

# Cancer Control in Primary Care Course / International Palliative Care Workshop

November 13<sup>th</sup> – 17<sup>th</sup>,

2017

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Course Evaluation Report

**Thimphu, Bhutan**

**ASCO**<sup>®</sup> International

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## Executive Summary

# CCPC-IPCW Bhutan 2017

### CCPC Summary:

- Two-day workshop for primary care providers on breast, cervical, and gastric cancers.
- 75 attendees, primarily nurses.

### IPCW Summary:

- Three-day workshop on communication skills, pain management, symptom management, and end of life care.
- 74 attendees, primarily nurses.

### Comments:

- More than half of respondents to the course evaluations listed their profession as nurse. The majority of respondents to each course evaluation reported an increase on each educational objective and said that they intended to make practice changes.

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## Course Outcomes – One Year Later

91% of respondents said they made practice changes based on what they learned at the workshop.

86% said that they spent part of their professional time providing palliative care to patients.

82% reported using skills they learned at the course to communicate with patients about reducing their risk for cancer.

89% reported using different methods and medications learned at the course to control pain.

70% reported using skills they learned at the course to help patients with their family history.

84% reported using skills they learned at the course to communicate with patients and their families about what to expect during the end of life.

36% reported their patients were being screened for cancer more than before

89% reported using skills they learned at the course to manage patients' symptoms.

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## Introduction

The American Society of Clinical Oncology is pleased to have partnered with the Khesar Gyalpo University of Medical Sciences of Bhutan and Health Volunteers Overseas to present the Cancer Control in Primary Care Course from November 13<sup>th</sup> – 14<sup>th</sup> in Thimphu, Bhutan. Seventy-five participants attended the CCPC, which provided primary healthcare providers with practical and specific knowledge about cancer. The two-day course featured interactive sessions on breast, cervical, and gastric cancers.

Following the CCPC, a three-day International Palliative Care Workshop from November 15<sup>th</sup> - 17<sup>th</sup> in Thimphu, Bhutan. More than 70 nurses and other health care workers from Bhutan attended the IPCW. The course featured case-based presentations and interactive sessions on different aspects of palliative care.

## Educational Objectives

As a result of attending the CCPC, attendees should:

1. Better understand cancer and risk factors for cancer in their setting.
2. Be equipped to help patients with their family history.
3. Be equipped to communicate with patients about reducing their risk for cancer.
4. Better understand the resources available in Bhutan for cancer diagnosis and treatment.
5. Be equipped to provide care to patients receiving cancer treatment.
6. Be equipped to provide care to patients who are cancer survivors.
7. Feel more comfortable referring patients suspected of having cancer to a specialist.

As a result of attending the IPCW, attendees should be equipped to:

1. Communicate with patients about pain.
2. Better use different methods and medications to control pain.
3. Better understand the challenges and goals of early palliative care.
4. Better understand the concepts and principles of palliative care and end of life.
5. Better manage patients' symptoms.
6. Better able to communicate with patients and their families about what to expect during the end of life.

## Evaluation Plan Overview

### 1.) On-site evaluation form

Attendees were asked to complete a written evaluation at the end of the course. Of the 75 CCPC participants who attended, 41 completed the evaluation form (response rate: 55 percent). Of the 74 IPCW participants who attended, 49 completed the evaluation form at the end of the course, a response rate of 66%.

### 2.) Online follow-up survey

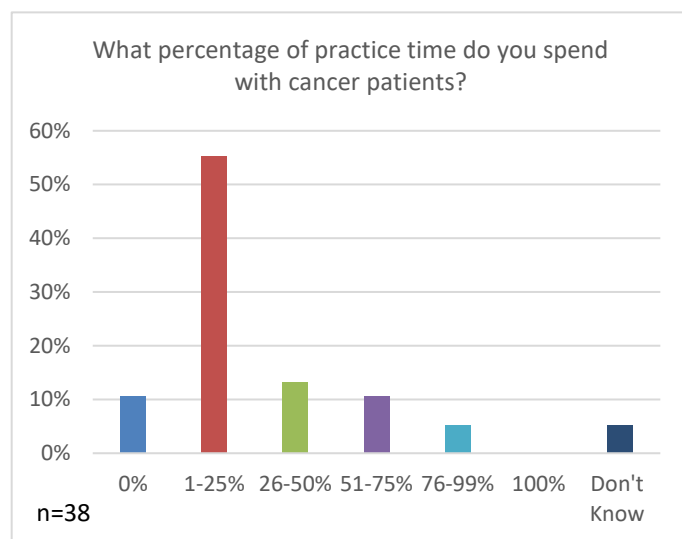
As part of the follow-up for the course, an online survey was sent to CCPC and IPCW participants for whom a valid email address was available. Only one survey was used as nearly all registered participants attended both courses. Twenty-two recipients responded to the survey, a response rate of 25 percent.

## Attendee Demographics

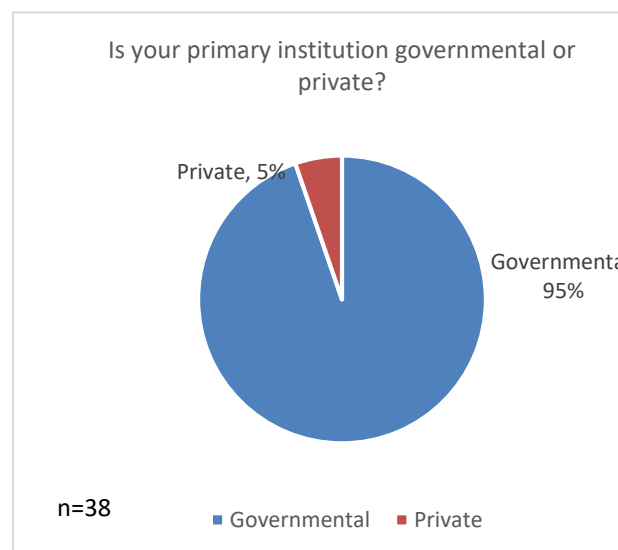
Information about the participants' professions came from the evaluation form, which was completed by 41 people. Most respondents were nurses or medical officers who work at governmental institutions and spend 25 percent or less of their time with cancer patients. Respondents had on average 8.3 years of work experience.

Additional data on participants' attitudes and practices were collected via paper pre-test. Before the course, 8 percent (6/71) said that they always counsel patients about cancer and cancer risk factors; 46 percent (33/71) said that they did not think that cancer was a death sentence; and 30 percent (21/71) felt very prepared to talk to female patients about breast and cervical cancer.

Profession	On-site CCPC		On-site IPCW		Follow-up	
	n	%	n	%	n	%
General Nurse	22	54%	33	67%	10	45%
Medical Officer	5	12%	2	4%	1	5%
Clinical Nurse	2	5%	0	0%	1	5%
Other	7	17%	13	27%	7	32%
No response	5	12%	1	2%	1	5%
<b>Total</b>	<b>41</b>	<b>100%</b>	<b>49</b>	<b>100%</b>	<b>22</b>	<b>100%</b>

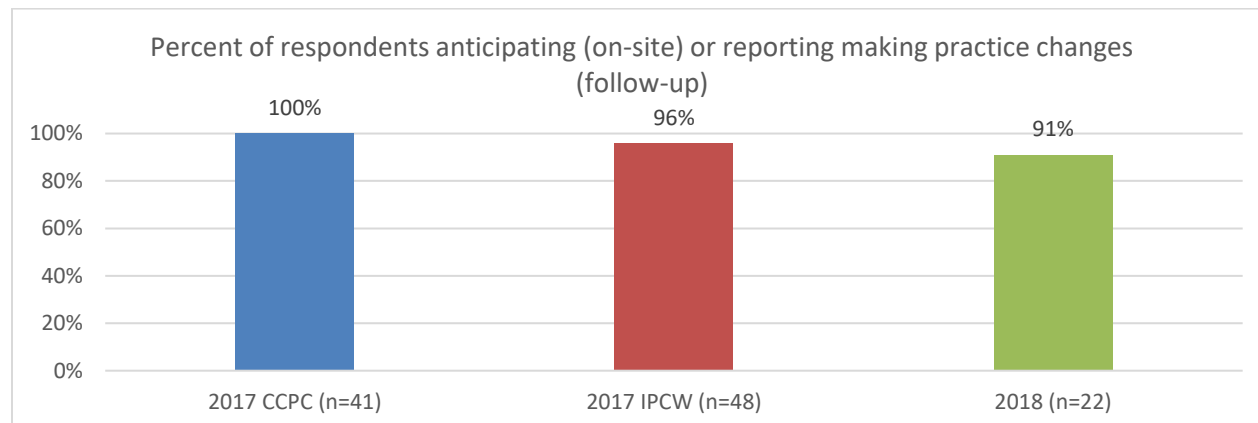


**Figure 2: Majority of respondents spend 25 percent or less of their time with cancer patients**



**Figure 3: Majority of respondents work at governmental institutions**

## Evaluation Results: Practice Changes



### On-site Results

Respondents were asked if they would make a practice change based on information learned at the courses. One hundred percent of respondents to the CCPC form said they planned to do something differently. The intended changes included:

- Give health education (9)
- Raise awareness of cancer (8)
- Changes to communication with patients (8)
- Advocacy (4)

Ninety-six percent of respondents to the IPCW form said that they intended to make practice changes. These changes included:

- Begin palliative care (16)
- Changes to pain assessment or management (8)
- Changes to communication with patients (6)

### One-year Impact Assessment

One year later, 82 percent of respondents said that their communication with patients about their risk for cancer had increased since attending the course, but only 36 percent said their patients were being screened for cancer more than before. Eighty-six percent said that they spent part of their professional time providing palliative care to patients. Overall, 91 percent of respondents said that they had made practice changes. These changes included:

- Changes to communication with patients and families (8)
  - Disclosing diagnosis to patient (1)
- Providing palliative care (4)
- Changes to pain management (2)
  - Implemented pain scale rating and WHO pain ladder management (1)

## Evaluation Results: By Course Objective

Objective	Bhutan On-site	Bhutan Follow-up	Follow-up Average	Practice Changes
<b>CCPC</b>				
Help patients with their family history.	97%	70%	97%	
Communicate with patients about reducing their risk for cancer.	100%	82%	93%	1 respondent reported providing health information on preventive measures.
Provide supportive care to patients receiving cancer treatment.	98%	79%	96%	
Provide care to patients who are cancer survivors.	95%	74%	No data	1 respondent reported that they provide supportive care to patients.
Refer patients suspected of having cancer to a specialist.	98%	56%	79%	1 respondent reported counseling patients on receiving screening services based on their signs and symptoms.
Screen patients for breast cancer.	100%	33%	100%	
Screen patients for cervical cancer.	100%	33%	No data	
Screen patients for gastric cancers.	100%	44%	No data	
<b>IPCW</b>				
Communicate with patients about pain.	98%	95%	95%	
Use different methods and medications to control pain.	100%	89%	87%	2 respondents reported practice changes related to pain management.
Manage patients' symptoms.	96%	89%	90%	
Communicate with patients and their families about what to expect during the end of life.	98%	84%	No data	8 respondents reported practice changes related to communication with patients and their families.

## Summary & Conclusions

Twenty-two people responded to the impact assessment, a response rate of 25 percent. 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, the palliative care course appears to have been successful. Eighty-six percent of respondents reported that they spend some of their practice time providing palliative care to patients. Ninety-one percent of respondents reported making practice changes based on what they learned at the course, and the most commonly reported changes were related to aspects of palliative care, such as communication or pain management. In addition, between 84 and 95 percent of respondents reported that they had used skills they learned in the course in the past year; these results are similar to the average for all IPCWs where data are available.

The results for the CCPC were less positive. While some respondents reported specific practice changes related to CCPC-specific objectives such as counseling patients about reducing cancer risk factors or receiving screening for cancer, the percentage of respondents who reported using skills learned at the course was in some cases much lower than the CCPC average, particularly for the objectives related to cancer screening or patient referrals. While the majority of respondents to the on-site evaluation reported learning new skills for each objective, more than half of respondents listed their profession as nurses. Similarly, nurses made up half of respondents to the impact assessment; it is possible that these respondents learned new skills at the course but were unable to use the skills in their practice due to the limitation on services they are authorized to provide.



## Appendix 1: Impact Assessment Results

In the past year, have you used skills that you learned at the courses to:	Yes		No		Total
Take patients' family history.	70%	14	30%	6	20
Screen patients for breast cancer.	33%	6	67%	12	18
Screen patients for cervical cancer.	33%	6	67%	12	18
Screen patients for gastric cancers.	44%	8	56%	10	18
Provide supportive care to patients who are receiving cancer treatment.	79%	15	21%	4	19
Provide care to patients who are cancer survivors.	74%	14	26%	5	19
Communicate with patients about pain.	95%	19	5%	1	20
Use different methods and medications to control pain.	89%	16	11%	2	18
Manage patients' symptoms.	89%	17	11%	2	19
Communicate with patients and their families about what to expect during the end of life	84%	16	16%	3	19

Since attending the courses, my communication with patients about their risk for cancer has:	Responses	
Increased	82%	18
Decreased	9%	2
Stayed the same	9%	2

Since attending the courses, my patients are being screened for cancer:	Responses	
More than before	36%	8
Less than before	0%	0
Same as before	41%	9
Other (please specify)	23%	5
Comments: <ul style="list-style-type: none"> <li>• 8</li> <li>• I am a head and neck surgeon dealing mostly with head and neck cancers</li> <li>• Posted in Neonatal ICU possessing little knowledge on neonatal cancers.</li> <li>• Improved</li> <li>• Recently joined the service and could not participate in any screening</li> </ul>		

Are you currently spending some of your professional time providing palliative care to patients?	Responses	
Yes	86%	19
No	5%	1
Not applicable	9%	2

Have you made changes to your work as a result of what you learned at the courses?	Responses	
Yes	91%	20
No	9%	2

What changes have you made to your work based on what you learned?
<ul style="list-style-type: none"> <li>• Changes to communication with patients and families (8) <ul style="list-style-type: none"> <li>◦ Disclosing diagnosis to patient (1)</li> </ul> </li> <li>• Providing palliative care (4)</li> <li>• Changes to pain management (2) <ul style="list-style-type: none"> <li>◦ Implemented pain scale rating and WHO pain ladder management (1)</li> </ul> </li> <li>• In providing the health education on how to go about with preventive measures such as each eating healthy organic food and keeping body fit to avoid non communicable diseases, hygiene and oral care and so on.</li> <li>• applied the principles learnt through the course</li> <li>• As a NICU nurse I've requested for more training and classes on improving our palliative care and parental counselling.</li> <li>• More compassionate More human</li> <li>• Provide psychological counselling and support</li> <li>• Changes from class room teaching to PBL and introduce more case discussions.</li> </ul>

What has prevented you from making practice changes?	Responses	
I did not learn new information	0%	0
The materials presented were not relevant to my work	0%	0
I have not had an opportunity to apply what I learned	50%	1
There were barriers at my institution that did not allow me to make practice changes	50%	1

In the past year, have you referred patients to specialists for diagnosis of suspected cancers?	Responses	
Yes	56%	9
No	44%	7

Why have you not referred patients to specialists for diagnosis of suspected cancers?	Responses	
There are no specialists available.	14%	1
I do not know how to refer patients for diagnosis.	14%	1
Other (please specify)	71%	5
Comments: <ul style="list-style-type: none"> <li>• Didn't have such pts so far Haven't come across people with suspected cancer.</li> <li>• I didn't come across the cancer patient</li> <li>• We are mostly confined in the ward and does not have time for community service</li> <li>• I was on study leave</li> </ul>		

What is your profession?	Responses	
General Nurse	45%	10
Medical Officer	5%	1
General Physician	9%	2
Other (please specify)	32%	7
No response	5%	1

**Is there anything else that should have been included in the course materials to help you better provide care for your patients?**

- Nothing (3)
- All the course materials were very informative and helpful. (2)
- 1.Practical demonstration. 2.Pre and post test. 3.Research based presentation (International and local)
- Early detection of cancers in children/neonates.
- Evidence based practice and research are necessary
- I think it covered all.
- It was good
- More role play on breaking the bad news. More practical aspects on end of life care.
- Morphine should be available at BHU II
- Some spiritual aspects and role modeling from the presenters would help us to mold our future care on palliative cares
- Thankful for the knowledge I have received from attending the workshop
- The course was very comprehensive but I would be grateful to see more of real clinical situation simulations.
- topics on Grieve and bereavement

**Please share any other comments or suggestions below.**

- We need more of such courses in our country
- This type of workshop is really important n useful as there are so many cancer pts and we provide care to them at our level
- Course that you all provided us was wonderful and our patients was mostly benefited. Include as participants in near future and I'm interested to do certificate or diploma or degree in palliative care if course was available.
- So sorry ... I applied transfer from Mongar hospital to Thimphu and am working in orthopaedic ward as a dressing nurse ... so didnt encounter much cancer pt ...that's why I could not make best use of my knowledge.
- Such courses extremely relevant for primary health care workers and ASCO is doing a great job for that.
- All physicians need to be trained on palliative care. More frequent refresher training for those who are already trained
- I would like to suggest mandatory palliative care training for all the nurses. Thank you.
- It is good research in which all the patient treatment will further improve
- Looking forward for such opportunity in the future especially the palliative care since I have to deal with ESRD patients who needs physical, emotional and psychological support from us.
- None
- The course was very comprehensive on cancer and palliative care support. It was very useful in my every day care be it anywhere as well at work place. Thank you ASCO for the entire session.
- Training, CME on Palliative care.
- The need of palliative care in our country Bhutan is very urgent so the presentation did enlightened and enhanced us and the cancer care association of Bhutan
- I would like to thank ASCO for impacting in my professional life for better patient care.

- The course was really good and we would appreciate to provide such more courses in coming future. Thank you
- All that I have learnt from attending the workshop has helped me bring improvements in myself on how to communicate with my patients. I would definitely like to learn more in future and given opportunities I would like to attend more of this sort of workshops and interact with experts
- I would like to suggest if there is another course on cancer control and palliative care, the more number of health care provider can be made aware and involved.
- Duration of the course could have been extended to at least 10 days

## Appendix 2: CCPC Course Agenda

### Cancer Control in Primary Care – Bhutan November 13-14, 2017

#### Course Agenda

#### Day 1 – November 13

Topic		
9:00 – 9:15	Introduction	Dr. Tashi Dendup & Dr. Anees Chagpar
9:15 – 9:30	Pretest	
9:30 – 10:00	Cancer Overview <ul style="list-style-type: none"> <li>• Cancer Biology Overview</li> <li>• Causes of Cancer</li> <li>• Cancer Myths and Stigma</li> </ul>	Dr. Dinesh Pendharkar
10:00 – 10:30	Cancer in Bhutan <ul style="list-style-type: none"> <li>• Cancer statistics</li> <li>• Cancer resources available</li> <li>• National cancer control plan (if applicable)</li> </ul>	Dr. Ugen Tshomo
10:30 – 11:00	Tea Break	
11:00 – 11:30	Role of the Primary Care Physician in Cancer Control Efforts	Dr. Chabilal Adhikari
11:30 – 12:15	Cancer Prevention I <ul style="list-style-type: none"> <li>• Behavior-based risk factors (tobacco, diet, exercise, alcohol) and cancer in detail</li> <li>• Betel quid/Doma and cancer risk</li> </ul> How to talk about behavior and cancer with your patient	Dr. Habib Ghaddar & Dr Phub Tshering
12:15 – 13:15	Lunch	
13:15 – 14:15	Cancer Prevention I: role playing on communication of behavior and cancer risk	Dr. Anees Chagpar
14:15 – 15:00	Cancer Prevention II <ul style="list-style-type: none"> <li>• Environmental risk factors</li> <li>• Infection-related cancers</li> <li>• H. Pylori</li> <li>• HPV and hepatitis vaccines</li> </ul>	Dr. Habib Ghaddar
15:00 – 15:30	Tea Break	
15:30 – 16:00	Cancer Genetics and Family History <ul style="list-style-type: none"> <li>• Role of genetics in cancer</li> <li>• Helping patients with their family history</li> </ul>	Dr. Anees Chagpar
16:00 – 16:30	Discussion and wrap up Day 1	Dr. Anees Chagpar

**Day 2 – November 14**

<b>Topic</b>		
<b>9:00 – 9:30</b>	Cancer Early Warning Signs <ul style="list-style-type: none"> <li>• Symptoms and signs associated with cancer</li> <li>• Approaches to early detection, including lung cancer early detection/screening</li> </ul>	Dr. Dinesh Pendharkar
<b>9:30 – 10:00</b>	Cancer Early Detection: Breast <ul style="list-style-type: none"> <li>• Overview of BC</li> <li>• Breast Cancer Risk Assessment</li> <li>• Breast self-exam</li> <li>• Clinical Breast Exam</li> <li>• Ultrasound/sonogram</li> <li>• Role for mammography</li> </ul>	Dr. Anees Chagpar
<b>10:00 – 10:30</b>	Cancer Early Detection: Cervical <ul style="list-style-type: none"> <li>• Overview of CC</li> <li>• VIA, Pap, HPV testing</li> <li>• “See and treat” of precancerous lesions</li> </ul>	Dr. Ugen Tshomo
<b>10:30 – 11:00</b>	Tea Break	
<b>11:00 – 12:00</b>	Breakout Sessions: attendees break into smaller groups and observe one of the following topics: <ol style="list-style-type: none"> <li>1. Training in VIA/ HPV testing - Dr. Ugen Tshomo</li> <li>2. Training in CBE – Anna Antonowich</li> <li>3. Training in ultrasound – Anees Chagpar</li> <li>4. Training in GI system assessment/ history for dyspepsia - Habib Ghaddar</li> </ol>	
<b>12:00 – 13:00</b>	Lunch	
<b>13:00 – 13:30</b>	Discussion	
<b>13:30 – 14:00</b>	You suspect your patient has cancer: what is next? <ul style="list-style-type: none"> <li>• Referral networks in-country</li> <li>• Overview of cancer diagnosis</li> <li>• Overview of cancer treatments and toxicities; what to expect</li> </ul>	Dr. Tashi Dendup
<b>14:00 – 15:00</b>	Breakout sessions on Supportive care and Emergencies	Anna Antonowich / Dr. Habib Ghaddar/ Dr. Rajagopal
<b>15:00 – 15:30</b>	Tea Break	
<b>15:30 – 16:00</b>	After treatment: Survivorship and the Primary Care Physician	Anna Antonowich
<b>16:00 – 16:30</b>	Next steps and brainstorming	Dr. Ugen Tshomo & International Faculty
<b>16:30 – 16:45</b>	Post-test	

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**16:45 –** Closing Ceremony  
**17:15**

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Slide content can be accessed and downloaded here:

[https://www.dropbox.com/sh/gkinwmh7w9i3h1x/AACHJOz\\_ZcTrs5cqUPTjk61Aa?dl=0](https://www.dropbox.com/sh/gkinwmh7w9i3h1x/AACHJOz_ZcTrs5cqUPTjk61Aa?dl=0)

## Appendix 3: IPCW Course Agenda

### Program

#### *First day*

8:45 -9:00 Registration

9:00 – 9:10 Welcome

9:10 – 9:30 Results of an Attitudes and Perceptions Survey in Bhutan – Tara Devi

9:30- 12:00 Session I Principles of palliative care - Rajagopal

- Evolution of palliative medicine
- Principles of palliative care
- Comprehensive patient assessment
- Multidisciplinary team approach

12:00- 1:00 Break

1:00-4:00 Session II Workshop: communication skills – Cynthia Goh

- Basics of communication skills
- Breaking bad news
  - SPIKES protocol
  - Breakout group practice

#### *Second day*

9:00-12:00 Session III Workshop: principles of pain management – Habib Ghaddar

- Barriers to pain management
- Assessment of pain
- classification of pain
- Principles of pain management
- Discussion



12:00- 1:00 Break

1:00-4:00 Session III: Advanced pain management - Rajagopal

- WHO ladder
- Opioids use for pain
- Adjuvant medication

*Third day*

9:00- 12:00 Session IV: Non-Pain symptom management – Anna Antonowich

- Dyspnea
- Fatigue
- Poor appetite
- Cachexia- anorexia syndrome
- Nausea and vomiting
- Diarrhea, constipation
- Dry mouth
- Insomnia
- Delirium
- Depression and anxiety

1:00- 4:00 Session V: End of Life & Adjourn – Cynthia Goh

- The Act of Dying
- Spiritual Therapy (Anna & local speaker?)
- Evaluation
- Dedication of Hands ceremony
- Certificates