Plan Overview

A Data Management Plan created using DMPonline

Title: Using qualitative methods to understand treatment decision-drivers by oncologists in metastatic breast cancer: beyond clinical aspects

Creator: Adriana Bustamante

Principal Investigator: Adriana Bustamante

Data Manager: Adriana Bustamante

Affiliation: London School of Economics and Political Science

Template: LSE Data Management Plan for undergraduate and master's students dissertations

Project abstract:

This qualitative research wants to understand of what drive oncologists to make different decisions for treating patients with advanced/metastatic breast cancer, beyond clinical considerations. This research encourages a knowledge expansion regarding social determinants of health in Colombia. Additionally, it could establish a framework for future interventions aimed to increase high-quality services, responsiveness to patient concerns and better health outcomes. I will use semi-structured interviews with Oncologist in Colombia (aprox 12-20), using vignettes with patient profiles to prompt discussion about decision-drivers. The key questions to be answered are: How are oncologists decisions influenced by factors such as: • Patient factors: Health Care insurance status (contributive/subsidized, supplementary insurance), socioeconomic status, educational level • Physician factors: type of labour contract with the Institution of practice, type of Institution (private or public) of practice, city of practice, level of involvement with teaching in the Institution of practice, physician age, type of University of graduation. • Treatment factors: listing inclusion or not, cost, direct supply by the institution. What is the level of adherence to guidelines along the decision-making process? How do resonate them with clinical practice? What is the level of consideration of patient´s preferences along the treatment decision-making process?

ID: 45922

Last modified: 17-11-2019

Copyright information:

The above plan creator(s) have agreed that others may use as much of the text of this plan as they would like in their own plans, and customise it as necessary. You do not need to credit the creator(s) as the source of the language used, but using any of the plan's text does not imply that the creator(s) endorse, or have any relationship to, your project or proposal

Using qualitative methods to understand treatment decision-drivers by oncologists in metastatic breast cancer: beyond clinical aspects

Dissertation title and abstract

Name

Using qualitative methods to understand treatment decision-drivers by oncologists in metastatic breast cancer: beyond clinical aspects

Department

- Economics

Email

a.bustamante2@lse.ac.uk

Supervisor

Mylene Lagarde

Please summarise your research question in no more than three sentences.

This qualitative research wants to understand of what drive oncologists to make different decisions for treating patients with advanced/metastatic breast cancer, beyond clinical considerations.

Data collection

Briefly describe the data that will be used, including any secondary sources, noting content, coverage, cost, availability, and terms of use.

Data used will be the transcripts of the interviews recorded (semi-structured interviews).
Grouped and anonymized data of interviewes such as age, gender, type of contracting, academic story from interviewed oncologists will be used to analyze the correlation with decision drivers.
For this I got the informed consent from LSE where I got approval for audio recording as well to use "quoted" information from the interviews.
Information from published papers as part of the literature review. In this case I will use adequate referencing in order to reduce any risk of copyright.

Informed consent and anonymisation of primary research data

If you are collecting primary data, describe your process of obtaining informed consent.

The informed consent was prepared using the LSE´s consent form and it was reviewed and approved by my Supervisor Mylene Lagarde in May 2019.
The process to obtain the informed consent is as follows:
1. I give the informed consent to the participant for reading
2. I explain the the propose and the key points of the research included in the "information for participants" page.
3.The participant signs and date the informed consent form
4. The participants keep "information for participants" page.

All the process of reading and explaining the informed consent is kept in the audio recording as well.
In some cases where the interviews are made using skype or teleconference, I send the informed consent through email and the participant gets back the signed form by scan. In these cases, I will get ithe signed form in paper by the end of the research.

If you are collecting primary data that can identify living individuals, how will you anonymise that data to prevent identification?

1. I dont include names neither information that allow identification of participants in the recordings or paper notes collected during interviews.
2. I identify any material collected from interviews with the initials of the participant´s name.
3. I never mention the name of the participant in any recording.

Research ethics

Does your research involve human participants (living or dead), or involve data about directly identifiable human subjects?

- Yes

Storage and back-up

How will data be stored and backed up during the research? How will you manage access and security? Is the size of your data likely to be a problem?

Data will be stored on my personal icloud drive and on the university's one drive. These drives are backed up daily. The university ensures incremental back-ups over a three month period plus offsite back-up's managed by the university. User passwords are required to access icloud, and the university network. Interviews will be sequentially named using the format Entrevista # xx / initial letters of the name and last name/date.