

Facilitating patient autonomy through promotion of internal services for patients on Clinical Trials

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Background

Patients on a clinical trials at The Christie most often receive their care in the outpatient's department, and as such, may not be made aware of supportive services outside the trial's facility.

It has been long acknowledged that those who live with cancer may experience psycho-social issues that impact upon their life more than their direct diagnosis. Due to the protocol demands of clinical trials, these issues may sadly be overlooked.

Thus, the aim has been to focus upon giving patient's the control of their psycho-social needs through open access and self-referral of available services. This poster will focus upon how we can facilitate patient engagement and promote autonomy.

Methods

The gap in patient's knowledge of internal supportive services was identified upon noting a patient's emotional distress during treatment on the Clinical Research Facility (CRF) at The Christie.

The patient expressed feeling unsupported with their diagnosis and unable to manage side effects. Upon discussion, it was found the patient was not aware of any of the supportive services offered at The Christies.

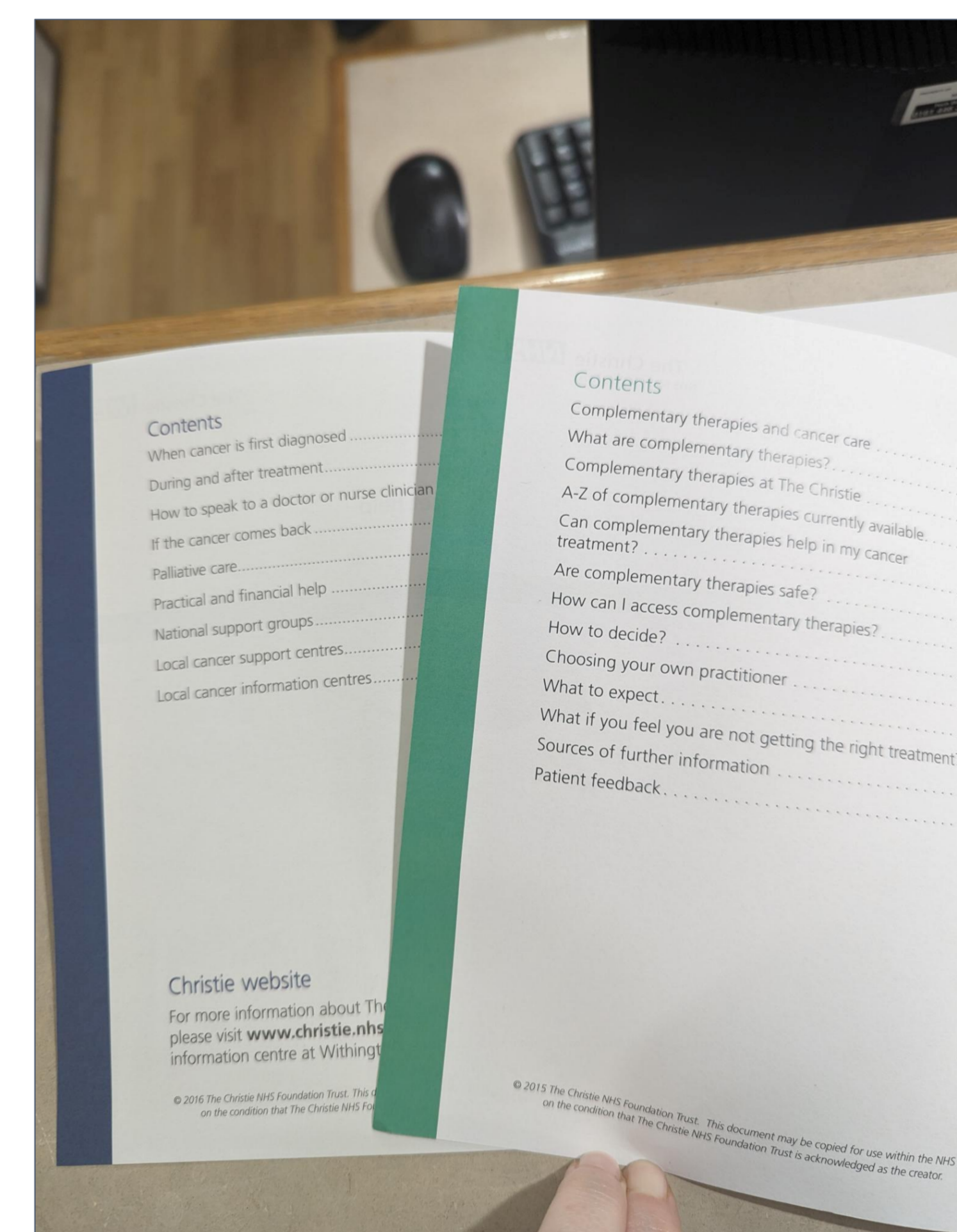
A service quality improvement project has been commenced to highlighting these services to both patients and staff on our unit.

Results

The lack of awareness of supportive services available was quickly rectified, through discussion of the patients' individual needs, and the ways in which they can access the appropriate services for them.

To improve this process from our perspective, as staff nurses working on the Clinical Research Facility, we will continue to actively promote the available supportive services pamphlets to all patients who attend our unit for treatment.

To develop this project further, we will create a patient notice board, making visible the various services available and how to access them, followed up by a patient questionnaire to assess patients further needs and requirement in this area.



Conclusion

For all patients in clinical trials, it is equally important that they receive the care outlined in their trial protocol, as well as the valuable supportive services available to them.

Following the discussion with the patient, it became clear that further development is needed, from both CRF staff members and patient recruitment teams, to provide a robust service which empowers patients to take their care into their own hands.

We must place focus onto the emotional wellbeing of our patients with the same dedication we place on trials.

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