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Facilitating knowledge exchange and transfer: some key issues

Janet Sansoni

University of Wollongong, jans@uow.edu.au

Publication Details

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Abstract
A critical issue for knowledge exchange and transfer is how best to inform patients so they can make the most well informed choices concerning their treatment alternatives particularly when faced with serious or life threatening medical conditions.

The example of treatment for breast cancer is used to demonstrate knowledge exchange and transfer issues relevant to patients. Some barriers to knowledge exchange and transfer are discussed:
- understanding the language and jargon of biopsy reports
- acquiring adequate knowledge given the speed with which the patient needs to make a decision concerning initial surgical and follow up interventions
- the currency of information provided in the information sheets and booklets provided and on the web
- understanding of the pros and cons of alternative interventions
- the weighting given to relevant pieces of information
- finding critical pieces of information relevant to decision making
- obtaining timely information concerning breast reconstruction in the case of mastectomy

Most of these issues remain critical throughout one's treatment for cancer (and indeed for many other health conditions) but another very critical element for the patient is:

• Knowing the right questions to ask

This paper provides some examples concerning information that is relevant to patient decision making; questions about these issues may not be asked by patients and this information may not be provided routinely by clinicians.

Information provided to patients needs to better address the questions that patient’s ask and also questions that the patients' should ask! There must be more effort to explain the medical jargon, and a more adequate coverage of issues pertinent to patient decision making particularly when speed is of the essence. The information needs to be updated for currency on a regular basis.

Clinical online tools for adjuvant therapy for cancer are readily available. The development of an online tool to assist patients' with initial surgical decisions for breast cancer could also be considered. For those considering mastectomy further information concerning breast reconstruction should be made available prior to initial surgery.

Keywords
transfer, exchange, issues, knowledge, facilitating, key

Publication Details
Welcome Address
& Facilitating Knowledge Exchange and Transfer: A Patient Perspective

Jan Sansoni

Acknowledgement

We wish to acknowledge the traditional owners of the land we are meeting on, the Ngunnawal people. We respect their continuing culture and the unique contribution they make to the life of this area.
Welcome

- Welcome to our 13th Health Outcomes Conference
- Welcome to our speakers and participants
- Welcome to our international guests Prof Neil Aaronson and Prof Suzy Skevington

Thanks and Welcome

- To our Sponsors
  - Office for an Ageing Australia; Mental Health and Suicide Prevention Program; Palliative Care Section; Asthma, Arthritis and Branch Support Section of the Department of Health and Ageing
  - Eli Lilly Australia Pty Ltd
  - The Pharmaceutical Alliance
  - Community Care Branch and Veterans and Veterans' Families Counselling Service of the Department of Veterans’ Affairs
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Knowledge Exchange & Transfer: A Patient Perspective

- Example: Surgical intervention for early stage breast cancer

- Need for patient to make timely decisions concerning lumpectomy or mastectomy

- Biopsies, mammograms, clinical advice – how best can patients digest this information?
Some Barriers

- Language and jargon of medical reports (cancer stage, type, tumour grade, hormone receptor status, nodal status)
- Speed with which decisions need be made
- Currency of information available in publications provided - guides, brochures, web, practice guidelines (e.g. 2001-2005)

Some Barriers

- Patient’s understanding of the pros and cons of alternative treatments (e.g. web forums)
- ‘Weighting’ of relevant pieces of information (biopsy status, family history)
- Obtaining necessary information (e.g. re breast reconstruction; or further tests to clarify decisions)
Challenges for Patients

Knowing the important questions to ask!

Example: Initial Biopsy Lobular Breast Cancer
Stage 1, 2cm, Tumour Grade 1 - Score 1/9, No Signs
Nodal Involvement, Hormone Positive, Unicentric
Selects: **Lumpectomy** vs. Mastectomy

Example: Post Lumpectomy Biopsy
Stage 2, 4cm, Tumour Grade 3 - Score 8/9, Nodal Involvement (2), Hormone Positive, Unicentric but with satellite deposits, Margins not clear
Consequence: Follow up **Mastectomy**

Some Questions To Ask?

With the benefit of hindsight?!

- How often do women who have lumpectomies proceed to further surgery including mastectomy? (33-40%)
- How accurate are initial biopsy findings in relation to the follow up biopsy once the lump is removed?
- Recurrence rates by type of cancer, same and contra lateral breast
- Is there some other form of assessment that could be undertaken to further clarify matters (e.g. MRI–to further assess spread or to ascertain whether tumour is multicentric?)
- NBCC – provides good lists of questions but these issues are not included
Conclusion: Aids for Decision Making

- Patient friendly ‘plain English’ summaries of reports?
- Easy access to updated information – folio vs. hard bound publications, updates on web site?
- Online tools as for adjuvant therapy for cancer? Helpful to assess the range of factors to be considered?
- Continuing and further assessment of patient’s experiences, perceptions and satisfaction with care (Cancer Australia, Cancer Voices Australia)