



ECIBC PLENARY – Parallel session 2

Communication in person-centred services

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Background information (1/3)

The following topics were raised during the planning phase of this parallel session:

- The clear and honest communication is important for **patients** (e.g., for treatment decisions) but also for **citizens** (e.g., in screening).
- There is place for improvement in communication in cancer care (and we need to define what is better communication).
- Empathic communication is needed (and we need to think how to ensure this).
- The importance of communications training for all healthcare professionals was emphasized.
- Clinical Practice Guidelines in psycho-oncology provide advice also on communication – these can be seen as tools for implementation of better communication.

Background information (2/3)

Summary of discussions (from the patient perspective)

- All information concerning breast cancer, both for patients and healthy women (e.g. in screening) should be **honest, clear** and **easy to understand**.
- The **benefits and harms** of all interventions must be communicated honestly and effectively.
- The patient's **preferences and values** should be taken into account when the doctor helps the patient make informed decision about her treatment.
- Trustworthy sources for more information on the disease and treatment options should be given (upon patient needs).
- Visual information and decision-aids are often helpful.
- Citizens/patients should be given enough time to decide e.g. on treatment options, participation in trials and tissue donation.
- Informed shared decision making in breast cancer should be supported.
- Contact to organisations and other breast cancer patients and survivors should be made available.

Background information (3/3)

Summary of discussions prior to the workshop (from the organizational perspective)

- **Communication skills training** is essential for all healthcare professionals to be able to interact with patients in an appropriate manner.
- The **continuity of communication** needs to be ensured throughout the entire patient pathway.
- Adherence to **Clinical Practice Guidelines** on psycho-oncology and on communicating prognosis and end-of-life issues in the advanced stages should be ensured.
- **Cancer Control Plans** to include recommendations in communication and psycho-oncology (in adherence to *European Guide for Quality National Cancer Control Programmes*).
- There is a need to transfer **from disease-centred to patient-centred care (including communication)**.

Targets for the workshop

THIS SESSION AIMS TO EXPLORE:

- Which are the sensitive issues in the continuity of person-centred communication in breast cancer care (**e.g. problems**)?
- What are the key issue in bringing continuous, effective person-centred communication in breast cancer care?
- How the continuity of communication can be improved (**e.g. tools**)?
- How can we ensure that communication is continuous?
- How the continuity and person-centricity of communication can be measured (**e.g. indicators**)?
- How can the effectiveness of communication be measured?
- Whether women are receiving sufficient impartial and accessible information to enable them to make informed decisions?

PRESENTATIONS & RESPONSIBILITIES

Three invited presentation will be held to facilitate discussion.

Thereafter we can discuss examples, best practices and possibilities for assessing person-centred communication in breast cancer services.

- **Luzia Travado**, from the Champalimaud Clinical Centre, Lisboa, Portugal, will focus on psychosocial oncology care and clinical practice guidelines in adults.
- **Yvonne Wengström** from Karolinska Institute and Karolinska University Hospital, Stockholm, Sweden will discuss the continuity of communication and how to assess it.
- **Kathi Apostolidis** from European Cancer Patient Coalition, Brussels, Belgium will present the patient perspectives and experiences on the need to move from disease-centred to patient-centred communication.
- **Luzia Travado** will act as chair for this parallel session and will also report the outcomes of the workshop on Dec 11, 2015.
- **Sincere thanks** to all who participated in the planning phase (invited speakers and all GDG and QASDG members with citizen/patient profiles).

SUMMARY AND CONCLUSIONS OF THE WORKSHOP

The summary of discussion after presentation

- **Luzia Travado** (Champalimaud Clinical Centre, Lisboa, Portugal)
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- **Yvonne Wengström** (Karolinska Institute and Karolinska University Hospital, Stockholm, Sweden)
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- **Kathi Apostolidis** (European Cancer Patient Coalition, Brussels, Belgium)
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CONCLUSIONS OF THE WORKSHOP (1)

Which are the sensitive issues in the continuity of person-centred communication in breast cancer care (e.g. problems)?

What are the key issue in bringing continuous, effective person-centred communication in breast cancer care?

- Issue 1
- Issue 2
- Issue 3
- Issue 4
- Etc.

CONCLUSIONS OF THE WORKSHOP (2)

How the continuity of communication can be improved (e.g. tools)?

How can we ensure that communication is continuous?

- Tool 1
- Tool 2
- Tool 3
- Tool 4
- Etc.

CONCLUSIONS OF THE WORKSHOP (3)

How the continuity and person-centricity of communication can be measured (e.g. indicators)?

How can the effectiveness of communication be measured?

- Indicator 1
- Indicator 2
- Indicator 3
- Indicator 4
- Etc.

FINAL CONCLUSIONS OF THE WORKSHOP

The way forward

- Item 1
- Item 2
- Item 3