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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

Registration date
14/02/2006

Overall study status
Completed

Last Edited
27/06/2014

Condition category
Other

[X] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English Summary
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

NTR565

Study information

Scientific Title

Acronym
COMPACT

Study hypothesis
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

Secondary study design
Non randomised controlled trial

Study setting(s)
GP practice

Study type(s)
Quality of life

Participant information sheet

Condition
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 measure
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).

Secondary outcome measures
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.

Overall study start date
01/03/2006

Overall study end date
31/12/2009

Eligibility

Participant 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

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
640

Participant exclusion criteria
Does not comply with the above inclusion criteria

Recruitment start date
01/03/2006

Recruitment end date
31/12/2009

Locations

Countries of recruitment
Netherlands

Study participating centre
Vrije University Medical Centre
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Sponsor information

Organisation
Vrije University Medical Centre (VUMC) (The Netherlands)

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Sponsor type
Hospital/treatment centre

Website
http://www.vumc.nl/

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

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

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

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