Communication is Key to Unlocking Clinical Trial Success

The importance of clear, consistent communication between contract research organisations (CRO), sponsors and trial sites cannot be stressed enough. Effective collaboration between all contributors to a clinical trial is vital to ensure that differing needs and priorities are accommodated, from designing a project plan and setting milestones to establishing escalation pathways and driving timelines. Laura Tomat, Senior Director Clinical and Project Management at Indero, explores three critical aspects of communication in clinical research; the economics of communication, optimised delivery channels, and personalised communication.

Clinical trials can be complex, multinational undertakings that rely on the coordinated efforts of sponsors, CROs, investigative sites and regulators. Each stakeholder has distinct responsibilities and priorities, and they must all work together towards a common goal: delivering therapies to patients efficiently and safely. In this context, communication is more than an operational detail, it is a core competency that determines whether trials run smoothly or not. Inadequate or inconsistent communication can derail a study, jeopardising deadlines and creating recruitment challenges or protocol deviations. On the other hand, clear and timely exchanges between stakeholders strengthen alignment, mitigate risks and set the foundation for success.

Despite its importance, communication is rarely straightforward, since the needs of a site clinician working in a busy environment differ dramatically from those of a sponsor tracking milestones and metrics. The art lies in striking the right balance to ensure that information is delivered in a way that is accurate, relevant and actionable for its audience, without creating noise or an administrative burden. Three factors are key in shaping effective trial communication: the economics of communication, optimised delivery channels and personalisation. Each offers valuable solutions for sponsors, CROs and trial sites as they seek to refine their collaboration models.

The Economics of Communication

Finding the Balance

One of the most persistent challenges in clinical trial management is finding the middle ground between over- and under-communication. Too much information can overwhelm and overburden recipients, leading to information fatigue or diminishing returns on messaging, while too little can leave stakeholders missing critical details, resulting in misaligned expectations or delays. This 'economics of communication,' can be thought of as a cost–benefit equation. Every update, meeting or dashboard entry consumes resources, both in the preparation and in the recipient's time to interpret it. At some point, the cost of additional communication outweighs the benefit. The key lies in aligning expectations early, agreeing on the appropriate level of detail, and knowing when providing more or less information strikes the right economic balance for constructive communication.

Recognising Diminishing Returns

Examples of over-communication are easy to find, and include weekly meetings where the agenda is unclear, email chains that duplicate information, or dashboards filled with metrics but lacking context. These practices create confusion rather than clarity, and it is essential to recognise when communication is no longer adding value. Signs include low engagement, repeated questions, or stakeholders requesting summaries because information has become too fragmented. Similarly, under-communication carries its own risks, as failing to provide timely updates can erode trust with both sponsors who depend on accurate reporting to assess risk and progress and with clinical sites who depend on accurate and timely communication to ensure protocol adherence. The optimal point sits between these extremes, where communication supports decision-making, aligns expectations, proactively mitigates risk and reduces uncertainty, without adding an unnecessary burden.

Agility and Responding to Need

The COVID-19 pandemic is an example of a time when we needed to optimise communication practices rapidly, as the restrictions on physical meetings and site visits forced teams to adapt, relying on virtual meetings, online dashboards and remote collaboration for everything from monitoring to milestones. The practice of agility and responding to need, ultimately improved efficiency, saving time and reducing costs while maintaining oversight. The experience demonstrated that optimising communication channels can support better communication practices, streamlining the number of touchpoints, using real-time platforms and focusing on the messages that matter most.

Optimising Delivery Channels

Matching Channel to Context

The method of communication delivery is just as important as the volume of communication. Each stakeholder has different working conditions, technological access and preferences, and optimising delivery channels means tailoring the medium to the audience's reality. For site staff, who often balance trial responsibilities with patient care in clinic or hospital environments, communication must be to-the-point, mobile-friendly and, in some cases, require a low-tech burden. Secure messaging, concise updates or quick phone calls may be more effective than lengthy emails. Traditional tools like laminated pocket cards or printed guidelines may be preferrable over digital systems in high-pressure environments, such as operating rooms or emergency departments, providing an immediate, widely accessible reference for key information. In contrast, sponsors tend to need more comprehensive information, presented through robust data and dashboards that display enrolment, protocol adherence, risks and milestones. Dashboards, metrics and structured reports become essential here, allowing strategic oversight and timely intervention when issues arise.

Real-time Solutions

Centralised, real-time tools are increasingly replacing fragmented communication channels. Shared dashboards, eConsent systems, electronic investigator site files and remote monitoring platforms enable faster decision-making and more reliable data flow. They help to reduce the reliance on static documents and emails and provide transparency while maintaining version control. However, new technologies must be introduced with care. If your stakeholder is accustomed to email updates, proposing a collaborative document editing platform may require a proactive discussion. Similarly, a site clinician on a rotating shift may prefer a simple printout to logging

into multiple systems. Therefore, optimisation is less about adopting the newest tools, and more about aligning methods, platforms and communication tools with the user's needs and realities.

Managing Resistance to New Tools

Introducing new communication platforms is rarely seamless. Site staff may resist electronic systems if they perceive them as burdensome or unfamiliar, and sponsors may hesitate over content or integration concerns. Successful adoption requires early alignment with users to tailor solutions to their needs, clearly communicate benefits and provide thorough training. Demonstrating how a new system saves time or reduces errors is more persuasive than presenting it as a compliance requirement.

Personalisation and Authenticity

Audience-Centric Communication

Adapting the style of communication to the recipient's experience, situation and knowledge is key. Context is important, as it will dictate what to include in the communication, and which parts to leave out. For experienced sponsors, updates may focus on strategic insights that highlight trends, risks and potential mitigations. Meanwhile, the same communication aimed at newer site coordinators might need to be more instructional, offering step-by-step guidance and support.

Considering Culture and Geography

Global trials add further complexity, as language, tone and cultural norms all shape how messages are received. What feels clear and direct in one region may come across as abrupt or inappropriate in another. To maintain alignment, communication strategies must reflect regional expectations as well as regulatory frameworks. Practical considerations include avoiding jargon, acronyms and idioms that do not translate easily or accurately and providing translations where appropriate. Legal and regulatory requirements also vary, with differences in data privacy laws, advertising restrictions and approval processes influencing what can be shared and how. Cultural differences should also be taken into account as, in some regions, punctuality is paramount, while in others hierarchy dictates who should be addressed first and how decisions are communicated. Even images and gestures can carry unintended meanings across cultures. All of which underscores the need for personalised communication practices.

Balancing Automation with the Human Touch

Automation can make communication faster and more consistent, but it can neglect nuances and subtleties. AI is an important, useful tool to integrate into our work to introduce efficiency and automation, but critical details still need a human eye to check accuracy and ensure that the tone is right, and the message is as intended. Automated tools are great for reminders or regular updates, but they cannot always sense whether a situation calls for a more supportive, critical or directive tone. Adding a human touch, even something as small as tailoring a message to reflect previous discussions, shows attentiveness and strengthens relationships. The most effective approach is to let automation handle the routine, while keeping high-stakes or sensitive communications personal. Milestone updates, difficult conversations or moments where trust is at risk should always be personalised, authentic and audience centric.

Communication and the Patient

Although patients do not interact directly with CROs, they are the ones who benefit the most from clear and effective communication. Decisions made between sponsors, sites and CROs shape the patient experience, from how often visits are scheduled to how forms are written. Patient-facing documents such as informed consent forms, advertising materials or electronic diaries must be accessible and free of jargon, written at a level suitable for the general population, and taking cultural sensitivities into account. Inclusivity also depends on how patient-facing tools are delivered. A digital reporting system, such as an electronic patient reported outcome (e-PRO) tool, should function equally well across phones, tablets, desktops and paper, since some participants may choose to use their smartphones while other patients might be more comfortable with paper formats. Offering multiple formats helps to ensure that every patient can engage in a way that feels accessible, helping to support diversity, encourage compliance and foster a sense of inclusion.

Patient-centered communication is not just about forms and paperwork; it also shapes how trials are designed. It means asking practical questions, such as whether it is realistic to ask patients to attend weekly blood draws or sit through long clinic visits. When these discussions happen with the patient's experience in mind, protocols are more realistic, recruitment is easier, and participants are more likely to stay engaged throughout the study.

Looking Ahead

Organisations need to prepare for the changing realities of how new tools and platforms affect how we communicate. Continually offering staff training that is clear, empathetic, culturally aware and audience adapted builds a strong foundation for effective communication. In addition, a flexible communication pathway that evolves with shifting expectations is essential to master the economics of communication, optimise delivery channels, and enable personalised engagement. For both CROs and sponsors, the message is unmistakable; communication done well is a defining factor that sets successful partnerships apart. It is what keeps projects on track, allows teams to anticipate and resolve risks quickly and, ultimately, makes therapies accessible to patients in a safe and timely way.

Conclusion

Communication in clinical trials is not a peripheral skill, but a central operational competency. From aligning sponsors and sites to supporting patient-centric design, it underpins every stage of the trial journey. Ensuring information is clear, consistent and impactful requires considering the economics of communication, selecting the right delivery channels and embracing personalisation. Looking ahead, the combination of technology and human-centered strategies offers exciting opportunities to further refine collaboration. Ultimately, the success of a trial depends not only on the strength of its protocol or the innovation of its therapy, but on the quality of its communication. As the industry, technology and communication strategies continue to evolve, those who master these key skills will be best placed to successfully deliver new treatments to patients with speed, accuracy and trust.

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Laura Tomat, Senior Director Clinical and Project Management at Indero has over 25 years of experience in clinical research, and is dedicated to advancing healthcare through innovative solutions and strategic vision. Laura is committed to inspiring teams to achieve excellence, ensuring that therapies reach the patients who need them most. Beginning her professional journey on the frontline in hospitals and operating rooms, Laura has since expanded her expertise through academic research, management, education, clinical operations, and project management. Her diverse experience spans multiple therapeutic areas, including general surgery, plastic surgery, maternal and infant health, emergency cardiology, dermatology, and inflammatory bowel disease (IBD).