AD_____

Award Number: W81XWH-05-1-0329

TITLE: Enhancing Involvement in Treatment Decision Making by Women with Breast Cancer

PRINCIPAL INVESTIGATOR: MaryAnn O'Brien

CONTRACTING ORGANIZATION: McMaster University
Hamilton, ON L8N 3Z5

REPORT DATE: July 2008

TYPE OF REPORT: Annual Summary

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

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THIS TECHNICAL REPORT HAS BEEN REVIEWED AND IS APPROVED FOR PUBLICATION.

Theresa J. Miller, Ph.D.

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5d. PROJECT NUMBER

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McMaster University
Hamilton, ON L8N 3Z5

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13. SUPPLEMENTARY NOTES

14. ABSTRACT
Purpose: Women with breast cancer desire more information about their disease, in part, to be involved in making treatment decisions (TDs). Patient involvement responds to patients' desires for autonomy and addresses ethical concerns about rights to make TDs. However, several researchers have reported that patients' actual experiences in TDM did not match their preferences. The study objectives are to 1) understand the meaning of involvement in TDM from the perspectives of women with early stage breast cancer (ESBC); 2) identify stages/ steps of TDM used by women and their physicians during the treatment consultation(s); and 3) identify the behaviors of women and physicians that facilitate or impede women's involvement in TDM. Methods: A qualitative approach with interviews and video-stimulated recall was used. In Phase 1, interviews with 19 women with ESBC were held to understand the concept of involvement in TDM. In Phase 2, surgical (n=6) or medical oncology (MO) consultations (n=15) with new ESBC patients were videotaped. Subsequently, women and medical oncologists or surgeons separately viewed their consultation. Interviews were taped, transcribed, and analyzed. Findings: Phase 1: Most women wanted high quality information soon after diagnosis but many felt isolated and uninformed until the surgical or the MO visit. In Phase2, most women described an iterative TDM process where they made a preliminary treatment decision prior to the consultation, often based upon experiences of family or friends. Clinicians described many behaviours used to facilitate the patient's involvement in TDM. While women reported some of these behaviours, they also reported fewer or different behaviours than clinicians. Significance: The information from this study will be useful to patients and physicians for promoting patient involvement. It can be used to develop and evaluate training programs for both physicians and patients to involve patients with cancer in decisions about their care.

15. SUBJECT TERMS
TREATMENT DECISION MAKING, VIDEO-STIMULATED RECALL INTERVIEWS, PATIENT PARTICIPATION, BEHAVIOR IDENTIFICATION

16. SECURITY CLASSIFICATION OF:			**17. LIMITATION OF ABSTRACT**	**18. NUMBER OF PAGES**	**19a. NAME OF RESPONSIBLE PERSON**
a. REPORT	**b. ABSTRACT**	**c. THIS PAGE**			USAMRMC
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Introduction

This report summarizes the research accomplishments of the final year of the Predoctoral Traineeship Award, from July 1 2007 to June 30 2008. The training studentship is a doctoral degree in Health Research Methodology at McMaster University in Hamilton, Canada.

The overall goal of the thesis proposal is to improve the opportunity for patient involvement in treatment decision making (TDM) for women with early stage breast cancer (ESBC). The specific objectives are 1) to describe the meaning of involvement in TDM from the perspectives of women with ESBC, 2) to identify the processes or stages of TDM used by women and their physicians and 3) to identify the behaviors of women and their physicians that facilitate or impede women's involvement in TDM. In this report, the results of Task 3 (Objective 3) from the Statement of Work will be summarized. The third task was to complete patient and physician recruitment, data collection and analysis for the Phase 3 patient and clinician focus groups.

Statement of Work Phase 3: (Focus Groups of Patients): Recruitment, Data Collection, and Analysis (Months 25-30)

Patient Recruitment: A process for patient recruitment was developed in Phase 1. A similar process was developed for use in Phase 3. Briefly, the PI reviewed the purpose of the Phase 3 focus groups with medical oncologists. The clinical features of all new patients were reviewed and those who appeared to meet the inclusion criteria (refer to the Phase 3 Eligibility Form in the Appendices) were identified by the PI. Prior to each eligible patient's scheduled visit, the oncologist was asked for his or her permission to approach the patient about the study. If the clinician agreed, then the patient was approached by the oncologist or the primary nurse. If the patient expressed interest in the study, then a research assistant explained the purpose of the study and obtained consent. The setting for the study was a regional cancer centre (Juravinski Cancer Centre (JCC)) in Hamilton, Ontario, Canada.

Recruitment of a Focus Group Facilitator: A focus group facilitator who was familiar with breast cancer patients and focus group methodology was identified. Two meetings were held with the facilitator to review the schedule for the group and the group interview guide.

Data Collection

Initially, twelve women agreed to participate in the focus group interview. Unfortunately, during the week of the focus group, nine women cancelled. Reasons for cancellation included feeling unwell due to chemotherapy, problems with child care or a conflict with another meeting. After discussion with my supervisory committee, a decision was made to cancel the patient focus

group and to suspend further recruitment to the focus group. The rationale for this decision was that similar problems related to chemotherapy were likely to occur in the future and secondly, the approaching winter weather could make traveling hazardous for some women. My supervisory committee also advised me not to proceed with the physician focus group. The rationale for this decision was that most of the medical oncologists on site participated in Phase 2 and there were too few remaining medical oncologists to form a focus group. Instead, the committee encouraged me to continue the analysis of the Phase 1 and 2 data with respect to identifying physician barriers and facilitators to women's involvement in TDM. The committee also encouraged me to prepare a draft manuscript based on Phase 2 data in response to an invitation from the journal, Patient Education and Counselling.

Results

B. Physician Facilitators and Barriers to Women's Involvement in TDM

Women's Views: Facilitators

The most common facilitators were:

- Gave clear explanations about the disease, risk of recurrence, and treatment options
- Encouraged the woman to process information by techniques such as summarizing, clarifying, and using visual aids such as diagrams and decision aids
- Encouraged the woman to take enough time to make a treatment decision
- Explained the rationale for women's involvement in TDM
- Gave a clear treatment recommendation which helped the woman focus on options
- Made the woman feel comfortable e.g. making eye contact, friendly and relaxed manner
- Prepared the woman for chemotherapy discussion (family doctor and surgeon)

Women's Views: Barriers

Generally few physician barriers were mentioned. The most commonly noted barriers were insufficient use of visual aids such as diagrams, giving too much information at once, not explaining the rationale for women's involvement in TDM and not preparing women for chemotherapy discussions (surgeons). Some women also mentioned that the physician did not appear interested in women's views. Women also mentioned system barriers including lack of access to information prior to surgical and MO consults.

Physicians' Views

Physicians described similar categories but more facilitating behaviours related to information-giving and information processing than women. Physicians relied on verbal explanations rather than visual aids. They described fewer interpersonal behaviors such as making women feel comfortable and providing reassurance. Physicians described few barriers to women's involvement in TDM.

Statement of Work Task 4: Writing of Thesis and Manuscript Preparation (Months 31-36)

In conjunction with my supervisory committee, a decision was made to prepare a 'sandwich' thesis. The thesis consists of three papers as well as a background and concluding chapters. Two manuscripts have been completed and the third is in preparation. As indicated below, one of the manuscripts has been accepted for publication in the journal, Patient Education and Counselling.

Key Research and Training Accomplishments

1. Successfully competed all PhD course requirements with an 'A' standing or higher (previous report).
2. Successfully completed the PhD comprehensive examination (previous report).
3. Thesis related tasks:
    a. Completed Phase 1 data collection (previous report).
    b. Developed a process to videotape consultations of women with ESBC (previous report).
    c. Completed pilot testing for Phase 2 (previous report).
    d. Completed Phase 2 interviews of 21 women with ESBC and their oncologist or surgeon. These interviews identified stages/steps in TDM used by these women as clinician facilitators and barriers to their involvement in TDM. (previous report)
    e. Completed an analysis of patient and physician perceptions of physician barriers and facilitators of patient involvement in TDM.
4. As part of my training program, I participated in other research projects that resulted in podium or poster presentations at conferences.
5. Also as part of my training program, I reviewed several manuscripts and a national grant application in conjunction with my supervisor.

Reportable Outcomes

Publications

Peer Reviewed

2008 O'Brien MA, Whelan TJ, Charles C, Ellis P, Gafni A, Lovrics P, et al. Women's perceptions of their treatment decision making process in breast cancer care. Accepted, Patient Education and Counselling, 2008

Conference Presentation Abstracts

2008 O'Brien MA, Whelan TJ, Charles C, Ellis P, Gafni A, Lovrics P, Hasler A, Dimitry S. Exploring women's decision making experiences about breast cancer treatment through video stimulated recall interviews. Proceedings of the DOD Breast Cancer Research Program Era of Hope Meeting, Baltimore, MD.

2007 O'Brien MA, Whelan TJ, Charles C, Ellis P, Gafni A, Lovrics P, Hasler A, Dimitry S. Through the looking glass : using video-stimulated recall to explore women's decision making about breast cancer treatment about breast cancer treatment. Proceedings of the 4th International Shared Decision Making Conference, Freiburg, Germany.

2007 Ellis P, Dimitry S, Charles C, O'Brien MA, Whelan T. What can physicians do to facilitate patient involvement in treatment decision making in the oncology consultation? Proceedings of the 4th International Shared Decision Making Conference, Freiburg, Germany.

2006 O'Brien MA, Whelan TJ, Charles C, Ellis P, Gafni A, Lovrics P, Dimitry S, Hasler, A. Enhancing involvement in treatment decision making by women with breast cancer. Proceedings of the Society for Medical Decision Making annual conference. Cambridge, MA.

Awards

2007 Juravinski Cancer Centre. Student Research Day. One of four best research presentations.

Conclusions

In summary, progress has been made during the final year of the Predoctoral Traineeship Award as noted in the section on Key Research and Training Accomplishments. While I was unable to conduct the patient focus groups, I was able to complete the analysis of patient and physician perceptions of physician barriers and facilitators to patient involvement in TDM. A manuscript based on the Phase 2 data has been accepted for publication in the journal, Patient Education and Counselling. As contained in the previous report, all PhD course

requirements have been successfully completed as has the comprehensive examination. The study has received the support from the oncologists and nurses at the JCC as well as surgeons at HHS and St. Joseph's Hospital. This support was crucial to the successful completion of the study.

Appendices

1. Phase 3 Eligibility Form
2. Phase 3 Interview Guide
3. CV
4. Abstract from DOD Breast Cancer Research Program, Era of Hope Meeting

Appendices

ELIGIBILITY ASSESSMENT

To be completed for all patients who meet the Inclusion Criteria

SECTION 1: INCLUSION CRITERIA

Answer EACH criterion listed below:

The patient:	YES	NO
1a) Is female.	❑ 1	❑ 2
1b) Has histologically documented invasive carcinoma of the breast.	❑ 1	❑ 2
1c) Is Stage I, Stage II, or Stage III a and eligible for surgery, chemotherapy or radiation therapy.	❑ 1	❑ 2

If all answers are "Yes" continue to SECTION 2. If at least one "No" answer, patient is not eligible, do not continue.

SECTION 2: EXCLUSION CRITERIA

Answer EACH criterion listed below:

The patient:	YES	NO
2a) Is Stage III b, c or Stage IV	❑ 1	❑ 2
2b) Is unable to speak or understand English fluently (including visual impairment).	❑ 1	❑ 2
2c) Is mentally incompetent including any psychiatric or addictive disorders that would preclude taking part in an interview.	❑ 1	❑ 2

Continue to SECTION 3

SECTION 3: ELIGIBILITY STATUS

3a) Is the patient eligible to participate in the study?
(i.e., all Inclusion Criteria are answered "Yes" and all Exclusion Criteria answered "No")

❑ 1 Yes → *Continue to SECTION 4 PATIENT CONSENT*

❑ 2 No → *Sign and date form*

SECTION 4: PATIENT CONSENT

4a) Has the patient provided written informed consent?

❑ 1 Yes → **Include**

❑ 2 No → *Please provide reason:*

- o 1 Physician did not want the patient to be approached
- o 2 Patient did not want to consent
- o 3 Other: _____

SECTION 5: Identification

Study ID Number: __ __ __ __

Cancer Centre Chart Number: __ __ · __ __ __ __ __ __

Date of Eligibility Assessment __ __ / __ __ __ / __ __ __ __
day *month* *year*

Signature of person completing form: _____

Date form completed: __ __ / __ __ __ / __ __ __ __
day *month* *year*

Study Title: Enhancing Involvement in Treatment Decision Making by Women with Breast Cancer

Phase 3: Focus Group Guide

Welcome and Introduction

Thank you for coming to the group meeting. We are here to talk about how women think that they can be involved in the process of making a treatment decision. We will also discuss how doctors can help or hinder a woman's involvement in the process of making a treatment decision. In this group, we will have a discussion about these issues.

It is important to remember that there are no right or wrong answers. Some women are involved in decision making just a little while others are involved quite a bit. As well, the treatments that women choose or decline may be different because no two women are alike. Everyone is different.

Everything that is said here today must be kept confidential. That is, information that is discussed in the group must not be discussed outside of the group. Any information that someone shares will not be discussed with her doctor.

If there are any questions that you do not want to answer, just remain silent. If you have a comment, just state your opinion. It is important to have just one person speak at a time.

As a reminder, today's session is being audiotaped. No individual names will appear in the typed record.

A summary of every group will be made and each person will receive a copy of the summary. If you do not want to receive a copy of the summary, just let me know afterward.

Questions

1. In your opinion, how do you think that women can be involved in the process of making a treatment decision?

Prompts: obtaining information from cancer centre, listening to doctors, asking questions, discussing options with friends or family, etc.

2. Do you think that your doctor did anything to help you to be involved in the process of making a treatment decision?

Prompts: explained your treatment options clearly, listened to your concerns, gave you enough time to make a treatment decision, etc.

3. Do you think that your doctor did anything that made it hard for you to be involved in the process of making a treatment decision?

Prompts: did not listen to you, did not give you any options, did not make you feel comfortable, etc.

4. Here are some ways that some women say how doctors have helped women to take part in the process of making a treatment decision.
   Do you agree with this item? Why?
   Do you disagree with this item? Why?
   Is there an item that you would like to add?

5. Here are some ways that doctors have made it hard for women to take part in the process of making a treatment decision?
   Do you agree with this item? Why?
   Do you disagree with this item? Why?
   Is there an item that you would like to add?

Closing

Thank you once again for participating in this study. Please remember that everything that was said here today is confidential and must not be discussed outside of the group.

Once again, it is important to remember that no two women are alike. Some women may be involved just a little in decision making while others are involved quite a bit. As well, the treatments that women choose or decline may be different because no two women are alike. Everyone is different.

In approximately, two months, you will receive a summary of today's discussion. Please let me know if you do not wish to receive a copy.

Once again, thank you for participating in the group discussion today.

CURRICULUM VITAE

NAME: O'Brien (Thomson), Mary Ann

ADDRESS: Business
Supportive Cancer Care Research Unit
Juravinski Cancer Centre
699 Concession Street
Hamilton, Ontario
L8V 5C2
voice mail: (905) 387-9711 ext 64502
email: maryann.o'brien@jcc.hhsc.ca

EDUCATIONAL BACKGROUND

2003 PhD in progress (commenced September 2003)

1995 MSc (Design, Measurement and Evaluation), McMaster University, Hamilton, Canada

1984 BHSc (Physiotherapy) McMaster University, Hamilton, Canada

1978 Diploma in Physiotherapy, Mohawk College, Hamilton, Canada

Certificate in Physiotherapy, McMaster University, Hamilton, Canada

CURRENT STATUS AT MCMASTER UNIVERSITY

2001- Associate Clinical Professor, School of Rehabilitation Science

1998-2001 Assistant Clinical Professor, School of Rehabilitation Science

1992-1997 Clinical Lecturer, School of Rehabilitation Science

EMPLOYMENT HISTORY

ACADEMIC

2000- 2003 Senior Research Manager, Supportive Cancer Care Research Unit, McMaster University

1999- 2000 Research Co-ordinator, Evidence-based Practice Centre, McMaster University

1998-1999 Research Co-ordinator, McMaster University and Social and Public Health Services Division, Region of Hamilton-Wentworth

1997-1998 Senior Research Fellow, Department of Public Health, University of Aberdeen, United Kingdom

1996-1997 Research Fellow, Department of Health Sciences and Clinical Evaluation, University of York, United Kingdom

1985-1991 Clinical Education Co-ordinator, Mohawk-McMaster Physiotherapy Program, Mohawk College of Applied Arts and Technology, Hamilton, Ontario

CLINICAL

1999- Physiotherapist, Hamilton Health Sciences

1996-1997 Evaluation Specialist, Re-engineering Department, Chedoke-McMaster Hospitals

1991-1996 Education Manager, Physiotherapy Services, Chedoke-McMaster Hospitals

1985-1991 Clinical Education Co-ordinator, Chedoke-McMaster Hospitals, McMaster University Medical Centre Division

1983-1985 Senior Physiotherapist, Chedoke-McMaster Hospitals, McMaster University Medical Centre Division

1978-1983 Staff Physiotherapist, Chedoke-McMaster Hospitals, McMaster University Medical Centre Division

AWARDS AND FELLOWSHIPS

2005 – 2008 Predoctoral Traineeship Award, US Department of Defense, Breast Cancer Research Program

2004 – 2006 Doctoral Fellowship, Canadian Breast Cancer Foundation – Ontario Chapter (declined Year 2)

2004 – 2007 Doctoral Studentship, National Cancer Institute of Canada (declined)

2004 – 2005 Ontario Graduate Student Award, (declined)

SCHOLARLY AND PROFESSIONAL ACTIVITIES

1997- Peer Reviewer
Grants: National Health Service Research & Development Programme, National Health Service Health Technology Assessment Programme, United Kingdom
Manuscripts: American Journal of Public Health, Health and Social Care in the Community, Journal of Epidemiology and Community Health, Medical Care, Quality in Health Care

1995-2002 Member, Board of Examiners, Physiotherapy National Exam.

1995-1997 Chief Examiner, Clinical Component, Physiotherapy National Exam, Toronto Site.

1991-1995 Member, Clinical Education Group, Physiotherapy Programme, School of Occupational Therapy and Physiotherapy, McMaster University, Hamilton, Ontario.

1990-1995 Chair, Station Development Sub-Committee, OSCE Test Construction and Implementation, Canadian Alliance of Physiotherapy Regulatory Boards.

AREAS OF INTEREST

RESEARCH

Patient involvement in cancer-related treatment decision-making
Effectiveness of decision aids to improve patient knowledge and decision making
Effectiveness of interventions to improve health professional practice

TEACHING

Shared decision making in rehabilitation
Strategies for health professionals to keep their practice up to date

COURSES TAUGHT

McMaster University (Graduate)

2004- Lecturer, Inquiry Seminar, MSc. PT Programme
2003- 2003 Tutor, Unit Three, Introduction to Cardio-pulmonary and Neurology, MClSc PT Programme

2000 Co-Advisor with A Jadad, Research Internship, Health Research Methods Programme

University of Aberdeen (Graduate)

1997 Lecturer, Health Services Research

McMaster University (Undergraduate)

2001 Tutor, Unit Four, Cardio-pulmonary, BHSc. PT Programme

2000- 2003 Inquiry Seminar, BHSc. PT Programme

2000 Advisor, Unit Six Research Internship

1998-1999 Tutor, Unit Four, Cardio-pulmonary, BHSc. PT Programme

1996 Advisor, Unit Six, Independent Study, BHSc. PT Programme

1993-1995 Tutor, Unit Four, Cardio-pulmonary, BHSc. PT Programme

1992 Advisor, Block Six, Independent Study, BHSc. PT Programme

1990-1992 Tutor, Block One, Introduction to Musculo-Skeletal Problems, BHSc. PT Programme

1988 Tutor, H.S. 4B4/3B4, Health, Science and Society, BHSc Programme

Other

1988-1995 Tutor, Clinical Teaching Workshop, Program for Faculty Development, McMaster University, Hamilton, Ontario

Thesis Committee

2000 Jodi Herold. The effect of using an alternative method to calculate station cut scores in an objective structured clinical examination (OSCE). (Masters) University of Toronto.

LIFETIME RESEARCH FUNDING

GRANTS

Funded

Funding Agency: Cochrane Incentive Scheme, Department of Health, UK
Amount: 5,000 (sterling)
Funding Period: January 1 2007- August 31 2007
Project Title: Educational Outreach Visits: effects on professional practice and health care outcomes.
Investigators: O'Brien MA, Rogers S, Jamtvedt G, Oxman AD.

Funding Agency: Canadian Health Services Research Foundation
Amount: $127,164
Funding Period: November 1 2004 to October 31 2006
Project Title: A Study of the Effectiveness of Specialist Oncology Nursing Case Management in Improving Continuity of Supportive Cancer Care in the Community
Investigators: Sussman J, Howell D, Brazil K, Whelan T, Green E, MacKenzie L, O'Brien MA, Wiernikowski J, Fitch M.

Funding Agency: Ontario Ministry of Health and Long-Term Care
Amount: $53,313.24
Funding Period: January 2004 – June 2004
Project Title: e-Health and mental Health Services: A synthesis of literature to identify best practices.
Investigators: Raina P, Eysenbach G, Suggs LS, McIntyre C, MacMillan H, McKibbon KA, O'Brien MA, Santaguida L.

Funding Agency: Ministry of Health and Long Term Care
Amount: $285,746
Funding Period: April 1 2003-March 31 2004
Funds Held in Department of Clinical Epidemiology and Biostatistics
Project Title: An Evaluation of the Effectiveness of a Specialized Nursing Case Management Program in Coordinating Supportive Cancer Care in the Community.
Investigators: Sussman J, O'Brien MA, Howell, D, Whelan T.

Funding Agency: Hamilton Regional Cancer Centre Foundation
Amount: $15,000
Funding Period: April 1 2003- March 31 2004
Funds Held at the Hamilton Regional Cancer Centre
Project Title: Can Physicians Accurately Record Breast Cancer Outcomes? A Quality Improvement Pilot Study.
Investigators: O'Brien MA, Whelan T, Strang B, Wiernikowski J, Banayan D, Eisen A, Sussman J, Ellis P, Dubois S.

Funding Agency: Ministry of Health and Long Term Care
Amount: $195,970/year
Funding Period: April 1 2001-March 31 2003
Funds Held in Department of Clinical Epidemiology and Biostatistics
Project Title: Identifying the best model to provide (coordinate) supportive cancer care in the community
Investigators: Brazil K, Whelan T, O'Brien MA, Sussman J, Pyette N.

Funding Agency: Agency for Healthcare Research and Quality
Amount: $350,000 ($US)
Funding Period: April 1 2001-March 31 2002
Funds Held in Department of Clinical Epidemiology and Biostatistics
Project Title: Diffusion and Dissemination of Evidence-based Cancer Control Interventions
Investigators: Ellis P, Raina P, Haynes RB, Brouwers M, O'Brien MA, Ciliska D, Browman G, Whelan TJ, Snider A, Rand C.

Funding Agency: Agency for Healthcare Research and Quality
Amount: $250,000 ($US)
Funding Period: April 1 2000-March 31 2001
Funds Held in Department of Clinical Epidemiology and Biostatistics
Project Title: Impact of Cancer-related Decision Aids
Investigators: Whelan TJ, Gafni A, Charles C, Jadad A, O'Brien MA

Funding Agency: Agency for Healthcare Research and Quality
Amount: $300,000 ($US)
Funding Period: September 30 1999-September 29 2000

Funds Held in Department of Clinical Epidemiology and Biostatistics
Project Title: Management of Chronic Central Neuropathic Pain Following Spinal Cord Injury
Investigators: Jadad A, O'Brien MA. Snider A, Gauld M

Funding Agency: Canadian Health Services Research Foundation
Amount: $19,850
Funding Period: November 1999-November 2000

Project Title: Improving Communication Among Public Health Researchers and Decision and Policy Makers.
Investigators: Thomas BJ, O'Brien MA, Edwards N., Ciliska D., Dobbins M., Beyers J.

Funding Agency: CMH Physiotherapy Grant Fund
Amount: $9100
Funding Period: July 1996-July 1997
Funds Held in CMH Physiotherapy Department
Project Title: Diagnostic Validity of Clinical Tests in Temporomandibular Disorder: meta-analyses
Investigators: Gross A, Haines T, Goldsmith C, McIntosh J, Thomson MA.

Funding Agency: Heart and Stroke Foundation of Ontario
Amount: $100,600
Funding Period: July 1996-July 1998
Project Title: Stroke Strengthening Study
Investigators: Moreland J, Cook DJ, Goldsmith C, Thomson MA, Huijbregts M, Anderson R, Prentice D.

Funding Agency: National Health Service, Research and Development, United Kingdom
Amount: $36,260 (CDN)
Funding Period: January 1996 - January 1997
Funds held at University of York, United Kingdom
Project Title: The Effectiveness of Continuing Education Conferences in Improving Health Professional Performance and Health Care Outcomes
Investigators: Thomson MA, Freemantle N, Oxman AD, Davis DA.

Funding Agency: Canadian Orthopaedic Foundation, Hip, Hip Hooray Grants Program
Amount: $915
Funding Period: July 1995-July 1996
Funds Held in CMH Physiotherapy Department
Project Title: Diagnostic Validity of Clinical Tests in Temporomandibular Disorder: meta-analyses (1995 update)
Investigators: Gross A, Haines T, Goldsmith C, McIntosh J, Thomson MA.

Funding Agency: Canadian Orthopaedic Foundation, Hip, Hip Hooray Grants Program
Amount: $2,735
Funding Period: July 1993 - June 1994
Funds held in Physiotherapy Department, Chedoke-McMaster Hospitals
Project Title: Lower Extremity Function Study
Investigators: Thomson MA, Moreland J, Balsor B, Kay, T.

Funding Agency: Edith Herman Research Fund, McMaster University, Hamilton, Ontario
Amount: $5,000
Funding Period: December 1993 - December 1994
Funds held in Faculty of Health Sciences, School of Occupational and Physiotherapy
Project title: Diagnostic Validity of Clinical Tests in Temporomandibular Disorders: Meta-analyses
Investigators: Gross A, Haines T, Goldsmith C, McIntosh J, Thomson MA.

Funding Agency: Hamilton District Research Fund, Ontario Physiotherapy Association, Hamilton, Ontario
Amount: $500
Funding Period: June 1992 to June 1993
Funds held by Hamilton District Treasurer
Project title: Diagnostic Validity of Clinical Tests in Temporomandibular Disorders: Meta analyses
Investigators: Gross A, Haines T, Goldsmith C, McIntosh J, Thomson MA.

Funding Agency: Hamilton District, Ontario Physiotherapy Association
Amount: $1,000.00.
Funding Period: January 1992 - December 1992
Funds held in Physiotherapy Department, Chedoke-McMaster Hospitals
Project Title: The Efficiency of EMG Biofeedback for Upper Extremity Function Following Stroke: A meta-analysis.
Investigators: Moreland J, Thomson MA.

PUBLICATIONS

Peer Reviewed

2008 O'Brien MA, Whelan TJ, Charles C, Ellis P, Gafni A, Lovrics P, et al. Women's perceptions of their treatment decision making process in breast cancer care. Accepted, Patient Education and Counselling, 2008

2008 Brazil K, Bainbridge D, Sussman J, Whelan T, O'Brien MA, Pyette N. Providing supportive care to cancer patients: A study on inter-organizational relationships. International Journal of Integrated Care 2008; 8:1-9.

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2007 O'Brien MA, Rogers S, Jamtvedt G, Oxman AD, Odgaard-Jensen J, Kristofferson DT, Forsetlund L, Bainbridge D, Freemantle N, Davis DA, Haynes RB, Harvey EL. Educational outreach visits: effects on professional practice and health care outcomes. *The Cochrane Database of Systematic Reviews 2007*, Issue 4. Art. No.: CD000409. DOI: 10.1002/14651858.CD000409.pub2.

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PRESENTATIONS

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1996 Thomson MA, Oxman AD, Haynes RB, Davis DA, Freemantle N, Harvey EL. The effectiveness of outreach visits to improve health professional practice and heath care outcomes. Prevention in Primary Care Conference, Newcastle, UK.

1996 Thomson MA, Oxman AD, Haynes RB, Davis DA, Freemantle N, Harvey EL. The effectiveness of audit and feedback to improve health professional practice and heath care outcomes. Prevention in Primary Care Conference, Newcastle, UK.

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1994 Thomson MA, Oxman AD, Haynes RB, Davis DA. No magic bullets: A systematic review of 102 trials of interventions to help health care professionals deliver services more effectively or efficiently. 2nd Annual Cochrane Colloquium, Hamilton, ON.

1993 Fuoco A, Thomson MA, Moreland J. Efficacy of electromyographic biofeedback on lower extremity function in stroke patients: a systematic overview. Canadian Physiotherapy Congress, Halifax, Nova Scotia.

1993 Torresin W, Thomson MA. Clinical programme management: implications for physiotherapy. Canadian Physiotherapy Congress, Halifax, Nova Scotia.

1992 Davis DA, Thomson MA, Oxman AD, Haynes RB. The effectiveness of continuing medical education: the evidence to date. Third Congress on CME, Birmingham, Alabama.

1992 Thomson MA, Moreland J. The efficacy of EMG biofeedback for upper extremity function following stroke. Canadian Physiotherapy Congress, Saskatoon, Saskatchewan.

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1990 McIntosh JM, Thomson MA, DiAngelo S, Correa-Winn J, Billimoria M, Gross A. A decision algorithm for initial planning and scheduling of treatment for patients with spinal problems: quality assurance. Ontario Physiotherapy Conference, Toronto, Ontario.

1990 Sanford J, Solomon P, Stratford P, Dilworth P, Thomson MA. Re-evaluation of item weights for the physiotherapy clinical evaluation form. Canadian Physiotherapy Congress, Charlottetown, Prince Edward Island.

1989 Solomon P, Thomson MA. Critical appraisal of research literature in clinical education. Canadian Physiotherapy Congress, Edmonton, Alberta.

1988 Stratford P, Pierce-Fenn H, Dilworth P, Fraser-MacDougall V, Nixon P, Saarinen H, Sanford J, Solomon P, Thomson MA. The effect of item sampling on the estimate of student performance reliability. Research/Special Interest Session. Joint Canadian Physiotherapy Association - American Physical Therapy Association Congress, Las Vegas, Nevada.

Invited

2006 O'Brien MA. Through the looking glass: using video stimulated recall to examine women's decision making experiences about breast cancer treatment. Hôpital St. François Assise, Québec City, Québec, Canada

2003 Brazil, K, Whelan T, O'Brien, MA, Sussman, J, Pyette, N, Bainbridge, D, Dimitry, S, Sidoruk, N. Coordinating Supportive Cancer Care in the Community. Trillium Primary Care Research Forum, Hamilton, Ontario, Canada.

2003 O'Brien MA. Evidence-based physiotherapy practice. Evidence-based practice, what is it? University of Alberta, Edmonton, Alberta

2001 Whelan T, Andrulis I, Gelmon K, Giguère V, Hassell J, Latreille J, Levine M, Muller W, Olivotto I, O'Malley F, Park M, Pritchard K, Sawka C, Woodgett J, Abeygunawardena HD, Burt J, O'Brien MA Molecular changes in breast cancer. Reasons for Hope Conference, Quebec City, Quebec.

2000 O'Brien MA. Management of chronic neuropathic pain following spinal cord injury: development of a systematic review. School of Rehabilitation Science, McMaster University, Hamilton, Ontario, Canada.

2000 O'Brien MA. Updating your Cochrane review. Canadian Cochrane Centre Workshop. Evidence-based Practice Centre, Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada.

2000 O'Brien MA. Helping practitioners keep up-to-date. Hamilton, Health Sciences Corporation, Physiotherapy Department, Hamilton, Ontario, Canada.

2000 O'Brien MA. The impact of including non-randomized trials in systematic reviews of effectiveness of public health interventions. Non Randomized Studies Working Group Meeting. Copenhagen, Denmark.

2000 O'Brien MA. Cochrane Effective Practice and Organisation of Care (EPOC) Reviews: On behalf of EPOC. Non Randomized Studies Working Group Meeting. Copenhagen, Denmark.

2000 O'Brien MA. Using non-randomized studies in Cochrane Effective Practice and Organisation of Care (EPOC) reviews. Non Randomized Studies Symposium. Copenhagen, Denmark

1999 O'Brien MA. The trials and tribulations, and benefits of being a Cochrane reviewer. Canadian Cochrane Colloquium, Department of Clinical Epidemiology and Biostatistics, McMaster University.

1998 Thomson MA. Getting research into practice. Research & Development Office, Health and Personal Social Services. Belfast, Northern Ireland.

1997 Thomson MA. The Cochrane Collaboration. Health Technology Assessment in Europe. Framework proposals for international assessments. Barcelona, Spain.

1997 Thomson MA. Heart Save Project, London, UK

1997 Thomson MA. Improving teaching effectiveness: Lessons from a systematic review. North Thames Research Appraisal Group. London, UK.

1997 Thomson MA. Effectiveness of interventions to improve health professional practice. Health Services Research Unit, University of Aberdeen, UK.

1997 Thomson MA. Effectiveness of educational outreach visits to improve professional practice. PACE/CCEPP Joint Meeting. London, UK.

1996 Thomson MA, Oxman AD, Haynes RB, Davis DA. No magic bullets: a systematic review for improving professional practice. Provincial Utilisation Management Co-ordinating Committee. Fredericton, New Brunswick.

1996 McKibbon A, Thomson MA. Identifying and retrieving information on physiotherapy interventions. Canadian Co-ordinating Office for Health Technology Assessment and the Canadian Physiotherapy Association. Toronto, Ontario.

1996 Thomson MA. Connecting research and practice: providing quality care. Neurodevelopmental Clinical Research Unit Research Day. Burlington, Ontario.

1996 Thomson MA. Educational issues and methods. Teaching and Learning in the Clinical Setting, Program for Faculty Development. McMaster University

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1994 Thomson MA, Oxman AD, Davis DA, Haynes RB. No magic bullets: a systematic review of 102 trials of interventions to help health care professionals deliver services more effectively or efficiently. North East Thames Research and Development Conference, London, England.

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Exploring women's decision making experiences about breast cancer treatment through video stimulated recall interviews

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Background: Women with breast cancer (BC) desire information, in part, to be involved in treatment decision making (TDM). However, several researchers have reported that patients' actual experiences in TDM have not matched their preferences. This study's objectives were to identify processes of TDM used by women with BC and to identify physicians' behaviors that facilitated or impeded women's involvement in TDM.
Methods: A qualitative approach with video-stimulated recall interviews was used. Surgical (n=6) or medical oncology consultations (n=15) with new BC patients were videotaped. Subsequently, women and surgeons or medical oncologists separately viewed their consultation while being interviewed. Interviews were taped, transcribed, and analyzed.
Results: Most women described an iterative TDM process where they obtained information about treatment options from social networks and identified preferred treatment options prior to the consultation. All women reached an agreement about the type of surgery with their surgeon during the consultation. At the post-surgery appointment, most women wanted their surgeons to give them more detailed information about tumor pathology and potential treatments offered by medical oncologists to help them prepare for subsequent TDM. Most women deliberated about adjuvant systemic therapy options both during and after the medical oncology consultation and reached a decision several days post-consultation. Surgeons and oncologists described many behaviors that they used to facilitate women's involvement in TDM. While women identified many of the same behaviors as the physicians reported, they also described different behaviors. Women identified more items related to patient-physician rapport than did physicians. Women also identified that physicians helped to involve them in TDM when they: explicitly explained the rationale for patient involvement in TDM; used visual aids to explain treatment options; offered a treatment recommendation which provided reassurance; and indicated that women had time to make treatment decisions. Physicians identified more specific information-giving behaviors than did women. Women identified relatively few physician barriers to their involvement in TDM. The most frequently mentioned barrier related to lack of preparation for chemotherapy discussions.
Conclusions: Many women with BC identified several TDM processes including information gathering, identification of preferred options, deliberation about treatment options, and reaching agreement with their physician on the type of treatment to be implemented. Most women perceived that TDM involved several processes that occurred over time. These findings have implications for researchers who are interested in measuring patient involvement in TDM. Family physicians and surgeons are important in the TDM process by ensuring that women have early access to high quality information about different aspects of treatment. While physicians and women had many shared views of how physicians involved women in TDM, there were also important differences which have implications for clinical practice and for the design of physician training programs.