

Multidisciplinary
Cancer
Management
Course

July 24th – 26th

2019

Course Evaluation Report

Cali, Colombia

ASCO[®] International

American Society of Clinical Oncology
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Executive Summary

MCMC Cali 2019

Summary:

- Two-day course on multidisciplinary care of breast and cervical cancers.
- 41 oncologists and other healthcare workers attended the course.
- 21 completed the post-course evaluation (response rate: 52 percent).

Multidisciplinary Care Team Development Program:

- An additional one-day MCTDP was held before the course.
- All respondents to the on-site evaluation wrote practice changes they intended to make.
- 67 percent or more of respondents reported increases for each of the educational objectives.

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MCMC Outcomes

100% of respondents said they planned to make practice changes based on what they learned at the workshop.

70% reported an increase in their ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.

85% reported an increase in their understanding of how multidisciplinary teams work together to provide quality care.

68% reported an increase in their ability to treat common cancer types covered in the course.

58% reported an increase in their willingness to consult with specialists to determine best treatment approaches for their patients.

80% reported an increase in their understanding of resource level appropriate guidelines.

74% reported an increase in their ability to provide palliative care for their patients.

75% reported an increase in their ability to implement resource level appropriate guidelines.

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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Background

After joining the City Cancer Challenge (C/Can) initiative in 2017, the city of Cali conducted a comprehensive assessment of capacity and needs in cancer care involving nearly 200 health professionals of all specialities and over 20 health institutions from both the public and private sectors. Among the main challenges identified by the technical groups were the lack of multidisciplinary approach in cancer care and lack of clinical management guidelines adapted to the available resources.

As a response to these challenges, a technical group in Cali supported by C/Can designed a project to develop guidelines for management of the most common and curable cancer in the city (starting with cervix and breast) and the official establishments of multidisciplinary teams to manage patients with those cancers. The groups created to work in these tasks reviewed the literature and available national and international guidelines and prepared a draft that was discussed with a large number of peers from the city.

As C/Can partner, ASCO has responded to the call of support and organize this event to facilitate the consultation of the draft guidelines with international experts (ASCO faculties) and bring its expertise on multidisciplinary teams.

After this meeting, the technical groups in Cali will finalize the draft of guidelines and a draft resolution to be signed by the Secretary of Health to implement the MDT and the guidelines in all centres treating cervical and breast cancer patients in the city.

Introduction

The American Society of Clinical Oncology is pleased to have partnered with City Cancer Challenge and the Oncology Nursing Society to present a two-day Multidisciplinary Cancer Management Course from July 25th – 26^h in Cali, Colombia.

Forty-one oncologists and others from Cali attended the MCMC. The two-day course featured case-based presentations and interactive sessions on different clinical scenarios related to breast and cervical cancers.

The MCMC also included a separate small group Multidisciplinary Care Team Development Program session on July 24. Twenty-five people attended the MCTDP, which covered multidisciplinary care and tumor board facilitation skills.

Learning Objectives

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

1. **Manage most prevalent types of cancer in the region— breast and cervix—using up-to-date practices.**
2. **Understand multidisciplinary cancer management.**
3. **Consult with specialists to determine best treatment approaches for their patients.**
4. **Communicate with patients and their families about diagnosis, treatment options, and palliative care.**
5. **Provide palliative care to patients.**
6. Understand resource level appropriate guidelines for breast and cervical cancers.
7. Implement resource level appropriate guidelines for breast and cervical cancers.

Note: Objectives in bold are standard MCMC objectives; additional objectives are specific to MCMC Cali.

As a result of attending the Multidisciplinary Care Team Development Program, attendees should be equipped to:

1. Understand multidisciplinary cancer management.
2. Consult with specialists to determine best treatment approaches for their patients.
3. Establish a tumor board.
4. Effectively facilitate a tumor board discussion.

Evaluation Plan Overview

1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of 41 participants who attended, 21 completed an evaluation form, a response rate of 51 percent.

MCTDP participants completed a separate evaluation. Of the 25 participants, 18 completed the evaluation form (response rate: 72%). Results are available in Appendix 4.

2.) Online follow-up survey

As part of the follow-up for the course, an online survey will be sent to participants one year after the conclusion of the course.

Attendee Demographics

Information about the participants’ demographic data was collected through the evaluation form, completed by 21 participants. Roughly half of respondents were oncologists; 44 percent of respondents said they practice at a governmental institution. On average, respondents had 11.6 years of experience in their current profession. The majority said that they participate in tumor boards, and all said that they spend more than half of their practice time with cancer patients. Full results in [Appendix 2](#).

Figure 1: Attendees

Profession	# Respondents to Evaluation	% Respondents
	n	%
Radiation Oncologist	5	24%
Surgical Oncologist	5	24%
General Physician	3	14%
Oncology Nurse	2	10%
Medical/Clinical Oncologist	1	5%
Administrator in the health department	1	5%
Hospice worker	1	5%
Nurse (PhD, MG, and specialist)	1	5%
Pathologist	1	5%
General Nurse	1	5%
Total	21	100%

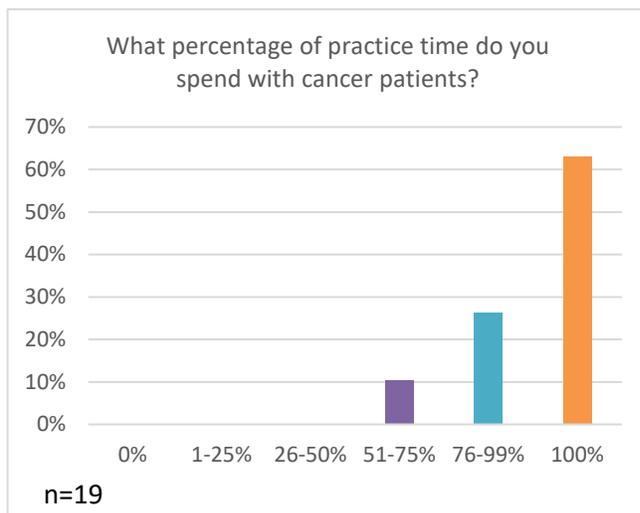


Figure 2: All respondents spend more than half of their time working with cancer patients

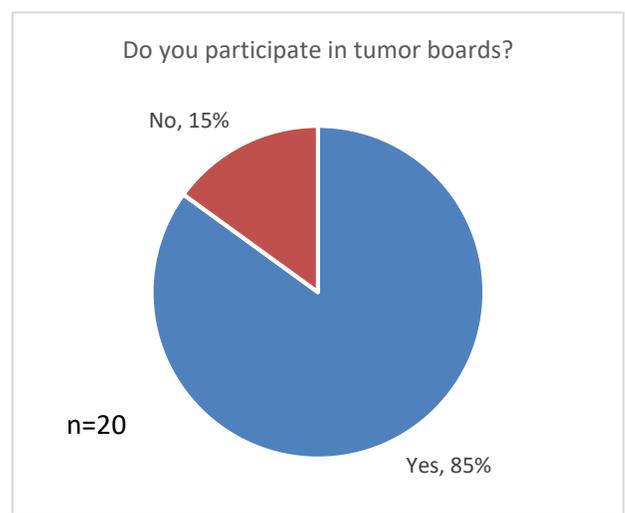


Figure 3: Majority of respondents participate in tumor boards

Evaluation Results: Overall Intention to Change Practices

Respondents were asked if they would make a practice change based on information learned at the course. All respondents said they planned to do something differently; this is higher than the average for MCMCs (83 percent). These changes include:

- Improving or increasing multidisciplinary care (7)
- Adherence to guidelines (5)

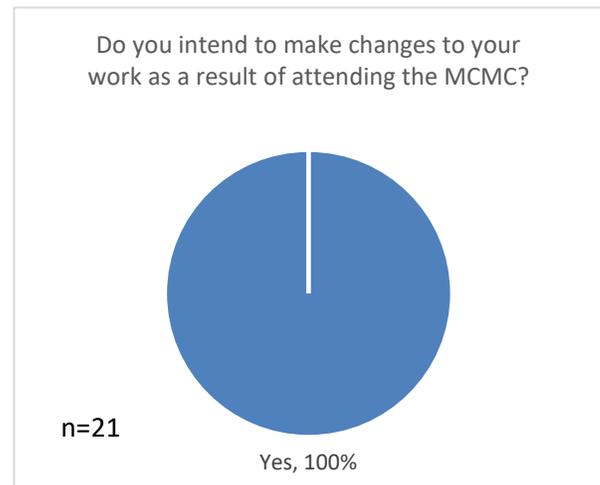


Figure 4: Respondents Plan to Make Practice Changes

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 2.65. This is similar to the result at the first MCMC at which this question was asked (2.69); further comparison data are not yet available.

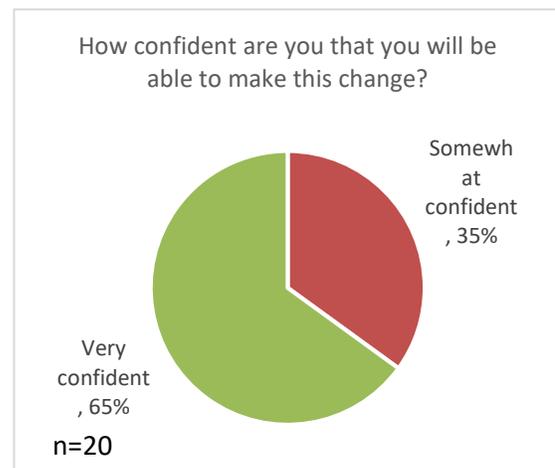


Figure 5: Respondents' confidence in ability to make practice changes.

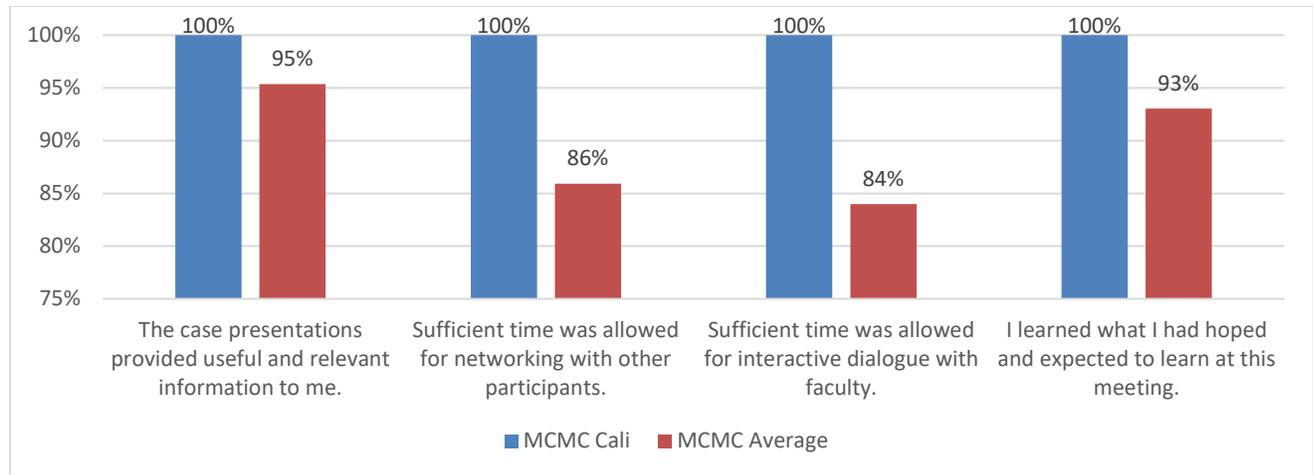
Evaluation Results: By Learning Objective

Objectives	Percent of respondents reporting an increase – MCMC Cali	Percent of respondents reporting an increase – MCMC Average	Mean Before (Cali)	Mean After (Cali)	Mean Change (Cali)	Intended practice changes
1. Manage most prevalent types of cancer in the region – breast and cervical, cancers –using up-to-date practices. (Results are average of 2 items.)*	68%	86%	3.58	4.37	0.79	
2. Understand multidisciplinary cancer management.	85%	92%	3.20	4.40	1.20	
3. Consult with specialists to determine best treatment approaches for their patients.	58%	87%	3.63	4.37	0.74	7 respondents reported intended practice changes related to a multidisciplinary approach to care.
4. Communicate with patients and their families about diagnosis, treatment options, and palliative care.	70%	82%	3.35	4.35	1.00	
5. Provide palliative care to patients.	74%	87%	3.11	4.11	1.00	1 respondent reported intent to create a palliative care team.
6. Understand resource level appropriate guidelines for breast and cervical cancers. (Results are average of 2 items.)	80%	N/A	3.20	4.25	1.05	
7. Implement resource level appropriate guidelines for breast and cervical cancers. (Results are average of 2 items.)	75%	N/A	3.30	4.30	1.00	5 responses reported intended practice changes regarding adhering to guidelines.

*55% of breast participants and 88% of cervical participants reported an increase.

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. In general, the results were similar to or higher than the average for all MCMCs as shown in the chart below.



Evaluation Results: By Session

Attendees were asked which sessions or speakers were above their expectations and which were below their expectations. No respondents listed any sessions or speakers as below expectations. The results are as follows:

<u>Above Expectations</u>	<u>Below Expectations</u>
<ul style="list-style-type: none"> • All (2) • Agudelo (2) • Caleffi (2) • Ortiz (2) • Braithwaite (2) • Zambrano • Fajardo • Nozar • Rios • Yepes • Cafiero • Apardlo • Lotiero • Sua • Delgado • Excellent talk • Meeting in multidisciplinary groups • They met the objectives of the lectures • Well done! Excellent course. • Topics related to navigating nursing 	<p>No responses</p>

Opportunities to Improve

Respondents were asked if anything remained unclear after the course. No respondents reported any topics were unclear.

Respondents were also asked to provide comments or suggestions for future meetings. Eight respondents provided suggestions for topics, but the suggestions were endorsed by only one respondent each. The comments are as follow:

- Use another method of evaluating the activities since there was no [illegible]. It seems like it would be very good to work with different professionals and different institutions across the city, thank you.
- Improve the administrative parts and navigation centers.
- Include a topic on access and barriers to the system. So that it doesn't interfere with clinical content.
- Include more nursing topics in the care of oncology patients.
- More international experts.
- Prior to the meeting, arrive with more consensus.
- Time management and controlling who speaks in the time allotted.
- Very good meeting, you should keep doing this.

Summary & Conclusions

The course appears to have been successful in meeting its behavioral objective, with all 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 improving or increasing multidisciplinary care (7) and adherence to guidelines (5).

The majority of respondents reported an increase on each objective. However, respondents' self-ratings before and after the course yielded below-average increases for each of the objectives; the percentage of respondents who reported an increase on each objective was 7 to 29 percentage points lower than the average for MCMCs. This may be due to the audience for this course having more experience providing multidisciplinary care and managing patients with cancer; the percentage of respondents who indicated they spent more than half their practice time caring for patients with cancer was higher than average (100% vs. 51%) and respondents were more likely to participate in tumor boards than average (85% vs. 46%). While it is possible that this course was less successful than previous courses in meeting the educational objectives, the responses to the questions rating overall workshop experience do not indicate that the course was not well received. The lower than average results also could be in part due to the change to a retrospective pre-/post-test, which reintroduced the ability for respondents to provide a neutral response; lower than average results have been seen at other recent MCMCs held since the change was made. Overall, the results of this course are similar to those of recent MCMCs which also had more advanced audiences and used the same evaluation format.

Overall, the results of the evaluation are mostly positive, with all respondents agreeing with items rating the course experience, and a majority reporting increases on each objective. However, the results are limited by the low response rate, with approximately half of attendees submitting an evaluation form. In future courses, a greater emphasis on collection of evaluation forms should be made to ensure results are representative of the audience.

Similarly, all respondents to the Multidisciplinary Care Team Development Program evaluation said that they intended to make practice changes, most commonly creating a multidisciplinary team or including a nurse navigator in their multidisciplinary group. Comparison data for the educational objectives of the MCTDP are based on results at previous MCMCs (multidisciplinary care objectives) and Train the Trainers (establishing and facilitating tumor boards). As with the MCMC, while the majority reported increases on each objective, the results were lower than previous courses for some objectives. Unfortunately, evaluation forms for previous TTTs did not include questions related to tumor boards or practice time spent with cancer patients, and comparison data are not available.

Appendix 1: On-Site Evaluation Results

Overall Meeting	n	Strongly Disagree	Disagree	Agree	Strongly Agree
The case presentations provided useful and relevant information to me.	20	0%	0%	15%	85%
Sufficient time was allowed for networking with other participants.	20	0%	0%	15%	85%
Sufficient time was allowed for interactive dialogue with faculty.	20	0%	0%	5%	95%
I learned what I had hoped and expected to learn at this meeting.	20	0%	0%	10%	90%

Educational Objectives	n	Increased	No Change	Decreased
My understanding of how multidisciplinary teams work together to provide quality care.	20	85%	15%	0%
My ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.	20	70%	30%	0%
My willingness to consult with specialists to determine best treatment approaches for my patients.	19	58%	42%	0%
My ability to provide palliative care for my patients.	19	74%	26%	0%
My ability to provide treatment for patients with cancer.	19	68%	32%	0%
My understanding of the resource level appropriate guidelines for cancer.	20	80%	20%	0%
My ability to implement the resource level appropriate guidelines for cancer.	20	75%	25%	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 how multidisciplinary teams work together to provide quality care.	20	0%	15%	55%	25%	5%	20	0%	0%	5%	50%	45%
My ability to communicate with patients and their families about diagnosis, treatment options, and palliative care.	20	5%	15%	35%	30%	15%	20	0%	0%	10%	45%	45%
My willingness to consult with specialists to determine best treatment approaches for my patients.	19	0%	5%	37%	47%	11%	19	0%	0%	11%	42%	47%
My ability to provide palliative care for my patients.	19	0%	26%	47%	16%	11%	19	0%	5%	21%	32%	42%
My ability to provide treatment for patients with cancer.	19	0%	16%	26%	42%	16%	19	0%	0%	11%	42%	47%
My understanding of the resource level appropriate guidelines for cancer.	20	5%	5%	55%	35%	0%	20	0%	5%	10%	40%	45%
My ability to implement the resource level appropriate guidelines for cancer.	20	0%	10%	50%	40%	0%	20	0%	0%	15%	40%	45%

Appendix 2: On-Site Open-Ended Questions and Responses

1. **What was the most important thing you learned at the course? (n=20)**
 - About multidisciplinary care (11)
 - Holistic care of oncology patients (3)
 - About the health system and the difficulties that the multidisciplinary team encounters in Cali
 - Come to a consensus
 - Lots of agreement on oncology care
 - Methodology for [illegible] meetings
 - The importance of positioning palliative care from a treatment perspective
 - Update guides and the possibility of getting together in the city

3. **Based on your participation, is there anything you will do differently in your work? (n=21)**
 - Improving or increasing multidisciplinary care (7)
 - Adherence to guidelines (5)
 - Consecutive meetings with the nursing group in the city
 - Creation of holistic working groups
 - humanizing patient care. Organizing care better
 - improve resources that complement the guide
 - Meeting logistics
 - More commitment to demanding quality for my patients
 - placement of clips on a surgical bed
 - To immediately get a palliative team going
 - We have a strong breast-cancer group -> I am thinking of organizing a group for cervical cancer

20. **What remains unclear from the course? (n=9)**
 - Nothing (6)
 - Everything was clear (2)
 - I currently use it

21. **Comments or suggestions for future courses? (n=12)**
 - None (4)
 - Use another method of evaluating the activities since there was no [illegible]. It seems like it would be very good to work with different professionals and different institutions across the city, thank you
 - Improve the administrative parts and navigation centers
 - Include a topic on access and barriers to the system. So that it doesn't interfere with clinical content.
 - Include more nursing topics in the care of oncology patients
 - More international experts
 - Prior to the meeting, arrive with more consensus
 - Time management and controlling who speaks in the time allotted
 - Very good meeting, you should keep doing this. Please the other time in the meeting invite radiologist

Respondent Demographics**Profession (n=21):**

Which one of the following best describes your profession?		
Profession	n	%
Radiation Oncologist	5	24%
Surgical Oncologist	5	24%
General Physician	3	14%
Oncology Nurse	2	10%
Medical/Clinical Oncologist	1	5%
Administrator/secretary in the health department	1	5%
Hospice worker	1	5%
Nurse (PhD, MG, and specialist)	1	5%
Pathologist	1	5%
General Nurse	1	5%

Years of experience working in their field (n=20)

Mean	11.6
Median	7.5
Mode	12
Min	2
Max	35

Is your primary practice (n=18):

Governmental	8	44%
Private	6	33%
Both	4	22%

What percentage of time do you spend working with cancer patients? (n=19)

0%	0	0%
1-25%	0	0%
26-50%	0	0%
51-75%	2	11%
76-99%	5	26%
100%	12	63%

Do you participate in tumor boards? (n=20)

Yes	17	85%
No	3	15%

What percentage of cases at your institution are evaluated by tumor board? (n=16)

0%	0	0%
1-25%	2	13%
26-50%	6	38%
51-75%	4	25%
76-99%	3	19%
100%	0	0%
Don't know	1	6%

In the past 12 months, have you participated in clinical research (n=19)?

Yes	14	74%
No	5	26%

Are you an ASCO member? (n=20)

Yes	1	5%
No	19	95%

Appendix 3: MCTDP Results

Of the 25 attendees, 18 completed an evaluation form (response rate: 72%). Attendees generally spent more than half their practice time with cancer patients and had an average of 11.5 years of experience in their current profession. Sixty-five percent of respondents said that they participate in tumor boards, and 87 percent said that they spend more than half their practice time with cancer patients.

Profession	# Respondents to Evaluation	% Respondents
General Physician	4	22%
Radiation Oncologist	3	17%
Medical/Clinical Oncologist	1	6%
Pathologist	1	6%
General Nurse	1	6%
Other	7	39%
No response	1	6%
Total	18	100%

Figure 1: Attendees demographics – by profession

Mean	11.5
Median	10
Mode	3
Min	0.5
Max	30
n	17

Figure 2: Attendees demographics – years in current profession

All respondents said that they intend to make practice changes based on what they learned in the course. These changes were:

- Create multidisciplinary team (3)
- Include nurse navigator in multidisciplinary group (2)
- I will try to carry out pathology [illegible] in a timely fashion
- At the Ministry of Health — together with the hospital's oncology department
- Be able to designate a fixed place for a group and identify the discrete objectives to achieve in advance
- Bring to the medical leadership our proposal for an action plan
- Cancer navigation — hire a nurse navigator
- Consider disciplinarity in technical assistance programs that we have
- Group work
- Increase the number of cases presented
- Influence the culture of efficient groups
- Moderator in groups, sending information in advance
- Rules of the game
- Tumor Board/Required Institutional [illegible]

All respondents said that they were somewhat or very confident they would be able to make changes, with an average rating of 2.59. This was the first MCTDP at which this question was asked; comparison data are not yet available.

The MCTDP appears to have been somewhat successful. Two-thirds or more of respondents reported an increase on each of the educational objectives. However, some objectives saw lower than average results.

Educational Objective	On-site evaluation	Average Results from other courses
Understand multidisciplinary cancer management.	93%	92%
Consult with specialists to determine best treatment approaches for their patients.	67%	87%
Establish a tumor board.*	81%	89%
Effectively facilitate a tumor board discussion.	69%	89%

*Comparison data from only two prior courses.

In addition, 11 respondents reported creating an Action Plan during the course. Respondents briefly summarized their Action Plans as follows:

- Improve communication (4)
- Create a multidisciplinary team (3)
- Strengthen multidisciplinary groups (2)
- Ensure an assessment of all new patients by a multidisciplinary group
- Evaluation of needs and resources of the institution; Actions to optimize resources (holistic focus, [illegible] specialized resources, local and national references), awareness days to achieve buy-in

Overall Meeting	n	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall, the speakers presented the information clearly.	18	0%	6%	39%	56%	0%
There was enough time for discussion.	18	6%	0%	28%	67%	0%
I learned what I had hoped and expected to learn at this meeting.	18	6%	6%	33%	56%	0%
The small group discussions helped me understand how to apply what I learned in this course.	18	6%	6%	33%	56%	0%

Session	Average Rating	n
Action Planning Exercise	4.14	14
Mock Tumor Board Exercise	4.00	16
Obstacles to MDT	3.93	14
Mock Tumor Board Debrief	3.87	15
Introduction to Multidisciplinary Teams	3.82	17

Appendix 4: Course Agenda

July 24 – Multidisciplinary Care Team Development Day

8:30 – 9:00	Welcome and Introductions	Hugo Villar & Vanessa Sarchet
9:00 – 9:30	Why are we here? Progress Report	Rolando Camacho, Olga Isabel Arboleda, Oscar Ramirez & Henry Idrobo
9:30 – 9:45	ASCO Project ECHO program	Vanessa Sarchet
9:45 – 10:00	Oncology Nursing Society	Syliva Estrada & Loyda Braithwaite
10:00 – 11:00	Introduction to multidisciplinary teams with breast cancer case presentation & role play	Moderator: Hugo Villar Role play: Vanessa Sarchet, Sylvia Estrada, Loyda Braithwaite Flor Medina, pathologist, Lucia Delgado, Maira Caleffi, Guillermo Potdevin
11:00 – 11:30	Coffee Break	
11:30 - 12:15	Mock tumor board Breast Cancer	Moderator: Hugo Villar
12:15 - 12:45	Debrief – <ul style="list-style-type: none"> • how to handle problem participants; • how to resolve conflict; • how to provide adequate information needed for effective decision making 	Moderator: Hugo Villar Scribe: Vanessa Sarchet
12:45 - 13:15	Mock tumor board Cervical Cancer	Moderator: Fernanda Nozar
13:15 – 13:30	Introduction Action Planning	Vanessa Sarchet
13:30 – 14:30	Lunch	
14:30 – 15:00	Open discussion: <i>What are some obstacles to multidisciplinary teamwork in your settings?</i>	Moderator: Lucia Delgado Scribe: Vanessa Sarchet
14:35 - 15:05	Action Planning for multidisciplinary teams: Small groups (by institution)	Vanessa Sarchet
15:05 – 15:35	Report back Action Planning	Small group leaders
15:35 – 16:00	Synthesis & future directions of multidisciplinary cancer management in Cali	Henry Idrobo, Oscar Ramirez
16:15 – 16:30	Evaluation & Closing	Rolando Camacho, Henry Idrobo, Oscar Ramirez

July 25 – Multidisciplinary Cancer Management Course

8:30 – 9:15	Report on breast and cervical cancer technical groups	Oscar Ramirez Liliana Maria Yepes & Juan David Ortiz
9:15 – 9:30	Recap Day 1	Hugo Villar
9:30 - 10:00	Value of treatment guidelines for cervical and breast cancer	Lucia Delgado
10:00 – 10:15	Coffee Break	
	Breast Breakout	Cervical Breakout
10:15-10:45	NCCN RSG Management of Invasive Breast Cancer Maira Caleffi	ASCO RSG Management Invasive Cervical Cancer Rolando Camacho
10:45 – 12:00	Expert panel presentations <ul style="list-style-type: none"> • Pathology • Imaging – MM. Fajardo • Surgery – M. Caleffi • Systemic treatment – L. Delgado • Radiotherapy – G. Potdevin • Nursing – L. Braithwaite 	Expert panel presentations <ul style="list-style-type: none"> • Pathology • Imaging • Surgery – F. Nozar • Systemic treatment – A. Zambrana • Radiotherapy – I. Rios • Nursing – S. Estrada
12:00 – 12:45	City Guidelines for management of invasive breast cancer (Stage I) Carolina Alvarez	City Guidelines for management of invasive cervical cancer (Stage I) Liliana Maria Yepes
12:45 – 13:45	Lunch	
13:45 – 14:15	Discussion part 1: Expert panel Facilitators: Maira Caleffi & Juan David Ortiz	Discussion part 1: Expert panel Facilitators: Rolando Camacho & Liliana Maria Yepes
14:15 – 15:00	Case presentations	Case presentations
15:00 – 15:45	City Guidelines for Management of Invasive Breast Cancer (Stage II, III) Guillermo Potdevin	City Guidelines for Management of Invasive Cervical Cancer (Stage II, III) Ivan Rios
15:45 – 16:00	Coffee Break	
16:00 – 17:00	Discussion part 2: Expert panel Facilitators: Maira Caleffi & Juan David Ortiz	Discussion part 2: Expert panel Facilitators: Fernanda Nozar & Liliana Maria Yepes
17:00 – 17:15	Summary of the Day Maira Caleffi & Juan David Ortiz	Summary of the Day Henry Idrobo, Oscar Ramirez

July 26 - Multidisciplinary Cancer Management Course

	Breast Breakout	Cervical Breakout
8:30 – 9:30	Case Presentations	Case Presentations
9:30 – 10:15	City Guidelines for Management of Invasive Breast Cancer (Stage IV & Palliative Care) Juan David Ortiz	City Guidelines for Management of Invasive Cervical Cancer (Stage IV & Palliative Care) Angela Zambrano
10:15 – 10:30	Palliative care in breast cancer Maria Mercedes Fajardo	Palliative care in cervical cancer
10:30 – 10:45	Coffee Break	
10:45 – 12:45	Discussion part 3 Expert Panel Facilitators: Lucia Delgado & Juan David Ortiz	Discussion part 3 Expert Panel Facilitators: Sylvia Estrada & Liliana Maria Yepes
12:45 – 13:45	Lunch	
13:45 – 14:45	Case presentations	Case presentations
	End of Breakout Sessions	
14:45 – 15:45	Debrief on breakout sessions	Facilitators: L. Delgado, M. Caleffi, H. Villar, LM. Yepes, JD. Ortiz
15:45 – 16:15	Evaluation & Closing	Hugo Villar & Vanessa Sarchet