

Empowering patients to be more involved in their care and clinical research journey, through the utilisation of the Trust bedside handover

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Background

Commencing on a clinical trial can be a daunting experience, often leaving patients feeling overwhelmed with new information, and as such withdrawing from decision.

Evidence shows that patients who are more engaged in their care result in a more collaborative approach. As a result, this shared decision making can lead to improved relationships and trust between patients and healthcare professionals.

This poster will demonstrate how staff on the Clinical Research Facility (CRF) at The Christie utilise the Trust wide bedside handover to empower patients to be more involved in their research treatment journey.

Methods

The bedside handover was implemented on the CRF in 2023, using a Trust wide standard format. As well as handing over key care and treatment information between staff members, it was an opportunity to invite patients to provide information and ask questions about their planned care for that day.

The CRF was also able to develop the standard format further to make it more research inclusive. As well as including the top to toe assessment of patients, they also included additional aspects such as protocol specific assessments and their time points and patient well-being whilst being on a clinical trial.

Results

Using the bedside handover in this developed format has resulted in more detailed information sharing between healthcare professionals and patients. Being able to amend the format has been beneficial in this setting, as not all care requirements are the same for all clinical areas.

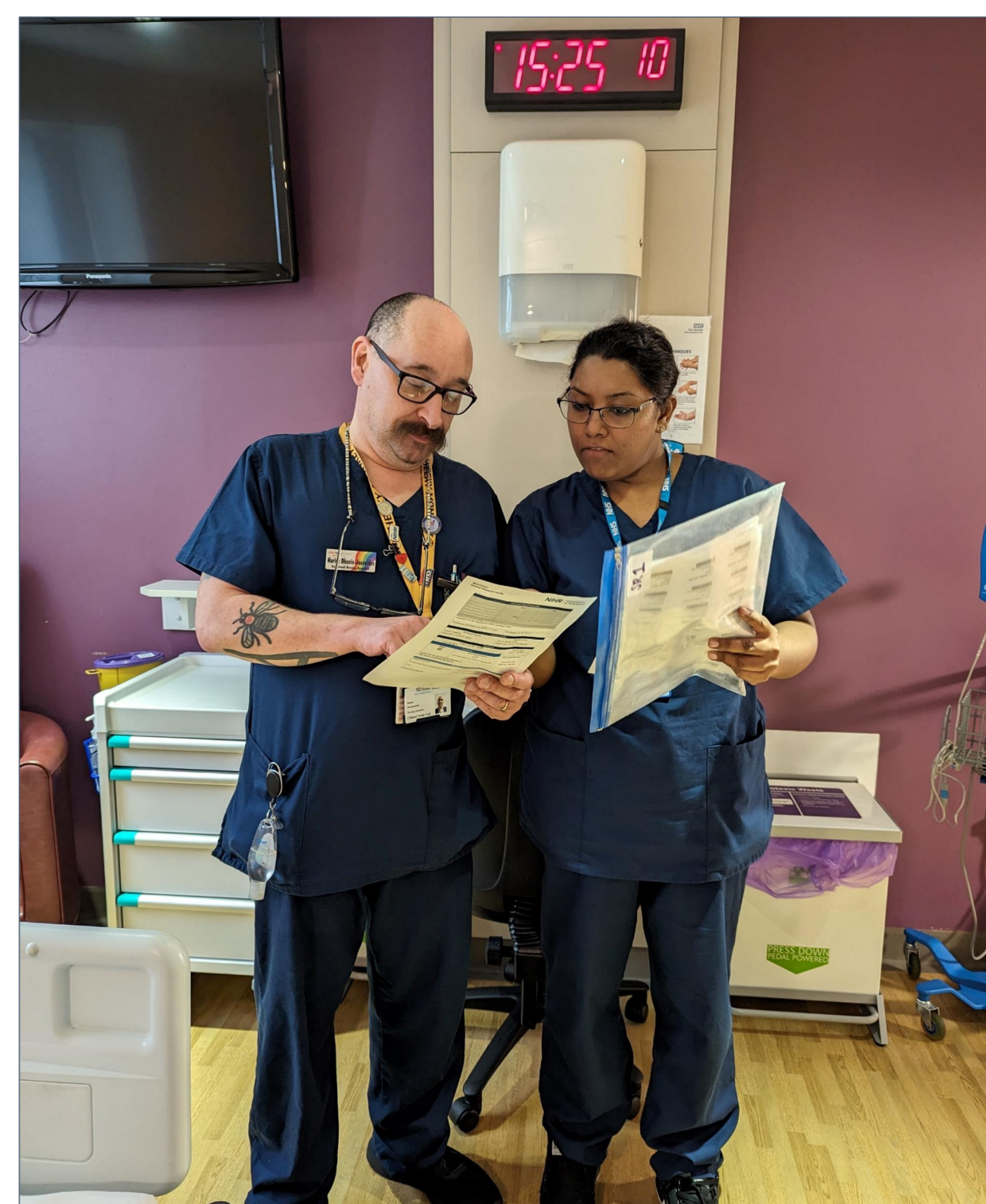
Patient involvement in the process was varied, noting more engagement from patients who had not been disturbed through the night for trial assessments, and from patients who had been on the unit before and knew the staff well.

Staff initially felt apprehensive carrying out the process, being mindful not to make sure the patient felt like they were being talked about, and more talked too about their care.

Conclusion

The implementation of the bedside handover in the CRF setting has seen some initial positive engagement, however there is work to be done to ensure this remains an inclusive process, considering both patient and protocol needs.

Improving staff confidence, and as such actively encouraging patient to be involved in their care, will result in better outcomes, and a more positive clinical trial experience.



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