Strategies for Optimising Tumour Board Meetings (TBMs) in Paediatric Oncology at the Uganda Cancer Institute (UCI)

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UCI clinicians want to improve their TBMs

Paediatric oncology patients at the Uganda Cancer Institute (UCI) are discussed at three weekly multidisciplinary tumour board meetings (TBMs) covering Solid Tumour, Haematology, Neuro-Oncology/Ocular Oncology cases. Given the high volume of cases, only a proportion of patient cases are discussed.

Healthcare practitioners at the UCI have previously identified a need to improve the efficacy of their TBMs to make the best use of the multidisciplinary team (MDT) in attendance. Previous areas for improvement included improving documentation and implementing management decisions.

We conducted a survey and interviews of UCI clinicians covering all TBMs and departments to determine TBM efficacy, their current strengths and weaknesses, and scope for improvements in the near- and long-term.

Clinician surveys and interviews were conducted

A survey was structured into four sections, focusing on the **goals** of the tumour board, **documentation practices**, **decision-making processes**, and overall **meeting structure**. There were 32 participants representing nine different disciplines across all three tumour boards: Solid Tumour, Haematological, Neuro-Oncology/ Ocular-Oncology.

Eight **semi-structured interviews** were conducted with ten interviewees from seven departments. These interviews were recorded and transcribed using OtterAI, followed by manual correction and thematic analysis. The primary objective was to delve deeper into the issues identified in the survey, specifically regarding **selection criteria**, the **role of education**, and **feedback mechanisms** of the tumour board.

UCI clinicians identified a number of areas where TBMs could be improved

Strengths

- **Clarity of Goals:** 85% confident in TBM goals, with clear focus on patient diagnosis and management
- **Patient Outcomes:** 90% agreed TBM improved patient outcomes
- **Teamwork**: TBM has positive impact on teamwork, communication, and role appreciation of other teams
- **Organisational Structure**: 88% thought TBM was well structured, and the current model remains popular

Weaknesses

- **Timeliness of Decision Implementation:** 60% believed decisions were not timely
- **Documentation:** 78% saw a need for clearer documentation; suggesting standardised templates and online systems
- **Patient involvement:** Only 27% agreed patient views were considered in decision-making, highlighting a gap in engagement
- **Overly Academic:** Concerns that TBM discussions were too academic and less practical for patient management

Opportunities

- **Appetite for Training Opportunities:** Paediatric Oncology Fellows, who set TBM agenda, are interested in additional training on how to run effective meetings
- **Research Collaborations:** UCI teams want to collaborate with other academic institutions, and involve their staff and patients in clinical trials
- **Good Engagement with TBM Quality Improvement:** The different teams recognised the importance of TBM data capture for audit purposes, and support efforts to improve the TBMs

Threats

- **Uncertainty over Inclusion Criteria:** Interviews revealed disagreements between teams regarding which selection criteria are most important
- **Hybrid Meeting Facilitation:** Difficulties with finding suitable rooms at UCI, and which individuals would facilitate meetings
- **Monthly Feedback Sessions:** Disagreements between departments about preferred format and which individuals would take responsibility

Figure 1: SWOT Analysis from Tumour Board Surveys and Interviews

1) More patients could be discussed at some TBMs, and the approach to selecting patients for TBMs could be improved

- **Currently**, **2-3 patients** are discussed at each TBM
- **For Solid Tumour and Haematology TBMs**, there may be scope to increase the number of patients discussed *(Fig. 2)*
- There was consensus that patients with **complex diagnoses and/or management** should be discussed at TBMs
- However, there was debate among colleagues about which other cases could most benefit from discussion at a TBM

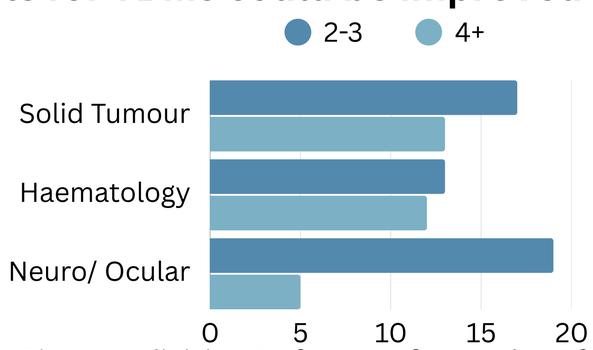

Figure 2: Clinician Preferences for Number of Patients discussed at each TBM

2) Documentation of TBM meetings could be improved, especially management plans

- The **majority of participants (78%)** saw a need for **improved documentation**
- Clinicians recommended creating a **referral and reporting form template,** that is:
  - **colour coded,** so it is easily found in patient notes
  - **includes all relevant details** of the case, referral reason, and radiology/ histology (if available)
- Suggestions for improving **TBM reporting** included:
  - **Timelines** for actionable items, including a named individual who is accountable
  - A **hybrid documentation** system (i.e., *Fig. 3*)

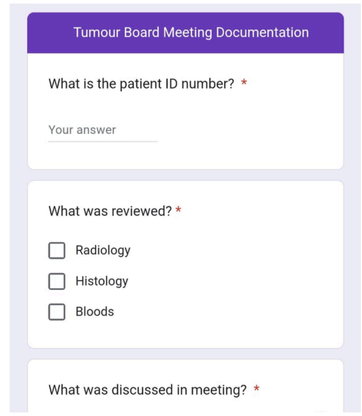

Figure 3: Example section of an online proforma

3) Teams could be better supported in preparing for TBMs, and in receiving follow-up information about patients

- **Paediatric Oncology Fellows** leading TBMs were interested in receiving more training on how to run efficient meetings, in order to stay on schedule and cover the entire agenda
- **Teams presenting at TBMs** (i.e., surgeons, pathologists) said they would benefit from receiving more **clinical information before each TBM.** For example:
  - Relevant clinical information
  - Provision of histology and radiology further in advance of the meeting, so there is more time to report findings
- All teams recognised the importance of **having feedback on patient's statuses and outcomes** after discussions at TBMs, to facilitate follow-up of management plans

4) The format of meetings could be adjusted

- Survey showed increased appetite for **hybrid format**, rather than just online *(Fig. 4)*. This view was reinforced in the qualitative interviews
- It was widely agreed that there should be **less emphasis on clinician education** during TBMs, in order to **focus more on patient management**
  - There is still a role for **passive education** and **succinct learning points**
- **Extended discussions** of patient cases can take place outside of TBMs, during team meetings or Grand Rounds

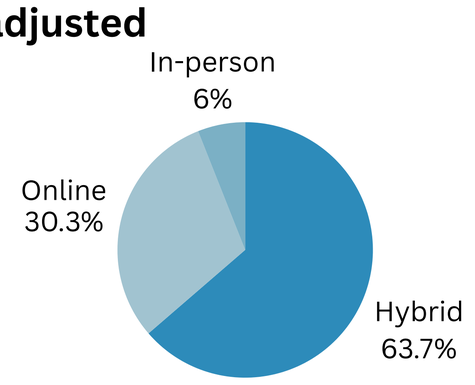

Figure 4: Clinician preferred format for TBM meetings

UCI are implementing changes to their TBMs based on these findings and recommendations

The survey and interview **findings were presented** at the UCI Solid Tumour TBM on **23rd July 2024**

- **Standardise meeting protocols -** Preload histology and radiology images, limit timed allocated to presenting teams, and promote timely arrival so TBMs start punctually. **Additional training** for Paediatric Oncology Fellows will facilitate this.
- **Create a TBM referral and reporting form -** This involves creating a pro forma using coloured paper that can easily be identified in patient notes, that outlines referral information and the management plan discussed at the TBM.
- **Decide on a selection criteria for which patients should be discussed at TBMs -** The paediatric oncology team should discuss which cases will benefit most from TBMs.
- **Integrate monthly feedback sessions into the TBM meeting calendar -** These are for reviewing progress in management decisions made at previous TBMs every month.
- **Trial increasing the number of patients discussed -** At the Haematology and Solid Tumour TBMs, there may be capacity to increase the number of patients discussed.
- **Trial a hybrid meeting format -** This has been trialled at UCI for those who prefer in-person meetings.

Near term (<1 month)

- Create a criteria to selection patients for TBM discussions
- Create referral and reporting proforma
- Standardise meeting protocols

Medium term (1-6 months)

- Introduce feedback sessions
- Provide additional training for chairing TBMs
- Increase patients discussed at Solid Tumour and Haematology TBMs

Long term (> 6 months)

- Audit tumour board changes and outcomes
- Review viability of hybrid format

Figure 5: Recommended Timeline of Implementation from August 2024