

The Optimising Staff-Patient Communication in Advanced Renal disease (OSCAR) study: Protocol for a new NIHR-funded project to develop a communication intervention

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Introduction

In the UK, 3,500 adults with end-stage-kidney-disease over 65 start dialysis annually; this is the fastest growing group of recipients, and providing dialysis in this group costs >£300 million/year. Yet for older people, dialysis brings uncertain survival benefits and greatest impact on quality of life. Conservative (non-dialytic) care is an alternative to dialysis for these patients, but there is considerable variation in rates of conservative care: estimates are from 5-95% across UK renal units. Patients report marked differences in how clinicians communicate treatment options, which strongly influences patients' decision-making.

Aims

1. To understand communication, information provision, and decision-making support in renal units with varying rates of conservative care
2. To identify and describe interactional features of consultations between older people (age 80+ or 65+ with poor performance status/comorbidities) with advanced chronic kidney disease (eGFR <20) and renal clinicians
3. To develop an evidence-based, acceptable intervention, incorporating clinician training, to enhance how renal clinicians support patients' decision-making
4. To contribute to the evidence-base on how patient-centred decision-making is interactionally implemented

Methods

Mixed-methods, via four work packages, following Medical Research Council complex interventions guidelines, and the person-based approach to enhancing intervention acceptability/feasibility (Yardley et al. 2015). Data collection, analysis and intervention development will be informed by the Theoretical Domains Framework and Behaviour Change Wheel (Michie et al. 2005, 2011).

Work Package 1: Understanding the context

At five renal units with differing rate of conservative care, we will:

- Conduct ethnographic, non-participant observation of renal consultants', registrars' and nurses' consultations with eligible patients (and carers, if present), and qualitative interviews with clinicians, and analyse data thematically.
- Evaluate the content and comprehensibility of information resources provided to patients (e.g. leaflets, education sessions, decision aids).

Work Package 2: Describing communication and its consequences

Across these renal units, we will:

- Video-record 60-80 consultations between 20 clinicians and eligible patients (and carers); use Conversation Analysis to identify trainable elements.

- Collect patient-/carer- and clinician-reported questionnaire data regarding consultation communication and treatment decision-making; test for associations between clinicians' communication behaviours and patient/carer outcomes, and differences between patient/carer and clinician outcomes.
- Conduct qualitative interviews exploring patient/carer experiences of communication and decision-making; analyse thematically.

Work Package 3: Intervention development

- Co-produce the intervention with the Stakeholder Panel (patients, carers, clinicians, educators and commissioners), integrating WP1&2 findings, evidence and theory.
- Refine the intervention via iterative 'think aloud' interviews with clinicians, in line with a person-based approach.

Work Package 4: Pilot, refine

- Pilot the intervention in a single renal unit not involved in WP1&2.
- Use pre-/post- questionnaires and qualitative interviews to determine clinician views/experiences.
- Video-record post-training consultations to determine whether/how training is put into practice
- Further refine intervention and prepare for full evaluation of effectiveness/cost-effectiveness

Discussion

This 4-year study, which began December 2019, will result in an intervention to optimise renal clinician's communication with patients and family carers and support patient-centred treatment decision-making. The intervention will be formalised, evidence-based, fit for purpose, acceptable to stakeholders and (if effective/cost-effective) scalable across UK renal units.