

International Palliative Care Workshop

May 10th – 11th

2019

Course Evaluation Report

Athens, Greece

ASCO[®] International

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Executive Summary

IPCW Greece 2019

Summary:

- Two-day workshop on communication skills, pain management, symptom management, and end of life care.
- 45 attendees, primarily oncologists, residents/fellows, and nurses.
- 43 completed the post-course evaluation (response rate: 96 percent).

Comments:

- The percentage of respondents reporting an increase on educational objectives was lower than average; this may be due to the use of a retrospective pre-/post-test, and/or the audience at IPCW Greece being more experienced than audiences at previous workshops.

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Course Outcomes

93% of respondents said they planned to make practice changes based on what they learned at the workshop.

77% reported an increase in their ability to use different medications to control pain effectively and safely.

74% reported an increase in their ability to communicate with patients and their families.

80% reported an increase in their ability to manage patients' symptoms.

84% reported an increase in their ability to build a palliative care team.

81% reported an increase in their ability to conduct a family meeting.

82% reported an increase in their ability to manage patients' abdominal, bone, and neuropathic pain

74% reported an increase in their understanding of the concepts and principles of palliative care and end of life.

The long-term impact of this course in terms of participants' practice changes will be assessed with a follow-up survey one year after the course.

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Introduction

The American Society of Clinical Oncology is pleased to have partnered with the Hellenic Society of Medical Oncology to present a two-day International Palliative Care Workshop from May 10th - 11th in Athens, Greece.

More than 40 oncologists and other health care workers from Greece attended the IPCW. The course featured case-based presentations and interactive sessions on different aspects of palliative care.

Course Objectives

As a result of attending this workshop, attendees should be equipped to:

- 1. Communicate effectively with patients and their families.**
- 2. Use different medications to control pain effectively and safely.**
- 3. Better manage patients' symptoms.**
4. Understand the concepts and principles of palliative and end of life care.
5. Conduct a family meeting.
6. Better manage patients' abdominal, bone, and neuropathic pain.
7. Build a palliative care team.

The objectives in bold are standard for all IPCWs; other objectives were specific to IPCW Greece.

Evaluation Plan Overview

1.) Post-course evaluation

At the conclusion of the course, attendees were asked to complete a written course evaluation. Of the 45 participants who attended, 43 completed the evaluation form at the (response rate: 96%).

2.) Post-course impact assessment

An online follow up survey will be distributed via email approximately one year after the conclusion of the course. When available, the results will be added to this report.

3.) CancerBytes retention app

The CancerBytes retention app was piloted in conjunction with IPCW Greece. Ten participants completed all 13 steps in the app. Overall, the percent correct on the pre-meeting knowledge check was high, and the average percent correct on the final attempt for each activity was higher than that on the first attempt. A summary report of the pilot is available in Appendix 4.

Attendee Demographics

Demographics data were collected from the completed evaluation forms. In general, respondents were oncologists, residents/fellow, or nurses who had not attended a palliative care before the workshop and had worked in their current profession for 11.4 years on average. The majority spent up to half of their time delivering palliative services to patients and more than half of their time working with cancer patients.

Profession	n	%
Medical/clinical oncologist	12	28%
Medical Resident/Fellow	6	14%
General Nurse	5	12%
Anesthesiologist	3	7%
Anesthetist	2	5%
Oncology Nurse	2	5%
Oral/Dental Oncologist	2	5%
Radiation oncologist	1	2%
Surgical oncologist	1	2%
Other	9	21%
Total	43	100%

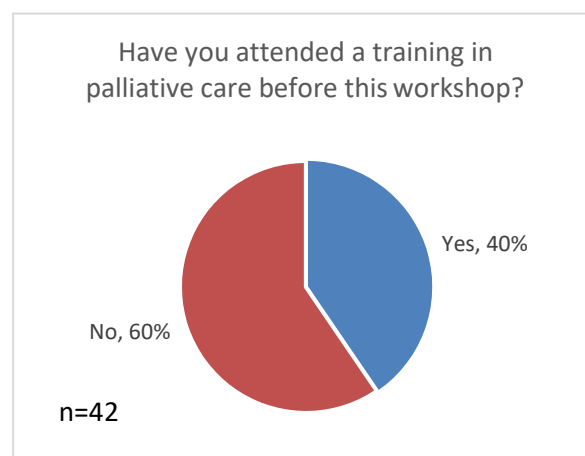


Figure 2: Attendee Demographics – by Prior Training

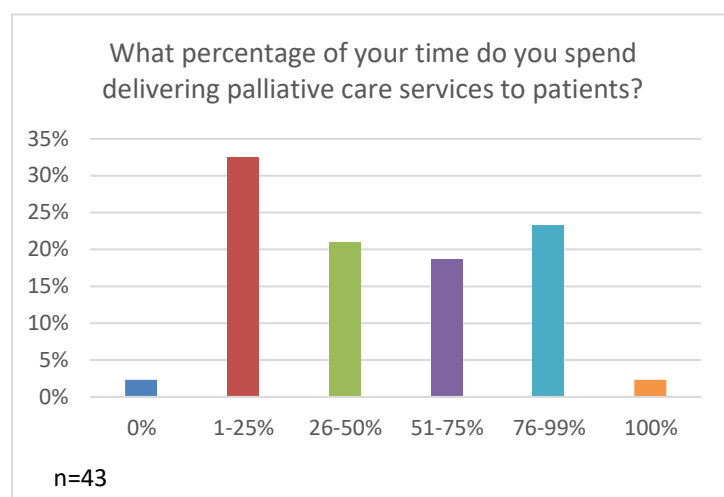


Figure 3: Percentage of time spent delivering palliative care services

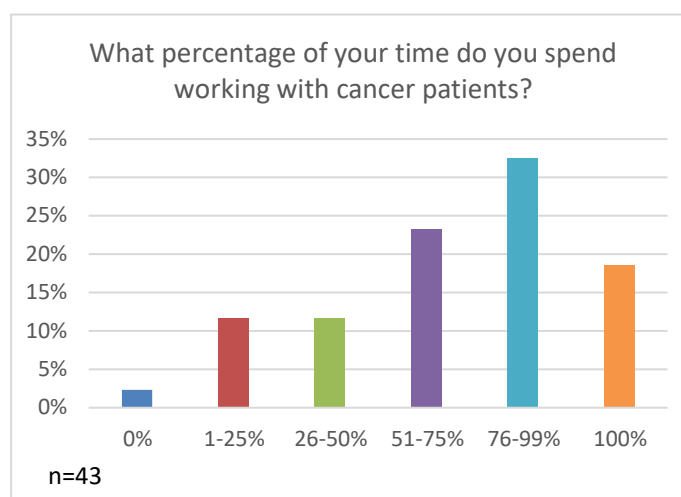


Figure 4: Percentage of time spent working with cancer patients

Evaluation Results: Overall Intention to Change Practices

Respondents were asked if they would make a practice change based on information learned at the workshop.

Ninety-three percent of respondents said they planned to do something differently. This is similar to the average for all IPCWs (88%).

Some of the intended changes are:

- Changes to communication with patients (18)
- Work with colleagues to provide palliative care (5)
- Changes to pain management (4)
- Changes to symptom management (4)

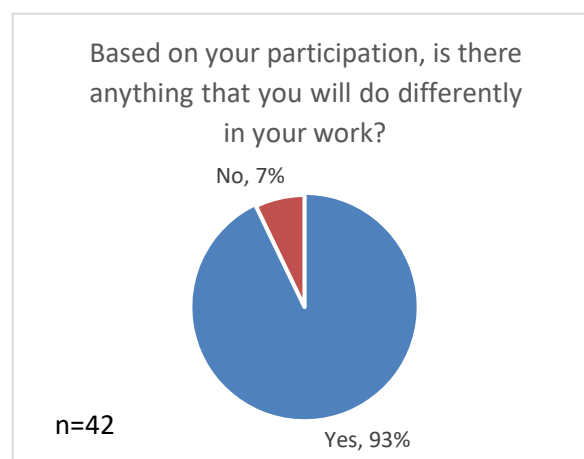
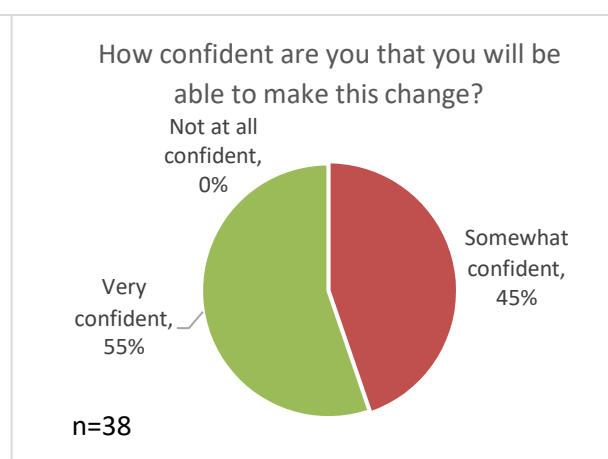


Figure 5: Respondents Plan to Make Practice Changes

Respondents were asked to rate their confidence in their ability to make the changes they intended to make on a 3-point scale from Not at all confident to Very confident. All respondents said that they were somewhat or very confident they would be able to make changes, with an average rating of 2.55. Because IPCW Greece was the first workshop at which this question was asked, comparison data are not available.

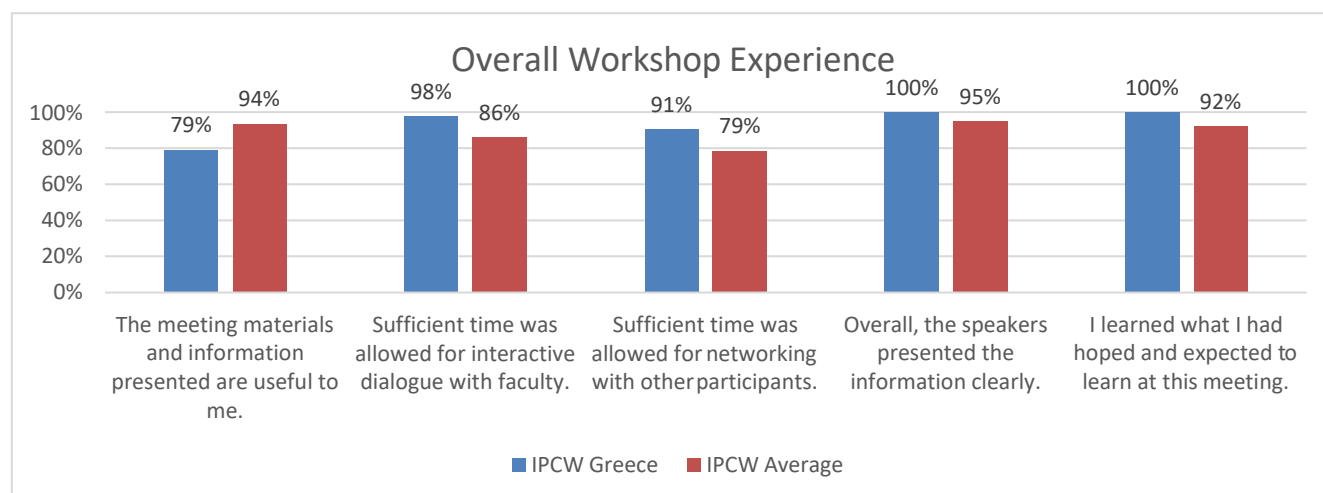


Evaluation Results: By Course Objective

Objectives	Percent of respondents reporting an increase – IPCW Greece	Percent of respondents reporting an increase – IPCW Average	Mean Before (Greece)	Mean After (Greece)	Mean Change (Greece)	Intended practice changes
1. Understand the concepts and principles of palliative and end of life care.	74%	N/A	3.12	4.19	1.07	
2. Communicate effectively with patients and their families.	74%	91%	3.23	4.16	0.93	18 respondents reported intended practice changes related to communication with patients.
3. Conduct a family meeting.	81%	N/A	2.58	3.72	1.14	
4. Use different medications to control pain effectively and safely.	77%	86%	2.93	4.03	1.10	4 respondents reported intended practice changes related to pain management.
5. Better manage patients' abdominal, bone, and neuropathic pain.	82%	N/A	2.87	3.93	1.05	
6. Better manage patients' symptoms.	80%	90%	3.10	4.10	1.00	4 respondents reported intended practice changes related to symptom management.
7. Build a palliative care team.	84%	N/A	2.19	3.47	1.28	5 respondents reported intended practice changes related to working with colleagues to deliver palliative care.

Evaluation Results: Overall Workshop Experience

Attendees were asked to rate a variety of statements related to their workshop experience. The majority agreed or strongly agreed with each of the statements. The percentage of respondents who said that the meeting materials and information presented were useful to them was lower than average, with 21% selecting “neutral”. For all other questions, the results were similar to the average for all IPCWs as shown in the chart below.



Evaluation Results: By Session

Respondents rated presentations on a scale from 5 (exceeding expectations) to 1 (unsatisfactory). All sessions had an average rating of 3.83 or higher. These questions were not included in the online survey.

Session Title*	Average Rating	n
<i>Communicating Bad News/Prognosis</i>	4.84	43
<i>"Doctor, Don't Tell", How to Conduct a Family Meeting</i>	4.76	42
Last Hours of Living	4.65	43
Compassion Fatigue	4.64	33
The Value of Early Palliative Cancer Care	4.55	42
<i>Nausea, Vomiting, Constipation, Bowel Obstruction</i>	4.52	42
Choosing Analgesics, Dosing Principles	4.51	43
Building a Palliative Care Team	4.30	37
<i>Abdominal, Bone and Neuropathic Pain</i>	4.29	42
Ethical Challenges in Palliative Care	3.98	41
Elucidating the Invisible: Reflections on Dying and Computing	3.83	42

*Sessions in italics are breakout sessions

Opportunities to Improve

Respondents were asked if anything remained unclear after the workshop. Two said that artificial intelligence in palliative care remained unclear. In addition, one respondent each provided additional comments, including:

- Building a palliative care program still sounds complex and more advice is needed
- Ethical challenges in palliative care. Especially nowadays. Immunotherapy, law-regulation (GDPR) and late stage cancer patients
- I would prefer the session on pain to focus more on pain medication that we have available in Greece. Everything was based on oral morphine which is not available.

In addition, respondents were asked what other topics they would like to learn more about. Six respondents listed management of other symptoms. One respondent each provided additional comments, including:

- Chemotherapy-related adverse events and palliative care
- Finance - cost-effectiveness of palliative care
- Interdisciplinary team (members, role of each one, ways to communicate better)
- Maybe palliative care for younger people and adolescents/children with neoplastic disease/terminal disease

Summary & Conclusions

The course appears to have been successful in meeting its behavioral objective, with 93 percent of respondents to the evaluation form indicating that they intended to make practice changes based on what they learned in the course. The most commonly reported intended changes were related to changes to communication with patients (18), followed by intent to work with colleagues to deliver palliative care (5), and changes related to pain management (4) and symptom management (4).

Overall, the majority of respondents reported an increase on each educational objective; however, these results were lower than average for the objectives where comparison data are available. This may be in part due to the use of a retrospective pre-/post-test to measure these objectives; Greece was the fourth IPCW to use this design, and the average ratings at this workshop were higher than the average at both pre- and post-test. At the three previous workshops, respondents rated their skills related to communication, pain, and symptom management with average ratings of 2.14, 2.42 and 2.40, respectively; for Greece, initial ratings were on average 3.23, 2.93 and 3.10. After the course, the average ratings for previous workshops were 3.81, 3.85 and 3.87, while the average results for IPCW Greece were 4.16, 4.03 and 4.10.

In addition, the participants at IPCW Greece may have been more experienced than participants at previous IPCWs, which may have contributed to the lower than average results. Compared to the three previous workshop, respondents to the Greece evaluation: had more years of experience (11.4 versus 8.1); were more likely to be oncologists (37 percent versus 18 percent); and were more likely to spend more than half their practice time with patients with cancer (74 percent versus 51 percent).

Appendix 1: Multiple Choice Answer Table

Overall Meeting	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The meeting materials and information presented are useful to me.	43	0%	0%	21%	79%	0%
Sufficient time was allowed for interactive dialogue with faculty.	43	0%	0%	2%	33%	65%
Sufficient time was allowed for networking with other participants.	43	0%	0%	9%	40%	51%
Overall, the speakers presented the information clearly.	43	0%	0%	0%	21%	79%
I learned what I had hoped and expected to learn at this meeting.	43	0%	0%	0%	30%	70%

Educational Objectives	n	Increased	No Change	Decreased
My understanding of the concepts and principles of palliative and end of life care.	43	74%	26%	0%
My ability to communicate effectively with patients and their families.	43	74%	26%	0%
My ability to conduct a family meeting.	43	81%	19%	0%
My ability to use different medications to control pain effectively and safely.	39	77%	23%	0%
My ability to manage patients' abdominal, bone, and neuropathic pain.	39	82%	18%	0%
My ability to manage patients' symptoms.	41	80%	20%	0%
My ability to build a palliative care team.	43	84%	16%	0%

Educational Objectives	Before the Course						After the Course					
	N	Poor	Fair	Good	Very Good	Excellent	N	Poor	Fair	Good	Very Good	Excellent
My understanding of the concepts and principles of palliative and end of life care.	43	7%	12%	49%	28%	5%	43	0%	0%	9%	63%	28%
My ability to communicate effectively with patients and their families.	43	5%	9%	47%	37%	2%	43	0%	5%	7%	56%	33%
My ability to conduct a family meeting.	43	19%	26%	35%	21%	0%	43	0%	9%	23%	53%	14%
My ability to use different medications to control pain effectively and safely.	40	3%	33%	35%	30%	0%	39	0%	3%	23%	44%	31%
My ability to manage patients' abdominal, bone, and neuropathic pain.	39	8%	23%	44%	26%	0%	40	0%	8%	15%	55%	23%
My ability to manage patients' symptoms.	41	2%	20%	44%	34%	0%	41	0%	2%	12%	59%	27%
My ability to build a palliative care team.	43	33%	30%	23%	14%	0%	43	2%	12%	37%	35%	14%

Appendix 2: Open-Ended Questions and Responses

1. What was the most important thing you learned at this meeting?* (n=41)

- Communication skills (13)
- About palliative care (7)
- Pain management (4)
- Importance of early palliative care (2)
- Symptom management (2)
- Patient-centered care (2)
- Burnout
- Assess, think and manage/do
- Being more positive and confidence for my job
- Being more positive and understanding towards my own feelings
- Deal with my emotional
- Finding the beauty in the beast
- How to implement a PC unit into oncology practice
- Interactive breakout sessions - basics of palliative care, communication skills (breaking bad news, PTSD doctors relationships, MDTB tumor boards
- See people who fight with me
- Team work, trust, analgesic use
- The goals of the tutor should be adapted to the audience in order to make difference in the end
- The importance of a good assessment
- Treat the patient and not the disease
- Ways to better deliver palliative care

*Some respondent wrote multiple answers

3. Based on your participation, is there anything that you will do differently in your work?* (n=36)

- Changes to communication with patients (18)
- Work with colleagues to provide palliative care (5)
- Changes to pain management (4)
- Changes to symptom management (4)
- Evidence-based care (3)
- Provide palliative care (2)
- Better organize my research on palliative care
- changes in teaching style
- More people in my work
- More workshops like this for all specialties in order to build a multidisciplinary team in Greece
- To be more compassionate
- Work all with the same way

*Some respondents wrote more than one answer

17. Does anything remain unclear from the materials presented at this meeting? (n=33)

- No (26)
- Artificial intelligence in palliative care (2)
- Building a palliative care program still sounds complex and more advice is needed
- early palliative care intervention is supposed to prolong life. Except for a single study, no further evidence were presented.
- ethical challenges in palliative care. Especially nowadays. Immunotherapy, law-regulation (GDPR) and late stage cancer patients
- I would prefer the session on pain to focus more on pain medication that we have available in Greece. Everything was based on oral morphine which is not available.
- Intervention to bring the palliative care cost effectiveness, early in our more importance clinical practice
- Probably yes but I need to find it out in clinical practice

18. What topics were not covered in the course that you would have liked to learn about? (n=22)

- None (5)
- Management of symptoms (6)
 - Dyspnea, diarrhea, fatigue, anxiety, depression, delirium, cachexia
- Alternative therapies and approaches
- Chemotherapy-related adverse events and palliative care
- Ethical challenges in palliative care
- Euthanasia
- Finance - cost-effectiveness of palliative care
- Interdisciplinary team (members, role of each one, ways to communicate better)
- Interventional analgesia
- Maybe palliative care for younger people and adolescents/children with neoplastic disease/terminal disease
- Other topic of supportive/palliative care, oral care
- Practically none. I would like more interactive content/workshops to be able to practice my knowledge.
- Radiation oncology chemotherapy for palliative care

Respondent Demographics**Profession (n=43):**

Which of the following best describes your profession?	n	%
Medical/clinical oncologist	12	28%
Medical Resident/Fellow	6	14%
General Nurse	5	12%
Anesthesiologist	3	7%
Anesthetist	2	5%
Oncology Nurse	2	5%
Oral/Dental Oncologist	2	5%
Radiation oncologist	1	2%
Surgical oncologist	1	2%
Other	9	21%

Have you attended a training in palliative care before this workshop? (n=42)	n	%
Yes	17	40%
No	25	60%

How many years have you spent working in your profession? n=42	n=42
Mean	11.4
Median	8
Mode	3
Min	1
Max	42

What percentage of your time do you spend delivering palliative care services to patients? (n=43)	n	%
0%	1	2%
1-25%	14	33%
26-50%	9	21%
51-75%	8	19%
76-99%	10	23%
100%	1	2%

What percentage of your time do you spend working with cancer patients? (n=43)	n	%
0%	1	2%
1-25%	5	12%
26-50%	5	12%
51-75%	10	23%
76-99%	14	33%
100%	8	19%

Are you a member of ASCO? (n=42)	n	%
Yes	13	31%
No	29	69%

Have you downloaded and used the ASCO CancerBytes mobile learning application? (n=42)	n	%
Yes	28	67%
No	14	33%

If yes, was the experience useful to reinforce your learning during the face-to-face sessions?? (n=28)	n	%
Yes	26	93%
No	2	7%

If yes, was the experience useful to reinforce your learning during the face-to-face sessions?? (n=14)
<ul style="list-style-type: none"> • No (7) • I didn't find out if we can download the files • Include more interactive cases. Transform suggested reading material to easy to read/recall algorithms or table. • Involve the participant details along with clinical details (networking) • It's perfect • More references to sites and other sources of information • Occasional tests online • Works well

Appendix 3: Course Agenda

Scientific Program

Friday May 10th 2019

Session I

08.30-09.00	Registration	
09.00-09.30	Welcome	S. Agelaki, E. Razis
09.30-10.30	The Value of Early Palliative Cancer Care	F. D. Ferris, L. Schapira
10.30-11.30	Choosing Analgesics, Dosing Principles	F. D. Ferris, S. Bosnjak, A. Vadalouka
11.30-12.00	Coffee Break	

Session II - Breakout Sessions

	1. Communicating Bad News/ Prognosis	F. D. Ferris, S. Lazaridou
	2. "Doctor, Don't Tell", How to Conduct a Family Meeting	L. Schapira, E. Razis
12.00-13.30	3. Abdominal, Bone and Neuropathic Pain	K. Stylianides
	4. Nausea, Vomiting, Constipation, Bowel Obstruction	S. Bosnjak, S. Agelaki

13.30-14.30 Lunch

Session III - Breakout Sessions

	1. Communicating Bad News/ Prognosis	F. D. Ferris, S. Lazaridou
	2. "Doctor, Don't Tell", How to Conduct a Family Meeting	L. Schapira, E. Razis
14.30-16.00	3. Abdominal, Bone and Neuropathic Pain	K. Stylianides
	4. Nausea, Vomiting, Constipation, Bowel Obstruction	S. Bosnjak, S. Agelaki

16.00-16.30 Coffee Break

Session IV

16.30-17.30	Ethical Challenges in Palliative Care	S. Tsinoema, T. Vidalis
17.30-18.30	Building a Palliative Care Program	F. D. Ferris, S. Bosnjak, A. Tserketzoglou, E. Patiraki, A. Vadalouka
18.30-19.00	Discussion - Concluding Remarks	S. Agelaki, E. Razis

Saturday May 11th 2019

Session V		
09.00-10.00	Last Hours of Living	F. D. Ferris, S. Lazaridou, I. Boukovinas
10.00-11.00	Elucidating the Invisible: Reflections on Dying and Computing	T. Tasis
11.00-11.30	Coffee Break	
Session VI - Breakout Sessions		
11.30-13.00	1. Communicating Bad News/ Prognosis	F. D. Ferris, S. Lazaridou
	2. “Doctor, Don’t Tell”, How to Conduct a Family Meeting	L. Schapira, E. Razis
	3. Abdominal, Bone and Neuropathic Pain	K. Stylianides
	4. Nausea, Vomiting, Constipation, Bowel Obstruction	S. Bosnjak, S. Agelaki
13.00-14.30	Lunch	
Session VII - Breakout Sessions		
14.00-15.30	1. Communicating Bad News/ Prognosis	F. D. Ferris, S. Lazaridou
	2. “Doctor, Don’t Tell”, How to Conduct a Family Meeting	L. Schapira, E. Razis
	3. Abdominal, Bone and Neuropathic Pain	K. Stylianides
	4. Nausea, Vomiting, Constipation, Bowel Obstruction	S. Bosnjak, S. Agelaki
15.30-16.00	Coffee Break	
Session VIII		
16.00-17.15	Compassion Fatigue	F. D. Ferris, L. Schapira
17.15-18.00	Discussion - Concluding Remarks	S. Agelaki, E. Razis
18.00	Certificates - Evaluation	

Appendix 4: Summary Report for CancerBytes Pilot with IPCW Greece

The CancerBytes pilot was associated with International Palliative Care Workshop in Greece, held on May 10 and 11 in Greece.

Content Design

For IPCW Greece, the content consisted of a learning journey with 13 steps. The structure of the app encouraged participants to progress through the steps in order, but they could complete available steps in any order.

The content for each week became available Saturday morning at the beginning of that week. Before that, the step was visible, but locked from access.

Pre-Meeting (Steps 1-4)	Post-Meeting		
	Week 1 (Steps 5-7)	Week 2 (Steps 8-10)	Week 3 (Steps 11-13)
1. Introduction 2. Case Presentation 3. Pre-Meeting Knowledge Check (seven true/false questions) 4. Resources	5. Five flash cards 6. Five true/false questions 7. Three matching questions	8. Four multiple choice questions 9. Four multiple choice questions 10. Four multiple choice questions	11. Four fill-in-the blank questions 12. Four fill-in-the blank questions 13. Four fill-in-the blank questions

Topics Covered

The topics of questions coincided with the names of sessions in the workshop.

Number of Questions on Each Topic

Topics	Pre-Meeting (Steps 1-4)	Post-Meeting			Total
		Week 1 (Steps 5-7)	Week 2 (Steps 8-10)	Week 3 (Steps 11-13)	
The Value of Early Palliative Cancer Care	1		2		3
Compassion Fatigue		1			1
Choosing Analgesics and Dosing Principles	1	3	3	4	11
Communicating Bad News and Prognosis	1		3		4
"Doctor, Don't Tell", How to Conduct a Family Meeting	1	2			3
Abdominal, Bone and Neuropathic Pain	1	2	3	3	9
Nausea, Vomiting, Constipation, Bowel Obstruction	1	3	1	2	7
Last Hours of Living	1	2		3	6

Results

Number of Learners Enrolled in CancerBytes App

Initial Enrollment (As of May 6)	Number Added During Workshop Registration	Number Removed Because Did Not Attend Workshop	Final Enrollment (As of May 13)
53	9	17	45

Learner Engagement

	Total Number of Participants	Completed at Least One Step from Pre-Meeting	Completed at Least One Step from Week 1	Completed at Least One Step from Week 2	Completed at Least One Step from Week 3	Completed All Steps
Initial Enrollment	36	26 (72%)	14 (39%)	13 (36%)	10 (28%)	10 (28%)
Added Participants	9	2 (22%)	1 (11%)	1 (11%)	1 (11%)	0 (0%)
Total	45	28 (62%)	15 (33%)	14 (31%)	11 (24%)	10 (22%)

NOTE: The 11 participants that completed all or nearly all the activities received a book: Hospice and Palliative Medicine Handbook by Susan Bodtke and Kathy Ligon. The opportunity to win the book was announced as a team competition during the workshop. However, none of the teams had all learners participate in the app, so we awarded the book based on individual performance.

Faculty Engagement

Faculty Enrolled	Logged In	Completed at Least One Step from Pre-Meeting	Completed at Least One Step from Week 1	Completed at Least One Step from Week 2	Completed at Least One Step from Week 3	Completed All Steps
16	6 (38%)	4 (25%)	3 (18%)	1 (6%)	1 (6%)	1 (6%)

NOTE: Faculty were given a version of the app where all steps were unlocked from the beginning.

Scores and Time Spent on Activities

Type of Activity	First Attempt (Average Percent Correct)	Last Attempt (Average Percent Correct)	Average Number of Attempts	Range of Time Spent Per Activity* (minutes)	Average Time Spent Per Activity* (minutes)
Pre-Meeting Knowledge Check (True/False)	78%	90%	1.7	0.8-36.8	4.1
Week 1 True/False	64%	91%	1.9	0.7-9.7	2.2
Week 1 Matching	80%	96%	1.4	0.4-4.3	1.7
Week 2 Multiple Choice	70%	93%	1.5	1.0-10.9	4.1
Week 3 Fill-in- the-Blank	47%	79%	1.9	0.8-16.3	3.6

*This is the total time each learner spent on the activity, across all attempts.

Things to note:

- The percent correct on the pre-meeting knowledge check was quite high.
- The percent correct on the Week 1 true/false was low, partially due to one of the questions being one of the most frequently missed overall (see table below).
- Participants performed well on the matching questions and had no trouble with the interface.
- The Week 2 multiple choice questions took participants quite a bit of time to complete (on average, a minute per question) and the initial scores were fairly low. This may be due to the lengthy text of some of the questions, which was difficult for non-native English speakers.
- Fill-in-the-blank questions were very difficult for participants, as indicated by the percent correct. They were also the most frequently missed questions (see table below.)

Most Frequently Missed Questions

Question	Number of Incorrect Answers	Number of Participants Who Completed Activity
Week 3, Activity B: A patient has recent onset of right hip pain. He initially rates the pain at 7/10. Two days after starting dexamethasone 8 mg, he feels much better. Instead of using dexamethasone long term, he will likely benefit from_____. Answer: Radiation therapy	22	11
Week 1, Activity B: When there is conflict during a family meeting, the facilitator should guide the discussion to arrive at an agreeable decision so planning and next steps can move forward. (FALSE. If conflict arises during a family meeting, the facilitator should explore the conflict and, if necessary, defer decisions and suggest a follow-up meeting.)	20	15
Week 3, Activity C: For dying patients, when the albumin concentration is less than____g/mL, parenteral fluids may cause significant peripheral edema and dyspnea. Answer: 2.5	18	10
Week 3, Activity B: Patients who have increasing back pain from bone metastases are at significant risk for a_____that can be devastating if not diagnosed early. Answer: Cord compression	18	11
Week 3, Activity C: If a patient has epigastric pain from pancreatic cancer what would potentially be a very effective therapeutic intervention? Answer: celiac plexus block	17	10

NOTE: Some of this content may not have been covered in the workshop.

Communication with Participants

Description	Date	Number of Recipients	Result
Initial email to participants	May 6	52	17 participants logged in and completed the first three learning journey steps by May 9.
Workshop Conducted	May 10-11	46	<ul style="list-style-type: none"> 27 participants completed at least one learning journey step by May 13. 25 completed the pre-meeting knowledge check. 3 viewed flashcards 2 completed Week 1 activities
Emails sent encouraging participation	May 15 and 18	37	Little or no impact
Email sent to participant who had logged in but not viewed content, explaining how to download content	May 14	1	The participant completed week 1 activities and part of week 2
Emails sent with ASCO signon information for those who did not previously have accounts	May 18	5	No impact – none of them logged in
Emails sent describing how to navigate flashcards to participants who stopped at that step	May 18	3	<ul style="list-style-type: none"> Two of the three progressed further. One completed the entire 3 weeks The other completed Week 1 and Activity 2B.
Email about receiving book if complete all activities by June 3	May 29	46	The number of participants completing Week 3 Activities increased from 4 to 11.
We requested that participants contact us if they had any questions about the app or needed assistance.	May 6 – May 31	8	<ul style="list-style-type: none"> All of the participants who contacted us were subsequently able to use the app. One was faculty and completed the pre-meeting content and Week 1 4 participants completed all activities 1 participant completed Weeks 1 and 2 2 participants completed only pre-meeting content

Technical Issues

Prior to Launch

Prior to the launch of the app to participants, ASCO identified and SwissVBS worked with us to fix the following issues:

- The Conquer Cancer logo on the login screen was cut off on the right on large format iPhones
- Login was by ASCO ID rather than email address
- ASCO privacy policy was not included
- Android app did not launch once the privacy policy was added
- Drag and drop questions were cut off on the right on large format iPhones
- The text in the primers was fuzzy (fixed by doubling the resolution)
- Tips were not being sent out (fixed by adjusting settings)
- Nancy could not access the app (fixed by ASCO IT; the wrong email was in the Okta system)

During Pilot

During the pilot, participants identified and we resolved the following issues:

- Windows Phone user could not access app (fixed by creating a special browser version)
- The new browser version of the app did not launch on a Windows Phone (fixed by SwissVBS)
- In the browser version, the participant was confused by the competencies and awards being listed as incomplete (resolved by reassuring her that she completed all the activities)
- Three participants emailed because they could not log in (resolved by having the CancerBytes email match their ASCO signon email)
- Two participants reported API validation errors and three others could not log in after previously being able to do so (Resolved by having ASCO Customer Service reset their password)
- One participant logged in but could not access content (resolved by sending instructions on how to click the cloud icon to download IPCW Greece program)
- When Vanessa helped participants log in to the app at the workshop, she reported, “Sometimes it takes a couple of tries to log in before it works with the Android devices”

Feedback

Feedback from Jamie Von Roenn:

- It has a nice clean look which is appealing.
- There are a LOT of pre-material pages and during the case, the story goes from very severe pain to Bill toasting with friends---there should be an intervention in between there... He wouldn't be celebrating if his pain had not been adequately treated.
- I would recommend placing the reference material that is most pertinent to the case, first. For example, the management of cancer pain and RT for bone mets, followed by treatment of end-of-life symptoms. There are so many references and a learner is likely to be most interested in the moment in those that relate directly to the case.
- This is a huge improvement over the prior app.

Dr. Chryssoula Karanasti (participant):

- For overall feedback, she said, “Just that I am sorry it's over!!! It was the best 150€ I ever spent on education... Thank you! Please keep me updated on future similar activities.”
- “Please keep me updated on future ASCO activities - I have a special interest in palliative care and cannabinoid medicines. Whenever funding is offered, it is also important - coming from a low income country and focusing on the above issues, it is not very easy for me to follow education abroad...”

Dr. Eleni Kosoglou (participant):

- “It has been a real pleasure both to attend the workshop and have the chance to remember things we learned through the Application.”
- “Both the workshop, and the application has been a really important learning experience for me. It helped me improve the everyday practice at my work.”

Dr. Karadaglis Paschalis (participant):

- “IPCW Greece Workshop was a great experience! I look forward to participating in your following workshops!”

Dr. Alexander Bokas (participant):

- I really enjoyed the Workshop so I am really glad to have a copy of the book since it will help me with my practice.

Jon Hutson (ASCO IT):

- You should be directing people to login.asco.org/register rather than account.asco.org/register – this will help ensure a more seamless experience

Conclusions

The pilot was successful overall.

Process-Related Conclusions

- Many learners had difficulty logging in, and we need to find ways to make the process smoother. Changing the URL for registering per Jon Hutson may help. Also, we need to make sure the email in CancerBytes matches the email for participants' ASCO signon, even if that email is different from the email they used to register for the workshop.
- Several learners had difficulty downloading content (clicking the cloud icon) after logging in, so the instructions on that could be clarified.
- Learners that have not logged in or have little engagement do not increase engagement in response to emails. Emails are effective to address technical issues such as difficulties with downloading content or using flashcards.
- Contacting learners before the workshop and then helping them log in to CancerBytes at registration was helpful for encouraging engagement. Only 2 of 9 learners that were new enrollees at the workshop ever logged into the app.

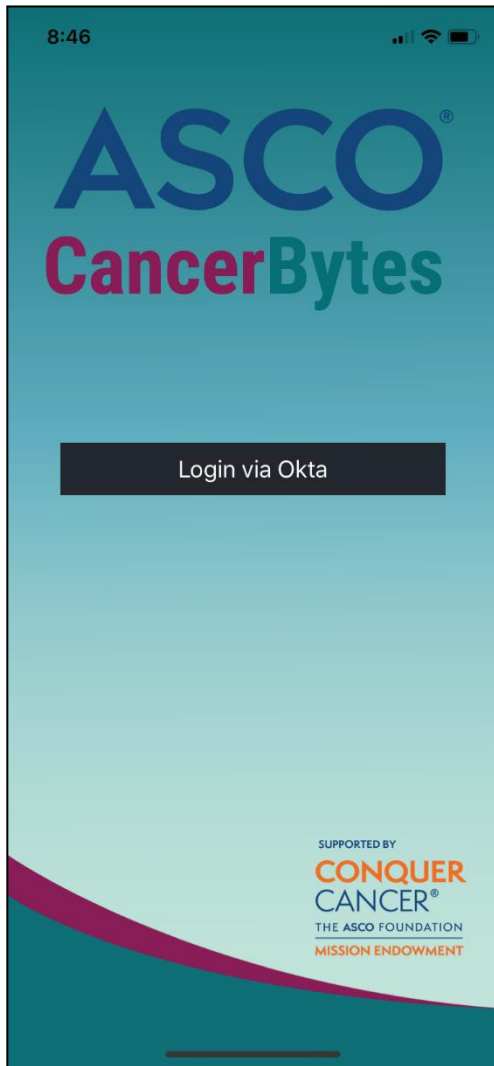
- Engagement of faculty was low. If we gave them access earlier in the process (rather than a few days before the workshop), the engagement might increase.

Content/Design-Related Conclusions

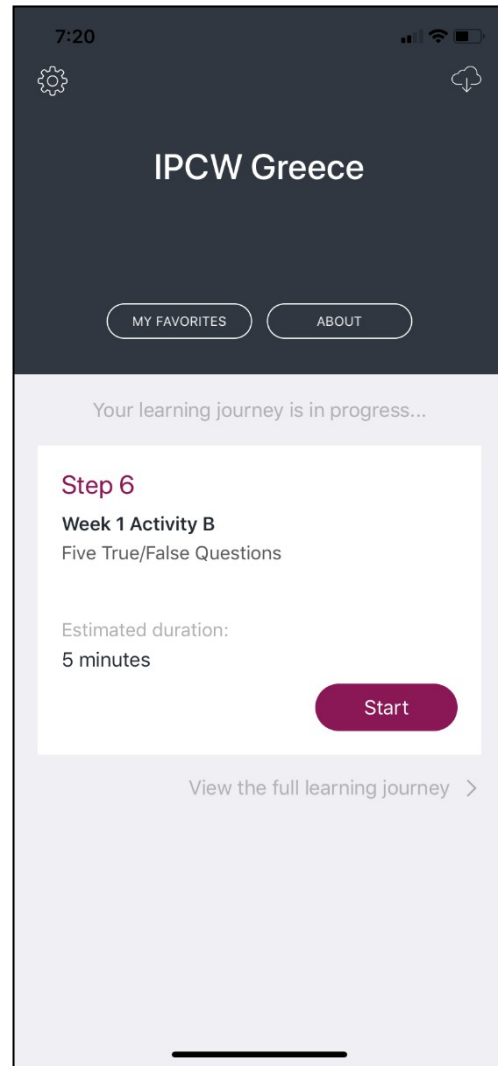
- Many learners had difficulty with fill-in-the-blank questions, which were the most commonly missed questions.
- It is possible that some of the most commonly missed questions were missed because the content was not covered (or at least not emphasized) in the workshop. We need to make sure the questions in the app match the content of the workshop.
- Several learners had difficulty with the interface of the flashcards.
- Many learners repeated activities in an attempt to improve their scores.
- The time spent on each activity was well below the 5 minutes we had estimated. It was frequently just a minute or two, even with repeated attempts.
- We should streamline the pre-meeting content per Jamie's feedback. It may encourage further engagement.

Appendix: Screenshots from CancerBytes App

Login Screen



Learning Journey



Pre-Meeting Case

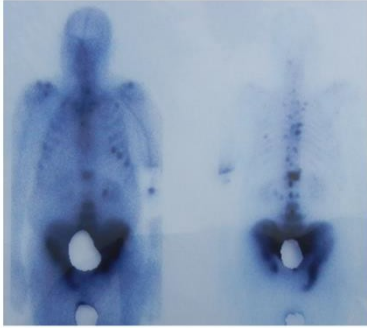
7:06

← Case Presentation ...

Diagnosis

Bill is a 72-year old man with prostate cancer with multiple bone metastases.

He had short course palliative care radiotherapy of 20 Gy in 5 fractions.



2 / 5

Resources

7:04

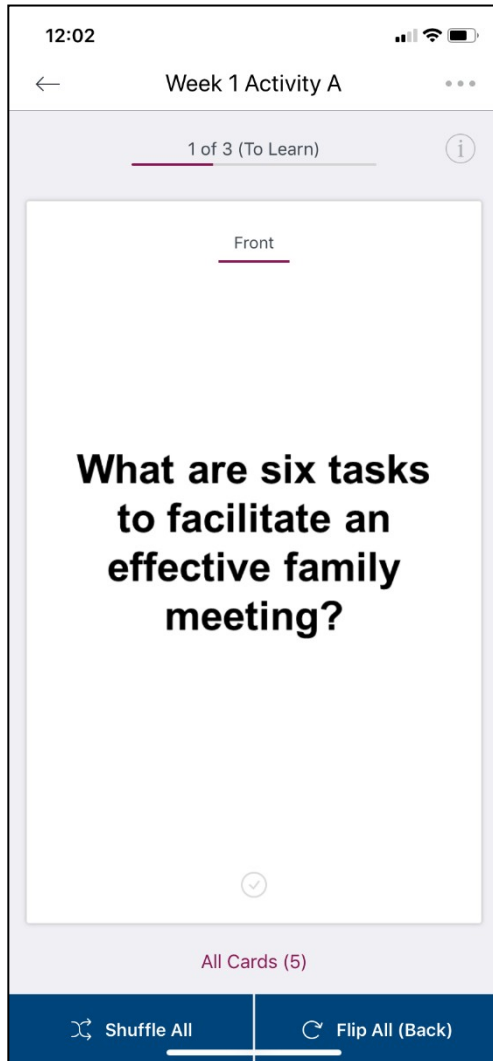
← Resources ...

Value of Early Palliative Care

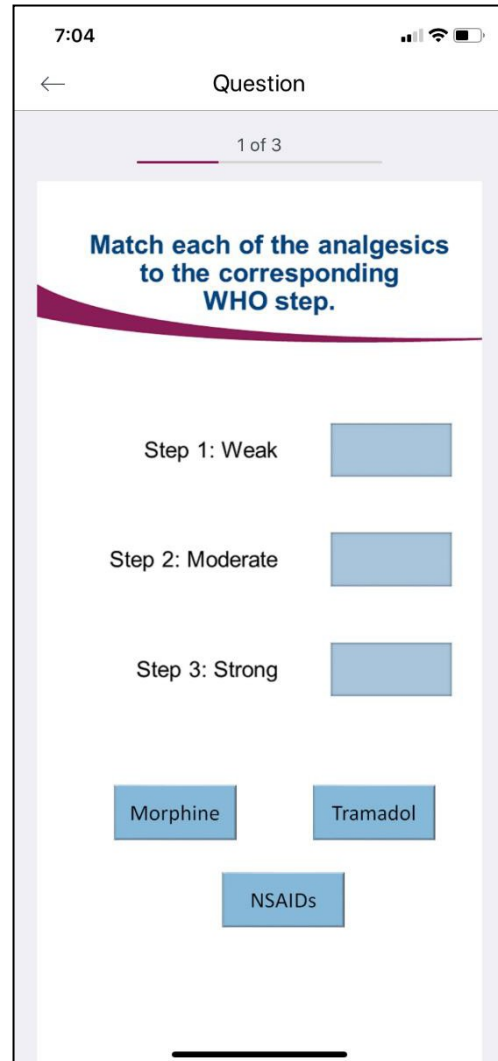
- [ASCO Guideline: Palliative Care in the Global Setting Resource-Stratified Guideline \(2018\)](#)
 - [Summary Table](#)
- [ASCO Guideline: Integration of Palliative Care Into Standard Oncology Care \(2016\)](#)
 - [Summary Table](#)
 - [Palliative Care Checklist](#)
- [ASCO Guidance Statement: Defining High-Quality Palliative Care in Oncology Practice \(2016\)](#)
- [Effects of Early Integrated Palliative Care in Patients With Lung and GI Cancer: A Randomized Clinical Trial, Jennifer S. Temel et al., J Clin Oncol, 2017](#)

2 / 10

Flashcard



Matching



True/False

7:16

Question

1 of 5

True or False: Steady state analgesic levels are reached within 2-6 hours after the application of a fentanyl transdermal patch.

☒ TRUE

No, this statement is false. Steady state analgesic levels are reached after 12-24 hours

☐ FALSE

✓

Incorrect: Scored 0Next →

Multiple Choice

7:05

Question

1 of 4

A 75-year old man has recently been diagnosed with metastatic lung adenocarcinoma (ALK-negative). He is considering several options, including both cancer-directed treatments and pursuing hospice care. You are considering sending him to see a local outpatient palliative care specialist.

Which of the following is the most appropriate answer with regard to counseling the patient and family?

☐ A ASCO guidelines recommend integration of dedicated palliative care services when the patient has a very limited life expectancy.

☐ B Palliative care should be integrated as early in the care as possible in order to identify and manage complex areas of distress involving the patient and caregiver.

☐ C Data on the outcomes of palliative care integration in oncology are mixed, but a few high profile trials show positive results.

☐ D The benefits achieved from integration of palliative care into oncology care are the same, irrespective of whether the

Fill-in-the-Blank

7:16

←

Question

1 of 4

For breakthrough pain, offer oral immediate-release morphine every ____ hour(s) PRN.