP-patient communication in palliative care: a controlled clinical trial

Submission date 14/02/2006	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 14/02/2006	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 27/06/2014	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

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Additional identifiers

Protocol serial number

NTR565

Study information

Scientific Title

Acronym

COMPACT

Study objectives

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 patients 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 hypothesised 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.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Received from the local medical ethics committee

Study design

Parallel group controlled trial

Primary study design

Interventional

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Palliative care

Interventions

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:

1. 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.
2. 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.
3. 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.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

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.

Twice 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).

Key secondary outcome(s))

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'

Twice 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.

Completion date

31/12/2009

Eligibility

Key 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

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

Does not comply with the above inclusion criteria

Date of first enrolment

01/03/2006

Date of final enrolment

31/12/2009

Locations**Countries of recruitment**

Netherlands

Study participating centre

Vrije University Medical Centre

Amsterdam

Netherlands

1081 BT

Sponsor information**Organisation**

Vrije University Medical Centre (VUMC) (The Netherlands)

ROR

<https://ror.org/00q6h8f30>

Funder(s)

Funder type

Industry

Funder Name

OZ Health Insurance NV (OZ Zorgverzekeringen NV) (The Netherlands)

Funder Name

Comprehensive Cancer Centre South (IKZ Eindhoven) (The Netherlands)

Funder Name

Pfizer (The Netherlands)

Alternative Name(s)

Pfizer Inc., Pfizer Consumer Healthcare, Davis, Charles Pfizer & Company, Warner-Lambert, King Pharmaceuticals, Wyeth Pharmaceuticals, Seagen, Pfizer Inc

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

United States of America

Funder Name

Janivo Foundation (The Netherlands)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	02/07/2013		Yes	No
Results article	results	01/09/2014		Yes	No