

Addressing palliative care related topics in patients with cancer: a systematic review of communication interventions.

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Review question

1. Which communication interventions on palliative care related topics for physicians caring for cancer patients were evaluated and published?
2. Which contents do the interventions cover and how are they structured?
3. Which outcome measurements are used?
4. Which effects of the interventions are reported?

Searches

We will search the following electronic databases.

- MEDLINE (via OVID)
- PsycINFO (via OVID)
- CINAHL (Cumulative Index to Nursing and Allied Health Literature)
- Web of Science

Additionally, hand searches of reference lists of relevant papers will be conducted. Search dates will be from July 2020 to September 2020. The language of the included studies will be restricted to English and German. We will apply no restrictions on year of publication or geographical location. The search will be re-run before the final analysis so any new studies will be part of the full review. Unpublished studies will not be included.

Types of study to be included

Inclusion:

We will include quantitative studies that test the effectiveness of a training intervention on one or more palliative care related topics. Studies must be published in a peer-reviewed journal and full-text must be accessible.

Exclusion:

We will exclude qualitative studies, conference proceedings and review articles as well as studies that are not published in English or German. No restrictions regarding the year of publication will be made.

Condition or domain being studied

Communication interventions on palliative care related topics for physicians without specialization in palliative care caring for cancer patients.

Participants/population

Inclusion:

We will include communication skills trainings that are addressed to physicians of different specialization

caring for cancer patients, who have no specialization in palliative care. This includes oncologists as well as specialists such as gynaecologists, urologists, dermatologists etc. Interventions must be explicitly designed for physicians. If interventions are designed for both patients and physicians, the intervention and results for the physicians must be reported separately.

Exclusion:

We will exclude trainings that are addressed to palliative care specialists or physicians who are currently obtaining such qualification. Interventions that include both physicians with and without specialization in palliative care will be excluded if the latter accounts for >20% of participants, unless results of the non-palliative care specialists are reported separately. Communication skills trainings for medical students or other healthcare professionals than physicians will be excluded as well. Also, trainings for mixed groups consisting of different healthcare providers (e.g. physicians and nurses) will not be included, as well as trainings for physicians together with patients, if the results of the physicians cannot be extracted separately.

Intervention(s), exposure(s)

Inclusion:

We will include interventions that aim to improve communication skills of physicians caring for cancer patients regarding one or more topics relevant to palliative care. Palliative care related topics of interest are (but not limited to):

- talking about palliative care/end-of-life care/terminal care
- talking about death or dying
- talking about transition to palliative care
- talking about prognosis
- discussing goals of care
- supporting / involving family caregivers
- preparing for the future
- eliciting values
- dealing with emotions / giving emotional support
- discussing serious news
- advance care planning
- talking about advance directives
- shared decision making (in oncological context).

We will include interventions that are evaluated within a quantitative study and have a main focus on communication as well as a communication related main outcome.

Exclusion:

We will exclude interventions that are not evaluated or whose main focus is not communication. Also, interventions designed for other medical settings than oncology or the pediatric context will be excluded.

Comparator(s)/control

Studies with and without a control group will be included in this review.

No exclusions will be made based on the existence of a comparison group.

Main outcome(s)

The main outcomes of this review are:

- overview of existing interventions for physicians caring for cancer patients on addressing palliative care related topics
- description of content, target group and structure of the interventions
- description of the communication related outcome parameters of the interventions
- reported effectiveness of the interventions.

* Measures of effect

Communication related main outcomes of the interventions, such as (but not limited to): confidence, attitude change, satisfaction, objectively observed ratings or skills assessments, patient-reported outcomes, staff-

reported outcomes

Additional outcome(s)

None.

* Measures of effect

Not applicable

Data extraction (selection and coding)

Study selection:

1. Screening of the titles and (in uncertainty) abstracts of the eligible studies by the first author to identify the potentially relevant papers.
2. Full-text screening for inclusion or exclusion of the studies by the first author and an independent member of the research team. Disagreements will be resolved by consent after discussion. Excluded papers will be listed and reasons for exclusion will be documented.

In the full review, a PRISMA flow diagram will show the process of study selection.

Data extraction:

Data will be extracted independently by two authors of the research team using a data extraction form. Disagreements will be resolved by consent after discussion. The following data will be extracted:

- authors, year, title, language, country
- study design, sample size, participants
- name of intervention, target group, setting
- description of the intervention
- aim/objective of the intervention
- communication related outcome parameters
- effects of the intervention
- risk of bias assessment.

If there is any missing data, any additional data is required or there is uncertainty on specific data, the first author will contact authors of the respective studies via email.

Risk of bias (quality) assessment

To assess the quality of the included studies, we will make use of the Effective Public Health Practice Project Quality Assessment Tool (EPHPP; Armijo-Olivo, Stiles, Hagen, Biondo, & Cummings, 2012; Thomas, Ciliska, Dobbins, & Micucci, 2004). Studies assessed with the EPHPP receive a final grade which can be strong, moderate or weak. The quality will be assessed independently by two raters of the research team. Disagreements between the raters will be resolved by consent after discussion.

Strategy for data synthesis

As we expect a methodological and statistical heterogeneity of the studies as well as of a variety of outcome parameters with different measurements and sources of data, there will be no quantitative data synthesis. A narrative synthesis will be used to summarize results (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005).

Analysis of subgroups or subsets

None planned.

Contact details for further information

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Type and method of review

Systematic review

Anticipated or actual start date

01 July 2020

Anticipated completion date

31 May 2021

Funding sources/sponsors

None.

Grant number(s)

State the funder, grant or award number and the date of award

Conflicts of interest

None known

Language

English

Country

Germany

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

MeSH headings have not been applied to this record

Date of registration in PROSPERO

18 July 2020

Date of first submission

17 June 2020

Stage of review at time of this submission

| Stage | Started | Completed |
|---|----------------|------------------|
| Preliminary searches | Yes | No |
| Piloting of the study selection process | No | No |
| Formal screening of search results against eligibility criteria | No | No |
| Data extraction | No | No |
| Risk of bias (quality) assessment | No | No |
| Data analysis | No | No |

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

18 July 2020

PROSPERO

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