

Impact of the Provider-Patient Relationship on Clinical Trial Referrals

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Welcome to the Materials to Increase Minority Involvement in Clinical Trials (MIMICT) module – Impact of the Provider-Patient Relationship on Clinical Trial Referrals.

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By the end of this module, you will be able to: (1) understand how trust and trustworthiness can impact minority involvement in clinical trials, and (2) identify culturally-competent communication strategies to use when interacting with patients.

Introduction



Learning Objectives

By the end of this module, you will be able to:

- Understand the how trust and trustworthiness can impact minority involvement in clinical trials
- Identify culturally-competent communication strategies to use when interacting with patients

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Specifically, this course will cover several topics, including: trust and the provider-patient relationship, building trust and cultural competence, reducing implicit bias, culturally competent communication strategies and tools to skillfully address questions and concerns and help build and maintain trust between providers and patients.

Course Overview



- Trust and the provider-patient relationship
- Building trust and cultural competence
- Reducing implicit bias
- Culturally-competent communication strategies
- Tools to skillfully address questions and concerns and help build and maintain trust between providers and patients

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Trust is a key component of the provider-patient relationship. There is no single definition of trust, but a conceptualization will help to better understand how trust impacts patient recruitment into clinical trials.

As a working conceptualization, trust involves expectations that providers will: (1) perform their responsibilities competently, (2) assume responsibility and not inappropriately defer to others, and (3) make patients' welfare a high priority.

Types of trust include: (1) Interpersonal trust, which is the trust in individuals such as providers, and (2) social trust, which is the collective trust in institutions.

For example, interpersonal trust may be trust that providers will fully explain research participation, or trust that informed consent is to protect and not to persuade.

Trustworthiness puts the onus on health-care professionals and gives providers the ability to exercise their responsibility to work toward change. It prompts questions such as, "What has the health professional done to demonstrate that they deserve the trust of the patient?" or "How DO I earn trust from this patient?"

Trust and Trustworthiness

- For patients, trust is the expectation that providers will:
 - Perform their responsibilities competently
 - Assume, not defer, responsibility
 - Make patients' welfare a high priority
- Trustworthiness puts the onus on health-care professionals and health-care institutions to address the issue of trust

(Northington Gamble, 2005 ; Mechanic and Schlesinger, 1996; Crawley 2001)

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As previously discussed in the Clinical Trials Basics and Barriers module, trust impacts clinical trial participation and recruitment.

Ultimately, communication impacts trustworthiness. Increased, demonstrated trustworthiness may positively affect a patient's decisions to consider, participate in, complete, or leave a clinical trial.

For example, one study showed that African American patients who were referred by providers they considered to be compassionate were more willing to participate in research.

Without trust, the informed consent process can appear coercive, and may not empower patients to protect their rights when participating in a clinical trial.

Trustworthiness Impacts Clinical Trial Participation

- **Provider-patient relationships with high trust:**
 - Positively affects a patient's decisions to consider, participate in, complete, or leave a clinical trial
 - Empowers patients to protect their rights when participating in a clinical trial

(Northington Gamble, 2005 ; Robinson et al., 1996)

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Patients and providers should work together to build trust. Providers play an important role in building a trusting provider-patient relationship by increasing their cultural competence, considering their implicit biases, and improving their communication strategies.

Building Provider-Patient Trust

- **To build trust, providers should:**
 - Increase their cultural competence
 - Consider their implicit biases
 - Improve their communication strategies

(Crawley, 2000; Van Ryn and Burke, 2000)

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Cultural competence is a complex and evolving skill. Specifically, cultural competence is defined as the ability of providers to care effectively for patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. This tailoring is an ongoing process that comes with important responsibilities at provider level.

At the provider level, cultural competence should be an ongoing process in which providers actively examine their own implicit biases and consider the patient's cultural context to deliver care and guidance.

Cultural Competence Defined

- Cultural competence is the ability of providers to care effectively for “patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs.”
- Cultural competence is an ongoing process.

(EMPACT, 2017; Campinha-Bacote, 2002).

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Cultural competence equips providers with the tools to skillfully address questions and concerns when introducing patients to clinical trials.

Patient's questions and concerns about clinical trial research may stem from their individual experiences and historical knowledge.

Cultural competence also helps to build and maintain trust between providers and patients. Maintenance of trust may activate patients to thoughtfully consider participation and remain in a clinical trial through completion.

Cultural Competence and Clinical Trial Referrals

Increasing cultural competence:

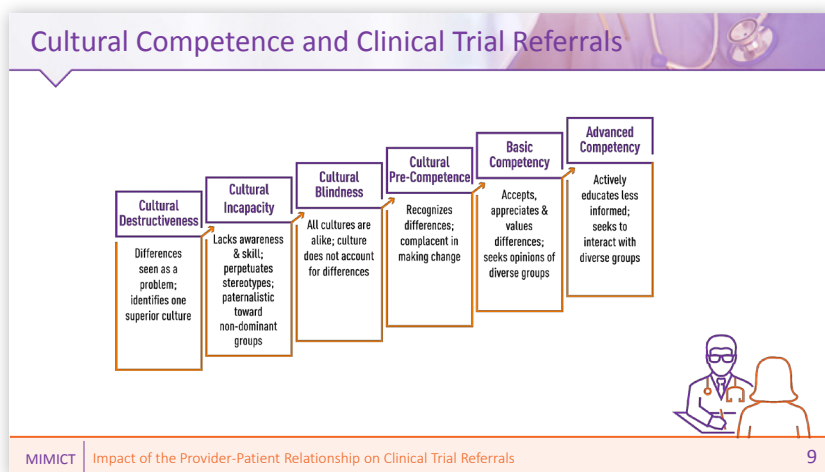
- Equips providers with the tools to tactfully address questions and concerns
- Helps build and maintain trust between providers and patients



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This infographic details the levels of cultural competency from the lowest level of cultural competence - cultural destructiveness which views patient-provider differences as a problem – to the highest level of cultural competence – advanced competency which appreciates and values patient differences and actively seeks to be more culturally informed.

For more info on cultural competence providers can go to: nccc.georgetown.edu



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Implicit biases are the “attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”

Implicit biases about African American patients and medical research can impact providers’ decisions to make a referral. For example, a provider might believe that most African American patients distrust medical research.

Viewing African Americans patients as inherently distrustful of medical research is a false stereotype often encouraged by the language surrounding literature on minority participation in research.

Studies demonstrate that providers are more likely to implicitly view non-white patients as less educated and less likely to comply with more difficult treatments than white patients.

While not a conscious decision, these biases can shape a provider’s decision to make a referral.

Implicit Bias Defined

- Implicit biases are the “attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner” (Understanding Implicit Bias, 2015).
- Implicit biases about African American patients and medical research can impact providers decisions to make a referral.

(Crawley, 2000; Van Ryn and Burke, 2000; Chapman et al., 2013; Understanding Implicit Bias, 2015).

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Implicit biases are unconscious patterns, which makes it difficult to reduce implicit bias. Reducing the impact of implicit bias is important because research suggests that these biases contribute to worsened interpersonal communication and trust.

But, providers can do two things to break these unconscious patterns. First, providers can focus on the individual and information about the individual rather than a social category when making decisions. This also leads providers to make more data-driven decisions. Second, providers can look at issues from the patient's perspective when making decisions.

Please refer to the resources presented on the next slides for ways to address implicit bias and provider communication strategies.

Implicit Bias and Clinical Trial Referrals

- Reducing implicit biases:
 - Requires providers to focus on individual information rather than social category information when making decisions
 - Leads providers to make more data-driven decisions
 - Requires providers to look at issues from the patient's perspective

(Chapman et al., 2013; Zestcott et al., 2016; Hall et al., 2015)

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Now, we provide a concrete culturally competent communication strategy which can also help providers focus on individual information and look at issues from the patient perspective. This strategy is from the Enhancing Minority Participation in Clinical Trials (EMPACT) program and offers a suggestion about how to introduce a patient to clinical trials.

This mnemonic contains key verbs to guide providers' discussion with patients.

LEARN stands for listen, explain, acknowledge, recommend, and negotiate.

For more information about selecting and applying communication models, visit the [EMPACT website](#).

Clinical Trial Referrals Communication Strategy

L.E.A.R.N.

- L**isten
- E**xplain
- A**cknowledge
- R**ecommend
- N**egotiate

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At a minimum, a referral involves introducing the concept of clinical trials as a treatment option for patients to consider. When discussing clinical trial referrals with patients, providers should consider the individual patient's culture, experiences, preferences and individual health behaviors, and provide appropriate materials to meet the patient's literacy and language needs.

Always emphasize that it's the patient's decision to enroll. When establishing trustworthiness and transparency, it's important to disclose any potential conflicts of interests when making referrals.

MIMICT includes easy-to-use provider response chart to help you answer patient questions and informational materials about lupus clinical trials for patients.

Making Clinical Trial Referrals

- When making a clinical trial referral, providers should:
 - Introduce the concept of clinical trials as an option to patients
 - Consider the individual patient's needs and perspectives
 - Provide culturally and linguistically appropriate materials to the patient



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You can also use the response matrix in the "Referring Patients to Clinical Trials" module to help guide the clinical trial conversations with patients. The matrix contains prepared responses to common patient questions about clinical trial research.

Link to Referring Patients to Clinical Trials Module

Impact of the Provider-Patient Relationship on Clinical Trial Referrals

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