Proceedings Paper:

Tod, A.M., Warnock, C., Stanley, H. et al. (3 more authors) (2017) Receiving a diagnosis of mesothelioma: Improving the patient experience. In: Lung Cancer. 15th Annual British Thoracic Oncology Group Conference 2017, 25/01/2017 - 27/01/2017, Dublin. Elsevier , S74-S74.

https://doi.org/10.1016/S0169-5002(17)30212-X

BTOG Conference abstract 2017 (Submitted)

Abstract: Receiving a diagnosis of mesothelioma: Improving the patient experience

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Introduction

Communicating a diagnosis to patients and relatives is a complex and multi-faceted activity (Warnock et al 2010, Warnock 2014). If done badly it can cause long lasting distress, confusion and resentment' (Fallowfield & Jenkins, 2004). There is an evidence gap regarding communicating a diagnosis of mesothelioma, despite the particular needs for information and support associated with this condition (Ball, 2013). This abstract describes a new study funded by Mesothelioma UK which aims to identify ways to improve the mesothelioma diagnostic experience and generate recommendations for practice.

Methods

A qualitative study using individual and group interviews and consultation methods with patients, family carers and healthcare staff. Participants will include patients with a diagnosis of mesothelioma and family carers who will be recruited through Mesothelioma UK. Health professionals will be involved in communicating mesothelioma diagnosis (specialist nurses, surgeons and physicians) recruited through professional organisations e.g. BTOG and NLCFN.

Data collection will involve 3 stages:

1. Individual interviews (up to 45 in total) on diagnostic experience with patients (diagnosed 3 to 12 months previously), family carers and staff.
2. Three group interviews with patients, carers and clinicians to expand on individual interview findings and explore implications for practice.
3. A consultation exercise to develop recommendations for best practice. Draft recommendations will be developed from the findings and shared by Mesothelioma UK, BTOG and NLCFN and other relevant organisations e.g. through website, social media. Feedback will be requested via an electronic link.

Framework analysis will be utilised to interpret the data and identify key themes (Ritchie and Lewis, 2014).

Findings / Implications for policy and practice

Emerging and final findings will be presented at future BTOG events. BTOG members will be involved in each stage, including the development of the recommendations for best practice. This will maximise relevance to and impact on practice.

Words: 300

Baker SE, Edwards, R (2012) *How many qualitative interviews is enough.* Discussion Paper. NCRM On:

http://eprints.ncrm.ac.uk/2273/4/how_many_interviews.pdf Accessed February 2016

Ball H (2013) Are the psychosocial needs of patients with mesothelioma the same as those with advanced lung cancer. Masters Dissertation. Faculty of health and Social Care. London South Bank University

Ewing G, Ngwenya N, Bensonb J, Gilliganc D, Bailey S, Seymour J, Farquhar M. (2016) Sharing news of lung cancer diagnosis with adult family members and friends. *Patient Education and Counseling*. 99 ( ): 378 – 385.

Fallowfield & Jenkins (2004) Communicating sad, bad and difficult news in medicine. The Lancet 363, 312–318.

Richie, J and Lewis J (2014) Qualitative research practice: a guide for social science students and researchers. 2nd Edition. London: Sage.

Ritchie J, Spencer L. (1994) Qualitative Data Analysis for Applied Policy Research In: Bryman A, Burgess G. (eds) Analysing Qualitative Data London. Routeledge. pp 173-194.

Warnock C (2014) Breaking bad news: issues relating to nursing practice. Nursing Standard. 28, 45, 51-58.

Warnock C. Tod AM. Foster J. & Soreny C. (2010) Breaking bad news in inpatient clinical settings: role of the nurse. *Journal of Advanced Nursing.* doi: 10.1111/j.1365-2648.2010.05325.x