Implementation and Evaluation of a Clinical Trial Communication Tool for Frontline Clinical Staff

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Clinical trials are increasingly complex in design and procedure, requiring interprofessional involvement and communication to maximize participant safety (Malik & Lu, 2019). Communication between interprofessional teams is essential when coordinating and delivering care across the cancer care continuum (Chollette et al., 2022). Oncology nurses are often involved in the care of patients who are eligible for or enrolled in clinical trials, and therefore need to have comprehensive knowledge of diagnostics, treatment options, and associated symptom management to support safe, effective, and equitable care (Young et al., 2020). It is important for frontline nursing staff to understand clinical trial objectives and activities because nurses often perform trial-specific procedures, administer investigational agents, and oversee patient monitoring (Portier, 2020). The most useful trial information required by the frontline staff to safely care for the patient includes the study schema, objectives, end points, schedule of events, procedures and treatment plans, investigational drug administration (e.g., drug[s] being administered, route, dose, order of administration), and side effects (Portier, 2020). The research protocol and study manual are available resources; however, the documents can be lengthy and overwhelming, and they may be subject to frequent updates and amendments (Portier, 2020).

The University of Texas MD Anderson Cancer Center is a National Cancer Institute–designated comprehensive cancer center in Houston. More than 800 clinical trials focused on treatments were opened in 2021 for enrollment, for which there are more than 7,000 research participants. Protocols are overseen by a centralized phase 1 investigational clinical trials department, as well as across more than 35 medical, surgical, and radiation oncology inpatient and outpatient care centers.

The continual activation of new research protocols, frequent revisions and amendment of existing protocols, and the unique education and training approaches across multiple departments led to several communication challenges. Various methods to support communication have been tested in the organization, including manually printing protocol information for unit binders, designating research personnel to educate units, and adding documents to electronically shared folders. Each approach required a