



## EU-OPEN

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### **The Dialogue Platform model as a means of real multidisciplinary advice in research and healthcare**

Stakeholders as advisors in research and healthcare often include experts from academia, specialist healthcare and people from industry or research policy making. More often, main stakeholders like patients or their direct representatives, informal carers, primary care physicians, ethicists, regulators and payers are not involved for a variety of reasons.

Research projects are expected to deliver outcomes, sooner or later. The outcomes should be relevant to the targeted groups as well as acceptable by society, healthcare providers, payers and regulators. We developed a model that fits with these needs.

The model is based on equal collaboration between different stakeholder groups in a constructive, open way. Stakeholders include patient and/or carer (informal, parents) organisations, healthcare providers as appropriate including primary care, experts on the relevant topic, ethics (bioethics and data ethics), data safety, IT, bioinformatics, and regulators.

The model provides unicity:

1. consensus advice from a multidisciplinary point of view including patients, informal carers and primary care;
2. advice not only on headlines but also on actual issues, the (scientific) content of projects, methodologies, set-up and execution, as well as communication and valorisation;
3. use of online discussion tools with a dedicated manual (secured web forum) and teleconferencing services with toll-free dialling codes (access for all advisors). The web forum is being monitored and coordinated, and a facility to work collaboratively on documents. We strive for annual meetings with the project partners to ensure and increase interaction, mutual understanding, exchange of ideas, and visibility of all people involved in the project;
4. working according to a generally agreed charter with terms of reference and a monitor/ registration of conflicts of interest and



- confidentiality issues;
5. use of dedicated appraisal criteria for patient-centred review of documents (e.g. RCT protocols, patient information sheets-informed consent forms, technical-operating manuals); and
  6. a transparent and reliable communication.

The model we work with acts as an advisory board integrated into a project. To enhance transparency, we strive for communication about the board's activities and composition at the project's corporate website.

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