

International Palliative Care Workshop

September 22nd – 25th

2017

Course Evaluation Report

Fez, Morocco

ASCO[®] International

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Executive Summary

IPCW Morocco 2017

Summary:

- Four day workshop on communication skills, pain management, symptom management, and end of life care.
- 91 attendees, primarily oncologists and other physicians.
- 42 completed the post-course evaluation (response rate: 46 percent).

Comments:

- The first two and last two days of the workshop were intended to be evaluated separately using different forms; both forms were handed out at both evaluation sessions of the workshop, causing difficulty in evaluating sessions separately.
- The available data suggest that the course was successful in meeting its behavioral and educational objectives, with results similar to the average for all IPCWs.

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Course Outcomes – One Year Later

94% of respondents said they made practice changes based on what they learned at the workshop.

100% reported using skills they learned at the workshop to manage patients' symptoms.

100% reported using skills they learned at the workshop to communicate with patients about pain.

75% reported using skills they learned at the workshop to conduct a family meeting.

100% reported using skills they learned at the workshop to manage patients' pain using different methods and medications.

100% of respondents reported that they spend some of their practice time providing palliative care services.

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Introduction

The American Society of Clinical Oncology is pleased to have partnered with Hassan II Hospital University to present a four-day International Palliative Care Workshop from September 22nd - 25th in Fez, Morocco. In addition to the typical IPCW, an advanced palliative care workshop was held on the third and fourth days.

More than 90 oncologists and other health care workers from Morocco 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. Better understand pain pathophysiology.
2. Communicate with patients about pain.
3. Better use different methods and medications to control pain.
4. Better understand the challenges and goals of early palliative care.
5. Better understand the concepts and principles of palliative care and end of life.
6. Better manage patients' symptoms.
7. Better able to conduct a family meeting.

Evaluation Plan Overview

1.) Post-course evaluation

At the conclusion of the course, attendees were asked to complete a written course evaluation. Of the 91 participants who attended, 23 completed the evaluation form at the end of the second day of the course. An online survey was sent to participants who did not complete the on-site evaluation form in order to collect more data; 19 participants responded, resulting in a total response rate of 46 percent of attendees. Results in Appendix 2.

A separate form was developed for evaluation of the advanced workshop (Days 3 and 4) and was designed to assess whether participants learned new skills in the areas of communication and self-care, pain management, and symptom management. Each domain had between two and eight sub-topics to rate, for a total of 16 questions, and respondents were asked to circle yes, no, or did not attend. Fifteen of these forms were submitted on Day 4. Results from the educational objectives are in Appendix 3.

2.) Post-course impact assessment

As part of the follow-up for the course, an online survey was sent to participants for whom a valid email address was available. Sixteen recipients responded to the survey, a response rate of 30 percent (18 percent of all participants).

Attendee Demographics

Demographics data were collected from the completed evaluation forms. In general, respondents were oncologists or palliative care specialists who had completed a formal training in palliative care and had worked in their current profession for 6.2 years on average. The majority spend 50 percent or less of their time delivering palliative services to patients and more than half of their time working with cancer patients.

Profession	On-site		Follow-up	
	n	%	n	%
Oncologist	18	43%	10	63%
Palliative care specialist	4	10%	2	13%
General Surgeon	3	7%	0	0%
General Physician	2	5%	1	6%
Internist	2	5%	0	0%
Primary Care Physician	2	5%	0	0%
Other	2	5%	2	13%
No Response	9	21%	1	6%
Total	42	100%	16	100%

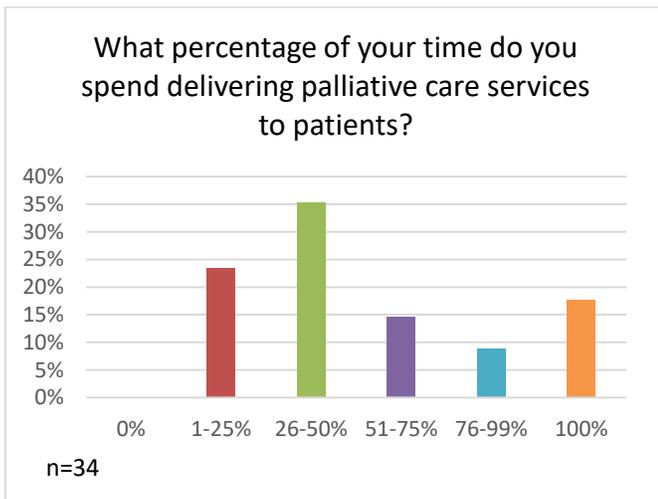


Figure 3: Percentage of time spent delivering palliative care services

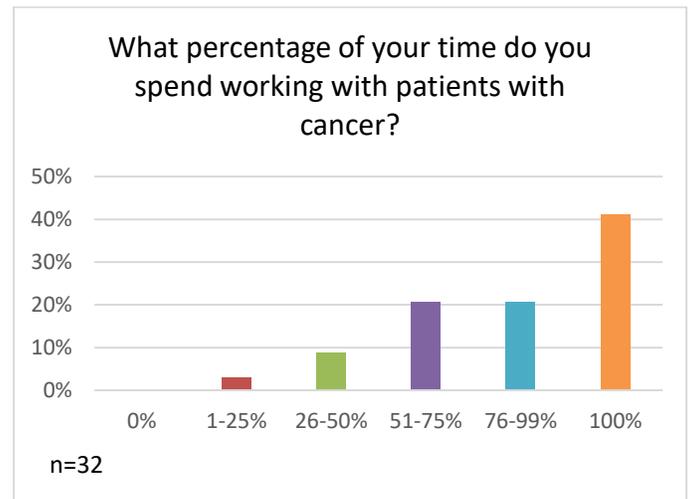
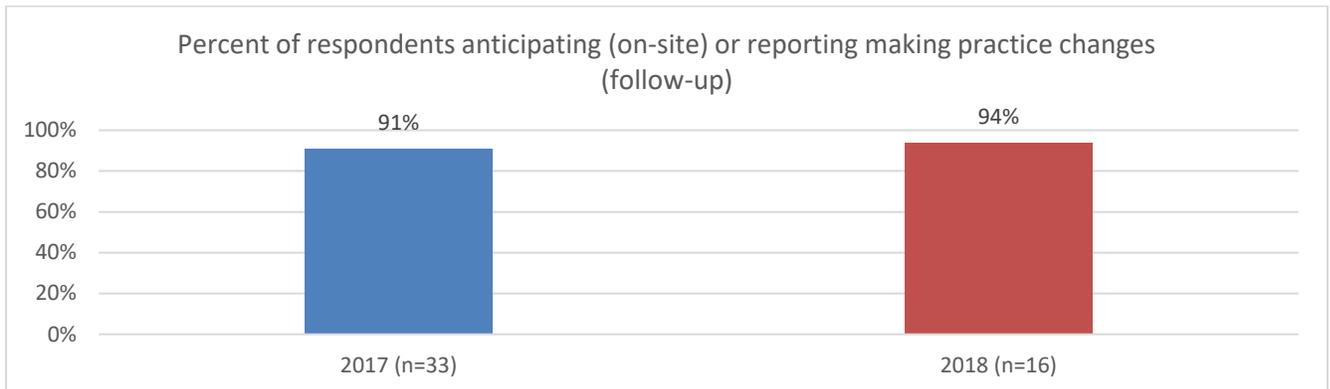


Figure 4: Percentage of time spent working with cancer patients

Evaluation Results: Overall Intention to Change Practices



On-site Results

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

- Communication with patient and family (18)
 - Listen to patient (7)
 - Communicating bad news (4)
 - Organize family meetings (3)
- Pain management (5)
- Symptom management (4)

One-year Impact Assessment

One year later, all respondents to the impact assessment said that they were spending some of their practice time providing palliative care to patients. In addition, all but one respondent said that they had made practice changes based on what they learned in the workshop. These changes included:

- Changes to communication with patients and families (8)
 - Organizing family meetings (2)
- Changes to pain management (5)
- Changes to symptom management (3)

Evaluation Results: By Course Objective

Objective	Morocco On-site	Morocco Follow-up	IPCW Follow-up Average	Practice Changes
Understanding of pain pathophysiology.	92%	On-site only		1 respondent reported that they better understand physiology.
Communication with patients about pain.	89%	100%	94%	8 respondents reported practice changes related to communication with patients and their families.
Use of different methods and medications to control pain.	86%	100%	86%	5 respondents reported practice changes related to pain management.
Understanding of the challenges and goals of early palliative care.	95%	On-site only		
Understanding of the concepts and principles of palliative care and end of life.	89%	On-site only		
Management of patients' symptoms.	91%	100%	90%	3 respondents reported practice changes related to symptom management.
Conducting a family meeting.	97%	75%	Specific to IPCW Morocco	2 respondents reported practice changes related to conducting family meetings.

Summary & Conclusions

Sixteen people responded to the impact assessment, representing 18 percent of course participants. While the results of the impact assessment are generally positive, they are limited by the low response rate; it is possible that participants who had an overall positive experience and outcomes since the course were more likely to respond to the survey, leading to biased results.

The available data are positive overall, all respondents to the impact assessment said that they spend some of their practice time providing palliative care to patients. In addition, all but one respondent reported making practice changes based on what they learned in the workshop, and eight reported practice changes related to communication with patients and their families – two of which specified conducting family meetings. Respondents also reported practice changes related to pain management and symptom management. Finally, all respondents reported using skills they learned at the workshop related to communication, pain and symptom management, while three-quarters reported using skills they learned to conduct family meetings.

Appendix 1: Impact Assessment Results

In the past year, have you used skills that you learned at IPCW Morocco to:	Yes		No		Total
Manage patients' pain using different methods and medications.	100%	16	0%	0	16
Manage patients' symptoms.	100%	16	0%	0	16
Communicate with patients about pain.	100%	16	0%	0	16
Conduct a family meeting.	75%	12	25%	4	16

Are you currently spending some of your professional time providing palliative care to patients?	Responses	
Yes	100%	16
No	0%	0
Not Applicable	0%	0
Comments:		
<ul style="list-style-type: none"> I spend about 4 hours a day giving palliative care and family meetings so I work in the hospice care unit of casa, I make weekly home visits 		

Have you made changes to your work as a result of what you learned at IPCW Morocco?	Responses	
Yes	94%	15
No	6%	1

What changes have you made to your work based on what you learned at IPCW Morocco?
<ul style="list-style-type: none"> Changes to communication with patients and families (8) <ul style="list-style-type: none"> Organizing family meetings (2) Changes to pain management (5) Changes to symptom management (3) Palliative care takes more of my time I know the physiology, treatment I no longer ask for unnecessary investigations for patients in palliative care

What has prevented you from making practice changes?	Responses	
I did not learn new information at IPCW Morocco.	0%	0
The materials presented at IPCW Morocco not relevant to my work.	0%	0
I haven't had an opportunity to apply what I've learned.	0%	0
There were system or logistic constraints.	0%	0
Other (please specify)	100%	1
<ul style="list-style-type: none"> We are applying already 		

What is your profession?	Responses	
General Physician	6%	1
Oncologist	63%	10
Palliative Care Specialist	13%	2
Nurse	0%	0
Other (please specify)	13%	2
No response	6%	1

What kind of training would be useful for you and your colleagues to help improve palliative care in your institution?

- Fellowship
- Other symptoms that pain (I have the French Capacity of Pain management and was working in a pain center but not only cancer pain) in the palliative care: nutrition and cancer, dyspnea, bedsores,
- The same we had in Fez, it was perfect
- Practical training in pain management and end of life symptoms
- Course of palliative care
- Practical training in a supportive care center
- Workshops
- By discussing real clinical cases chosen from our consultation according to available drugs in Morocco.

Thank you very much for taking the time to complete this survey. Please feel free to share any other comments or suggestions below:

- If you could come back it would be great. Thanks a lot.
- We haven't received yet the link to the slides and other docs of the workshop
- This workshop changed my life, it impacts on my day practice is huge. Thank you.
- I was happy to learn lot of information about palliative care in the course in Fez and Marrakech
- It would be interesting if this training is a little longer (1 week). Like that, we will benefit from it better.

Appendix 2: Course Agenda

ASCO IPCW of Fez - Second Edition

	Friday Introduction to Palliative Care 22-Sep-17	Saturday 23-Sep-17	Sunday Advanced Palliative Care 24-Sep-17	Monday 25-Sep-17
9:00-9:30	S1: Course Introduction Where are we now? Zakaria Khadir	S6: Nausea, Vomiting, Constipation Joe El Khoury Large group interactive presentation	S10: Case Discussion: Advanced Ovarian Cancer, Coanalgesic for Abdominal Pain, Bowel Obstruction, Fluids & Nutrition Small group discussion & role play	S14: Case Discussion: Hepatocellular Cancer w Ascites, Delirium, Negotiating Goals of Care Referral to Palliative Care Small group discussion & role play
9:30 - 10:30	S2: Course Introduction Value of Early Palliative Cancer Care, Frank D Ferris Large group interactive presentation			
10:30 - 11:00	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK
11:00-12:30	S3: Pain Pathophysiology & Assessment, Skip Rawdany Large group interactive presentation	S7: Managing Dyspnea & Respiratory Symptoms Hibah Osman Large group interactive presentation	S11: Case Discussion: Lung Cancer, Mets to Bone Coanalgesics for Bone Pain, Communicating Prognosis, Negotiating Goals of Care Small group discussion & role play	S15: Case Discussion: Advanced Breast Cancer, Mets to Bone, Liver, Lung Spinal Cord Compression, Hypercalcemia Discussing DNR Small group discussion & role play
12:30-14:00	LUNCH & PRAYER	LUNCH	LUNCH	Dedication of Hands, Group Photo, Evaluation, Closing Remarks, Certificates LUNCH

14:00 – 15:30	<p>S4: Choosing Analgesics, Dosing, titration, Frank D Ferris Large group interactive presentation</p>	<p>S8: Last Hours of Living Delirium, Secretions, Skin Care Small group discussion</p>	<p>S12: Advance Care Planning Frank D Ferris Each person develops their advance care plan Large group interactive discussion</p>	
15:30 – 16:00	COFFEE BREAK	COFFEE BREAK	COFFEE BREAK	
16:00 – 17:30	<p>S5: Communicating Diagnosis Effectively Listening, SPIKES Small group & role play</p>	<p>S9: "Don't Tell" How to Conduct Family Meetings, Address Conflict Small group & role play</p>	<p>S13: Care for the Healthcare Professional: Compassion Fatigue, Burnout, Resilience Small group discussion</p>	