

International Palliative Care Workshop

May 10th – 11th

2019

Course Evaluation Report

Athens, Greece

ASCO[®] International

Table of Contents

Executive Summary.....	2
Introduction	2
Course Objectives	3
Evaluation Plan Overview	3
Attendee Demographics	4
Evaluation Results: Practice Changes	5
Evaluation Results: By Course Objective.....	6
Summary & Conclusions	7
 <u>Appendices:</u>	
Appendix 1: Impact Assessment Results	8
Appendix 2: Course Agenda.....	11

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.
- 22 completed the impact assessment (response rate: 49 percent).

Comments:

- While on-site responses were lower than average for IPCWs, the results of the impact assessment were similar to the IPCW average, suggesting the workshop was successful.

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Course Outcomes – One Year Later

86% of respondents said they made practice changes based on what they learned at the workshop.

95% of respondents reported that they spend some of their practice time providing palliative care services.

95% reported using skills they learned at the workshop to communicate with patients about pain.

95% reported using skills they learned at the workshop to manage patients' pain using different methods and medications.

91% reported using skills they learned at the workshop to manage patients' symptoms.

81% reported using skills they learned at the workshop to manage patients' abdominal, bone and neuropathic pain.

64% reported using skills they learned at the workshop to conduct a family meeting.

43% reported using skills they learned at the workshop to build a palliative care team.

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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 was sent to participants for whom a valid email addresses was available one year after the course. Twenty-two recipients responded to the survey, a response rate of 49%.

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	On-site		Follow-up	
	n	%	n	%
Medical/clinical oncologist	12	28%	4	18%
Medical Resident/Fellow	6	14%	2	9%
General Nurse	5	12%	5	23%
Anesthesiologist	3	7%	3	14%
Anesthetist	2	5%	0	0%
Oncology Nurse	2	5%	0	0%
Oral/Dental Oncologist	2	5%	2	9%
Radiation oncologist	1	2%	0	0%
Surgical oncologist	1	2%	0	0%
Other	9	21%	6	27%
Total	43	100%	22	100%

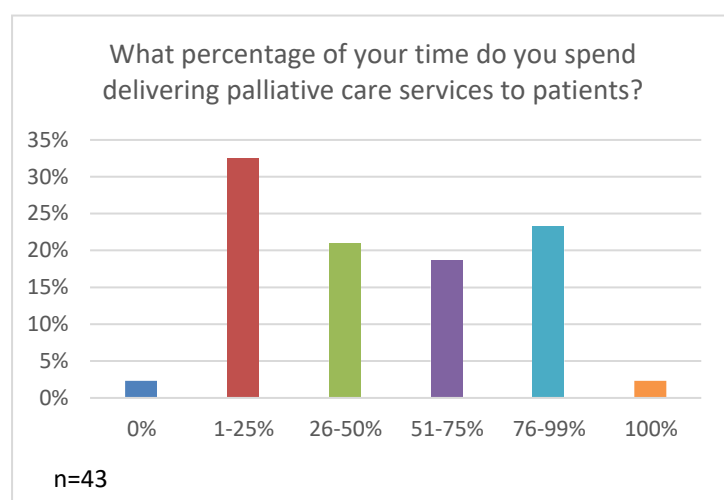


Figure 3: Percentage of time spent delivering palliative care services

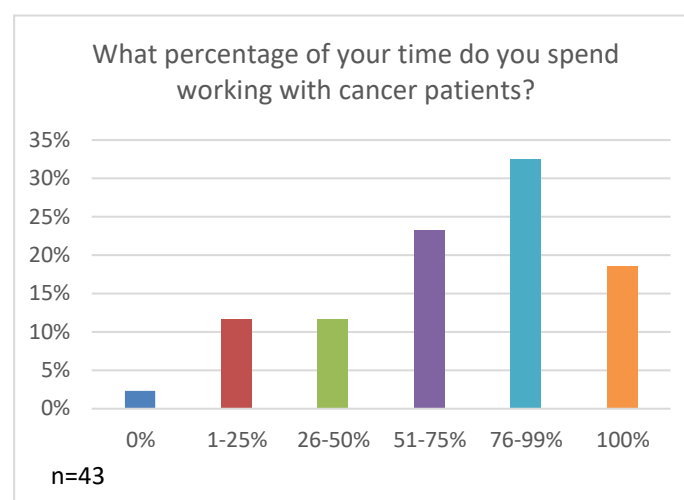
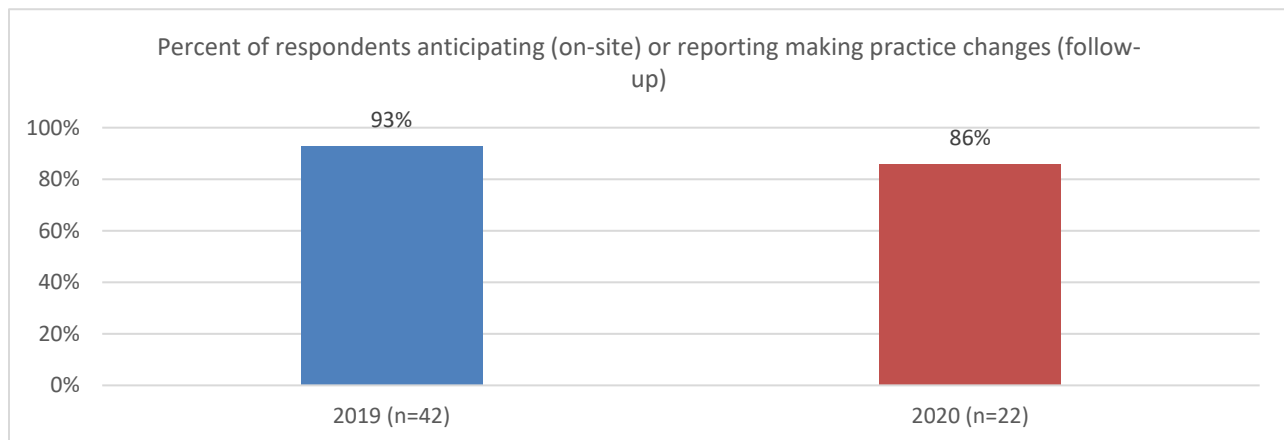


Figure 4: Percentage of time spent working with cancer patients

Evaluation Results: Practice Changes



On-site Results

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. Some of the intended changes were:

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

One-year Impact Assessment

One year after the course, 95 percent of respondents to the impact assessment said that they are currently spending at least some of their practice time providing palliative care to patients. In addition, 86 percent said that they had made practice changes based on what they learned in the course. These changes included:

- Changes to communication with patients and their families (7)
- Changes to symptom management (4)
- Changes to pain management (4)

Evaluation Results: By Course Objective

Objectives	IPCW Greece – On-Site	IPCW Greece – Follow-up	IPCW Follow-up Average	Practice Changes
1. Understand the concepts and principles of palliative and end of life care.	74%	N/A	N/A	
2. Communicate effectively with patients and their families.	74%	95%	96%	7 respondents reported practice changes related to communication with patients and their families.
3. Conduct a family meeting.	81%	64%	N/A	
4. Use different medications to control pain effectively and safely.	77%	95%	97%	4 respondents reported practice changes related to pain management.
5. Better manage patients' abdominal, bone, and neuropathic pain.	82%	81%	N/A	
6. Better manage patients' symptoms.	80%	91%	92%	4 respondents reported practice changes related to symptom management.
7. Build a palliative care team.	84%	43%	N/A	1 respondent reported pursuing development of a palliative care team.

Summary & Conclusions

Twenty-two people responded to the impact assessment, representing 49 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. Overall, 95 percent of respondents said that they spend some of their practice time providing palliative care, and 86 percent reported making practice changes based on what they learned in the course.

The results of the impact assessment suggest that the course was successful, with a majority of respondents reporting using skills related to all but one of the educational objectives. The objectives of communication with patients and their families, pain management, and symptom management appear to have been most successful, with more than 90 percent of respondents saying that had used skills they learned at the course, and four or more respondents reporting practice changes in these areas. These results were comparable to the average for IPCW impact assessments. In addition, more than 60 percent of respondents reported using skills related to management of abdominal, bone and neuropathic pain and conducting a family meeting, although no respondents specified additional changes in their practice. Finally, 43 percent of respondents reported using skills they learned at the workshop to build a palliative care team, with one respondent reporting attempting to develop a palliative care team.

Appendix 1: Impact Assessment Results

In the past year, have you used skills that you learned at IPCW Greece to:	Yes		No		Total
Manage patients' pain using different methods and medications.	95%	21	5%	1	22
Manage patients' symptoms.	91%	20	9%	2	22
Communicate with patients and their families.	95%	21	5%	1	22
Manage patients' abdominal, bone, and neuropathic pain.	81%	17	19%	4	21
Conduct a family meeting.	64%	14	36%	8	22
Build a palliative care team.	43%	9	57%	12	21

Are you currently spending some of your professional time providing palliative care to patients?	%	n
Yes	95%	21
No	5%	1

Have you made changes to your work as a result of what you learned at IPCW Greece?	%	n
Yes	86%	19
No	14%	3

What changes have you made to your work based on what you learned at IPCW Greece?	
<ul style="list-style-type: none"> • Changes to communication with patients and their families (7) • Changes to symptom management (4) • Changes to pain management (4) • Improved quality of palliative care, spend more time on palliative care • Better management of total patients' care • I had the opportunity to update my knowledge on palliative care and apply all current guidelines on my daily practice. Furthermore, this experience has motivated and inspired me to pursue, along with my partners, the development of a palliative care team. 	

What has prevented you from making practice changes?	n
I did not learn new information at IPCW Greece.	0
The materials presented at IPCW Greece were not relevant to my work.	0
I haven't had an opportunity to apply what I've learned.	1
There were system or logistic constraints.	2
Other (please specify)	0

Did you use the CancerBytes mobile application?*	%	n
Yes	67%	2
No	33%	1

*Note: Only respondents who said that they did not make practice changes (question 3) received this question due to skip logic error.

Did the CancerBytes mobile application enhance your learning?	%	n
Yes	100%	2
No	0%	0

Please list your profession:	%	n
Medical/Clinical Oncologist	18%	4
Medical Resident/Fellow	9%	2
General Nurse	23%	5
Anesthesiologist	14%	3
Other (please specify)	27%	6
<ul style="list-style-type: none"> Psychologist (3) Internist (2) Dental Oncologist (2) General Practitioner, oncology home care physician (1) 		

What kind of training would be useful for you and your colleagues to help improve palliative care in your institution?
<ul style="list-style-type: none"> More trainings (5) How to create a palliative care team (3) Symptom management (3) Psychological support (2) Communication skills Holistic care for hospice patients Scholarship Palliative care unit visits in order to have an experience of real time palliative care and an understanding of the team's structure training on the special needs of patients with chronic diseases, of their close people and on the importance for a medical team not only to cure but also to bring some balance between illness and normal life. Working in a small health center in a rural area I feel that familiarization with the oncology emergencies, intervention measures to maintain quality of life and guidelines for end of life care would already significantly contribute to improve care.

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

- It's is wonderful sharing our experience of palliative care.
- I has been a very useful experience and I think that all my colleagues in the oncology department should have attended such courses.
- Thank you very much for everything!
- It has been a really useful workshop. I look forward to participating in more of your projects
- Really useful and educational course! Thank you all.
- Very interesting area of oncology practice. Educational needs are immense on this issue.
- The workshop was excellent, the only reason it didn't have a great effort on my practice is that I have been actively involved in palliative care for the last 20 years. However, even having repeated what one already knows is terribly useful - it serves to confirm one's practices are still up-to-date. I am looking forward to the next one!

Appendix 2: 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

12.00-13.30	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

13.30-14.30 Lunch

Session III - Breakout Sessions

14.30-16.00	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

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	