

European Association for Cancer Education



29th Annual Scientific Meeting

**20-22 April 2016
Newcastle upon Tyne
UK**

Copthorne Hotel
Quayside
Newcastle upon Tyne NE1 3RT, UK

Programme and Abstract Booklet

Conference Location

Copthorne Hotel
The Close
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Tel: +44 191 222 0333

<http://www.millenniumhotels.co.uk/copthornenewcastle>



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Conference Theme

Sharing Knowledge, Sharing Practice



Welcome Message

It is our pleasure and privilege to host the 29th Annual Scientific Meeting of the European Association for Cancer Education and welcome you to Newcastle upon Tyne in the beautiful border county of Tyne & Wear and surrounded by the wonderful Northumberland countryside

The city of Newcastle upon Tyne developed around a Roman settlement and was named after the castle built in 1080 by Robert Curthose, William the Conqueror's eldest son. The city grew as an important centre for the wool trade in the 14th century, and later became a major coal mining area. The port developed in the 16th century and, along with the shipyards lower down the River Tyne, was amongst the world's largest shipbuilding and ship-repairing centres. Newcastle's economy includes corporate headquarters, learning, digital technology, retail, tourism and cultural centres, from which the city contributes £13 billion towards the United Kingdom's GVA. Among its icons are Newcastle Brown Ale; Newcastle United football club; and the Tyne Bridge. It has hosted the world's most popular half marathon, the Great North Run, since it began in 1981.

We hope that this conference will stimulate new contacts, collaborations and research in the field of patient education for the future. We are happy to contribute to the aims and work of this important organization, and look forward to a lively, productive and successful meeting.

The local organising committee.



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The European Association for Cancer Education (EACE)

Founded in 1987

Mission Statement

To improve clinical outcomes through the education and training of individuals involved within the cancer and palliative care continuum and to facilitate communication and networking between those involved in cancer and palliative care education.

Aims

- To facilitate communication and networking between those involved in cancer and palliative care education
- To improve interaction between policy makers, educators and those involved in the continuum of care of patients with cancer
- To support the translation of theoretical concepts into clinical care, for the benefit of patients, through research and education
- To provide training that enables individual educators and practitioners to:
 - Develop their practice using evidence-based approaches
 - Identify their needs for personal and professional development
 - Develop the skills necessary for reflective practice
 - Determine the effectiveness of their educational interventions

Target Audience

Cancer educators, physicians, nurses, dentists, social workers, students, educationalists, psychologists, researchers, other health professionals, staff members of comprehensive cancer centres and/or cancer societies/leagues.

Fields of Cancer Education

Undergraduate and graduate medical, nursing, and dental cancer education; public and patient cancer and palliative care education.

Statement of Purpose

- To achieve excellence in cancer education by promoting and identifying the highest standards of education for health care professionals and others, thereby improving standards of care.
- To work collaboratively and proactively with other cancer educators to more effectively meet the needs of cancer patients and their carers.
- To strengthen the individual and collective expertise of our members and to ensure dissemination of this expertise by holding an annual scientific meeting
- To promote educational research in partnership with clinical disciplines and practitioners

Activities and Range of Services Available

- Hold an annual scientific meeting
- Publish with the AACE, the Journal of Cancer Education four times a year
- Have an exchange agreement with the AACE so that members of either association can attend scientific meetings at a reduced registration fee
- Identify members with similar interests and facilitate opportunities for networking

Resources

- An active Executive Board
- Journal of Cancer Education (JCE)
- Reduction in registration fees for both EACE and AACE annual scientific meetings

Action Plans

- To seek to develop appropriate opportunities for educational research and development proposals for external funding
- To ensure effective working communications between the Executive Board, local planning committees, members and prospective members to support local initiatives under the auspices of EACE.

Membership

Membership of the Association is open to all individuals in any area of cancer education
Applications for membership should be made to the Secretary of the EACE

The Journal of Cancer Education

The Journal of Cancer Education (JCE) is the official journal of the AACE and EACE. Of the many journals devoted to cancer, only JCE deals with the cancer education of students, practitioners, patients, and the community. Its readership includes physicians, dentists, nurses, allied health professionals, educators, students and social workers.

The Journal

- Reports results of educational research
- Examines the management of cancer patients
- Evaluates undergraduate, and postgraduate education programmes.
- Regular features include original reports, commentaries, book and media reviews, and announcements of educational programmes, fellowships and grants.

Scientific Meetings

The EACE hosts an annual scientific meeting each spring: the AACE in the autumn. Members are urged for both associations to present papers/posters on new and innovative techniques in cancer education for health profession students, practicing health professionals, cancer patients, and the general public.

To gain the most from your life journey,
treat every person you meet as a teacher
and every situation you experience as a learning opportunity.

Eric Allenbaugh

Annie Bosch Memorial Poster Prize

This award has been founded in memory of Annie Bosch (1946-2002), previously, secretary and treasurer of the European Association for Cancer Education 1998-2001.

Annie originally trained as a teacher, and then moved into health care and trained as a nurse. Although she remained in healthcare, she never lost her enthusiasm for, and involvement in education. It was therefore not surprising that Annie ultimately worked for the Comprehensive Cancer Centre for the East Netherlands IKO where she became director for Nurse Education and training. She pioneered several initiatives in education, including education support teams for palliative care, and multimedia interactive education packages. Annie also had a keen interest in palliative care and was a founder member of the International Palliative Nursing Network (IPNN).

Her commitment to improving cancer care together with her generous and caring personality, boundless energy and a love of life meant that Annie was a supportive and caring colleague that will always be remembered by her friends and colleagues.

This award has been funded by her husband Henk Schok to enable her legacy of supporting colleagues as they strive to improve not only their care but also their education and dissemination skills.

This award is presented to the author of the best poster of the scientific meeting as voted by the attending delegates. This is only awarded if posters are included in the meeting format.

Professor Ullabeth Sätterlund Larsson Memorial Prize

This award has been founded in memory of Professor Ullabeth Sätterlund Larsson (1939-2004), President of the European Association for Cancer Education 1995-1997, who always with great generosity, warmth and care received newcomers on the scientific arena.

Ullabeth was professor at the Institute of Health Care Pedagogics at the Sahlgrenska Academy, Göteborg University, Sweden, and also Assistant Dean at the new Faculty of Health and Caring Sciences. She belonged to the first generation of Swedish nurses, who achieved a doctoral degree and embraced an academic career. From 1997-1999 she was the Director of Research at Vänersborg University College of Health Sciences and in 2000 at The University of Trollhättan/Uddevalla. In 2000 Ullabeth became a full professor of Health Care Pedagogics at Göteborg University, where her research focused mainly on communication, health and life style. Then from 2002 to 2004 she was head of a national research platform at the Swedish Vårdal Institute.

She was an active member of EACE and hosted the first Swedish EACE meeting in Linköping 1993. With great enthusiasm, extraordinary skills and humour, she opened the door for those who wanted to go into research and development work.

In line with her caring legacy and her encouraging and confirming attitudes towards new researchers, the Board of the European Association for Cancer Education and Ullabeth Sätterlund Larsson's family have decided to give this prize to a first time presenter, who has demonstrated innovation within the field of cancer education.

This award will be presented to the author, as a first-time presenter at EACE, that is judged as delivering the best overall presentation at the scientific meeting, as voted by the attending delegates.

Conference Programme

Wednesday 20 April 2016

| | | |
|-------------|--|------------------------------|
| 8.00 | Registration desk opens | Chairperson |
| 9.00-9.20 | Introduction Welcome from the EACE Vice-President Local organising committee Host organisation | Charles Kelly Graham Dark |
| 9.20-11.00 | Session 1: abstract presentations | Radoslaw Tarkowski |
| 11.00-10.20 | Refreshment break | |
| 11.20-13.00 | Session 2: abstract presentations | Charles Kelly |
| 13.00-14.00 | Lunch | |
| 14.00-16.00 | Workshop 1: Bioethics of cancer practice and research: Training for a global audience Maria Bishop & Shine Change | |
| 16.00-16.30 | Refreshment break | |
| 16.30-17.30 | Workshop 2: Shared Decision Making Charles Kelly | |
| | BREAK | |
| 18.00 | Welcome Reception Delegates are invited to join us in the hotel foyer There will be taxis to take delegates to Maggie's Centre at Freeman Hospital (arriving 1830) for a welcome reception followed by a tour of the Cancer Centre. Taxis will depart at 20.30 from NCCC to arrive back at the hotel by 21.00 | |

In the absence of clearly-defined goals, we become strangely loyal to performing daily trivia until ultimately we become enslaved by it.

Robert Heinlein (1907-1988)
US Science fiction author

Conference Programme

Thursday 21 April 2016

| | | |
|-------------|---|-------------------------------|
| 8.00 | Registration desk opens | Chairperson |
| 9.00-9.40 | EACE Plenary Graham Dark | |
| 9.40-11.00 | Session 3: abstract presentations | Graham Dark |
| 11.00-11.20 | Refreshment break | |
| 11.20-13.00 | Session 4: abstract presentations | Sabine Fromm- Haidenberger |
| 13.00-14.00 | Lunch | |
| 14.00-16.00 | Workshop 3: Sexuality and sexual health concerns Joy Hall | |
| 16.00-16.30 | Refreshment break | |
| 16.30-17.30 | Workshop 4: Teaching with limited time in the oncology clinical setting Amy Cooper & Sophie Holmes | |
| | BREAK | |
| 20.00-end | Dinner on your own A group will be leaving the hotel foyer for dinner on your own (restaurant recommendations will be provided) | |

Integrity without knowledge is weak and useless, and knowledge without integrity is dangerous and dreadful.

Samuel Johnson (1709-1784)
Author, critic and lexicographer

Conference Programme

Friday 22 April 2016

| | | |
|-------------|---|---------------------|
| 8.00 | Registration desk opens | Chairperson |
| 9.00-9.40 | AACE Plenary Amr Soliman | Joy Notter |
| 9.40-11.00 | Session 5: abstract presentations | Joy Notter |
| 11.00-11.20 | Refreshment break | |
| 11.20-13.00 | Session 6: abstract presentations | Kathrin Kirchheiner |
| 13.00-14.00 | Lunch | |
| 14.00-16.00 | Workshop 5: Futuring Cancer Education: The potential of schools to Reduce Cancer Risk Filipe Santos-Silva | |
| 16.00-16.30 | Refreshment break | |
| 16.30-17.30 | EACE Annual General Meeting All delegates are welcome to attend | |
| | BREAK | |
| 19.30-23.00 | Conference Dinner Please note that drinks are not included with the conference dinner. Meet in the bar at 19.30 with dinner served at 20.00 in Le Rivage room (through the bar area) | |

Bloody instructions, which, being taught,
Return to plague the inventor.

William Shakespeare (1564-1616)
Macbeth (Act 1, Scene 7)

Evaluation forms

During the meeting evaluation forms will be handed out for completion. We greatly value the feedback that you provide and act on the results to improve the meeting content and structure.

Mobile phones

We would be grateful if all participants could ensure that their phones and other electronic devices are switched to silent mode during the presentation sessions.

Times subject to change

Please note that all timings are subject to change and the chairperson for each session will endeavour to keep to time.

Any alteration to the programme will be announced at the beginning of each session.

Presentations

If you have a presentation, please note that the total time for the presentation is 20 minutes which should be 17 minutes for the delivery and then 3 minutes for questions. The chairperson will stand up when there is 1 minute remaining and therefore, if this occurs you should immediately begin to round up your presentation. If the delivery reaches 20 minutes, the chairperson will stop your presentation to ensure fairness for all present.

PLEASE provide your presentation before the session start, ideally at a break earlier in the day.

Networking

We always encourage networking at EACE meetings and therefore, please can you wear your name badge at all times. This will allow someone to introduce themselves to you and to discuss your work and contributions. Please make use of the refreshment breaks to meet new faces and enjoy the networking.

The illiterate of the future will not be the person who cannot read.
It will be the person who does not know how to learn.

Alvin Toffler

ICEC 2016: International Cancer Education Conference

14-16 September 2016

Bethesda, Maryland, USA

Theme: Promoting Cancer Education, Equity and Precision Medicine Globally

The 2016 International Cancer Education Conference is co-organized by the American Association for Cancer Education (AACE) and the Cancer Patient Education Network (CPEN). These organizations will collaboratively host the International Cancer Education Conference in Bethesda, Maryland, from 14-16 September 2016.



For more information have a look at:

<http://2016.attendicec.org/>

Important Dates:

- ~~Abstract Submission Opens: Late January 2016~~
- ~~Abstract Submission Closes: 11 April 2016~~
- Registration Opens: early May 2016
- Abstract Notifications Sent: early May 2016
- Final Program Posted: early June 2016
- Early Registration Deadline: 11 July 2015
- Regular Registration Deadline: 15 August 2015
- Hotel Reservation Deadline: 19 August 2016

Wednesday 20 April

Presentations & Workshop





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Should communication curriculum be implemented to the medical education programs? Students and young doctors' opinion

Introduction

Medical education program in Poland includes 5,500 hours of practical and theoretical classes. Acquiring medical knowledge and improvement of clinical abilities are considered as the most important parts of the training. Due to overloaded courses teachers have limited time to organize communication-oriented classes, for this reason communication training is so challenging for both the trainees and the tutors. The aim of the study was to assess patient-doctor interaction skills gained during medical course by the fifth -and sixth-year undergraduate medical students, as well as the doctors during internship and specialization.

Materials and Methods

The study group consisted of 140 responders, 44.2 % of which were young doctors during internship or specialization and 55.8 % were undergraduate students. We used self-designed questionnaire which was submitted on websites and forums for medical students and graduates.

Results

90.0 % of interviewees admitted that communication skills are crucial for medical practice. Respondents were also asked to estimate their abilities concerning patient-doctor interaction gained during education with the use of visual analogue scale ranging from 1 to 10. The median of obtained results was 5. Only 3.6 % of responders feel prepared for interaction with terminally-ill patients and breaking bad news to their family members. 72% of respondents considered communication with patients stressful, mostly due to patient's behaviour and medical status.

Conclusions

Medical treatment usually begins with face-to-face situation. The effectiveness of doctor-patient communication and compliance depends upon the ability of the participants to understand each other. Adequate communication training during medical education is related to better health outcomes obtained in the future, better compliance and satisfaction for both a doctor and a patient. Our study confirmed that young doctors are aware of crucial role of communication skills in medical practice and the need to include this training in medical education programs.

Abstract 1

Students' evaluation of oncology education up to 5th year of medical training



Introduction

Faculty of medicine in Poland is designed to fulfil the curriculum in 6 years' time. The main oncology course takes place during the last year. However oncological issues are delivered along with knowledge concerning other clinical subjects.

Aim

6 years after implementing unified oncology curriculum in Wrocław Medical University we wanted to find out how students rated the amount and quality of acquired oncology knowledge during the first 5 years of medical training.

Methods

We created questionnaire related to oncology education up to the end of the 5th year of medical training. 6th year faculty of medicine students answered about the amount of time dedicated to oncology, if there were oncology issues during other clinical subjects such as: internal medicine, surgery, gynaecology, urology, orthopaedics, etc. (accept propaedeutics of oncology class), about the necessity of the propaedeutics of oncology class and about how the class is held. They were asked to rate their oncological knowledge. The participation in the study was voluntary.

Results

From Feb, 1th to March 11th 2016 we collected 70 questionnaires. 69 were evaluated. 63.76% of the responders said that the amount of time dedicated to oncology training was adequate. According to students oncology issues were discussed mostly during internal medicine, surgery, paediatrics and gynaecology (94.2%, 88.4%, 78.2% and 75.3% respectively). The majority (79.7%) said propaedeutics of oncology class are necessary, the form of seminars is the proper one (78.2%) but it should take place later on during medical training (46.4%). For 84% oncology knowledge acquired up to the 5th year of medical training was inadequate.

Conclusions

According to 6th year faculty of medicine students oncology issues are crucial in medical training. The time of delivering propaedeutics of oncology might need revising. Oncological knowledge based on other clinical subjects is inadequate and needs detailed course dedicated strictly to oncological diseases.

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Oncology education during the final year of medical training- students' point of view

Introduction

The main oncology course is delivered during the sixth year of medical training. The authors confirmed in previous study that oncology issues were discussed during various clinical classes before the major oncology course but the oncological knowledge was deficient.

Aim

Continuation of the previous authors' study in order to find out how the students rate oncology education during the final year of medical training, after completing the main oncology course.

Methods

We created questionnaire related to oncology education during the 6th year of medical training. 6th year faculty of medicine students answered about the amount of time dedicated to oncology, about the form of the main oncology course (seminar and clinical lesson in small subgroups within different oncology departments) and about the range of discussed topics. They were asked to write if there were any missing issues and how the course should end (credit, exam, etc.). The participation in the study was voluntary and anonymous.

Results

From Feb, 1th to March 11th 2016 we collected 69 questionnaires. 78.3% of the students said that the amount of time dedicated to oncology training was adequate. The majority said the form of the main oncology course is the proper one and the range of discussed topics is adequate (92.8% and 71% respectively). 69.6 % of the responders listed different issues that were missing, such as: phantom examination as part of the course, more practical training and "role playing" activities, discussing certain clinical cases. 82.6% thought the main oncology course should end with exam.

Conclusions

According to the majority of the 6th year faculty of medicine students time dedicated to the main oncology course is adequate, its form and range of topics is properly selected. There are issues to be considered as a part of main oncology training course.

Students' needs and expectations concerning clinical lessons within oncology education



Introduction

Clinical lessons by the patient's bed are an integral part of oncology education. They are a part of main oncology course which takes place during the 6th year of medical training.

Aim

The authors wanted to find out if this type of classes fulfil students' needs and expectations. In order to do that we conducted clinical lessons in two fold manner. During the same day 6th year students had activities by the patient's bed and doctor-patient role playing. After the class students answered a short questionnaire.

Results

There were 40 questionnaires collected. 90% of the responders said that clinical classes by the patient's bed are crucial in medical training, 22.5% stated that this form of clinical class is neglected by the academic teachers, 5% thought it is old-fashioned. The majority of questioned students said that role playing is a good alternative to the by the patient's bed clinical class (72.5%). 7.5% thought this kind of activity might be a form of preparing the student to give out unfavourable diagnosis.

Conclusions

Clinical lessons held by the patient's bed are still very important part of oncology education. Role playing is an appreciated form of the clinical lesson, but it needs evaluating in order to improve students' communication skills. It seems that students need more attention from and cooperation with academic teachers during clinical classes.

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A reception charter in a palliative care unit

Aim and context

Our dynamics of continuous improvement of the quality of caregiving sensitized us with a research project called MOSTRA. Our unit of palliative care was selected to create new tools to promote the beneficence and the quality of care.

The first step was to investigate the knowledge of our team concerning quality of care. One day of training to various tools was proposed with a group which retained a too I: a charter in ten points. After this, 10 meetings of one hour have been organized in our unit to write, to adapt each item charter and to illustrate them in a humorous way through very provocative scenarios.

A poster is now available in our unit to help caregivers with those ten points.

Results

The director of nursing wants us to help the other units not to copy but to create their own tool, adapted other fields in oncology.

Step 1: I am available, approachable in listening



Abstract 5

If we do not educate properly patients planned for mastectomy, they will probably not undergo breast reconstruction. A surgeon's perspective



Introduction

Guidelines state that Breast Reconstruction (BR) should be offered and discussed to each woman with breast cancer who is planned for mastectomy. However, the majority of these patients (80% planned for mastectomy) do not undergo reconstructive surgery. As surgeons providing reconstructive surgery we wanted to understand the reasons of this state and to understand patient's motivations.

Materials and methods

A 20-question survey administered to a group of 50 women (age: 29-83 years, median: 53) treated with mastectomy.

Results

22.4% underwent reconstruction, 24.5% declared an interest in BR in the future, 53.1% were not interested in reconstructive surgery. 54.2% obtained information concerning BR before surgery, 59.1% after and 44.2% both before and after mastectomy. 59.2% were informed about reimbursement. Information given before surgery had a statistically significant impact on performing reconstruction or a declared interest in BR ($X^2=4.950$, $df=1$, $p<0.05$), as well as information about reimbursement ($X^2=8.875$, $df=1$, $p<0.05$). Age <55 years was another significant factor ($X^2=13.522$, $df=1$, $p<0.05$, C Pearson=0.525). Level of education did not impact upon the choice ($p>0.05$). The main reasons for the refusal were: fear of complications (47.4%), priority to recovery over aesthetic (36.8%), age, defined by the patient as advanced (31.6%), high level of acceptance of the body after amputation (31.6%), fear of cancer recurrence (26.3%), fear of the pain and discomfort (15.8%).

Conclusions

Each patient planned for mastectomy should obtain sufficient information regarding breast reconstruction. Exact information is of special benefit to women discouraged by imagined disadvantages of surgery. Patients' education impacts the quality of life – not only before surgery, but also lifelong after finishing the treatment.

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Gamifying medical learning: Designing a mobile app for social-based learning and assessment in the context of Final Medical Exam in Poland

Introduction

Gamification is a recent trend of incorporating certain aspects of video games (social systems, rewards, scores) into areas other than gaming, such as education. It is mainly used as means of raising user involvement, and allows for both easier assessment and instant feedback. We designed our Mexam mobile app with those features in mind - to help students and young medical doctors prepare for Final Medical Exam. Launched on April 2015, Mexam combines competitive gameplay with tools built for learning and assessment.

Methods

Mexam's core feature is a quiz show-like game where two players compete answering multiple choice questions from twenty six different fields of medicine. The opening player starts by choosing one category from the available three, and answers three questions. The opponent answers the same questions, and then chooses another category. The game continues until eighteen questions covering six categories are answered by both players. The scoring is based on the number of questions answered correctly with a small penalty based on response time. The time limit for each question is calculated independently. Due to the often interdisciplinary nature of the questions used, oncology is treated as an independent tag with each question frequently assigned to more than one category.

A variety of other tools were implemented: a social hub (allowing communication), avatar customization, ranks and scores (with a leaderboard allowing competition between universities) are all available in game. Each user is also granted access to in-depth statistics with the percentage of correctly answered questions from each field, and a learning curve visualizing user progress.

Results

Since its launch date Mexam was downloaded over seven thousand times, with more than six thousand registered users (thirteen new users signing up every day). Since then 61,055 games were played, with one new game being played every seven minutes, on average.

Results and findings of a pragmatic review of empirical interventions to educate undergraduate nursing students to deliver dignity in care



Background

Delivering dignity in nursing care is a key focus of current professional and strategic imperatives, not least in light of several well-publicised lapses in professional standards. This literature review was undertaken to capture the current state of empirical evidence supporting educational interventions for undergraduate nurse education and to elicit a research proposal for ongoing study.

Methods

PICO was used to establish a search strategy. A search was undertaken in Cinahl Plus, ASSIA, ERiC and Scopus with no date boundaries but excluding under 16 year olds. Papers selected had 'education, nursing' as a major subject and the selected terms applied in the manner dictated by the database search instructions. Inclusion criteria were papers where there was an intervention where dignifying care occurred; where education took place; where outcomes were reported or where the intervention was evaluated and reported. Multiple-level analyses, including using Biggs 3P model as a framework, were undertaken.

Results

Sixty papers were included. Synthesis supports the pivotal role of education in supporting students in a transformational journey throughout their undergraduate preparation. Evidence indicates the role of the nurse educator and clinical role models in building and communicating relationships with patients and clients; and those teaching and learning strategies that have been used both to promote and measure that transformation. A very few studies report the negative consequence of empathic distress upon the student.

Conclusion

There is empirical evidence to support undergraduate nursing education in the delivery of education for dignity in care. Much of the evidence is of limited quality and transferability. There is scope to investigate the role of education in facilitating the students' personal professional journey as the focus of further research.

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A cell phone app to increase physical activity in cancer survivors

Approximately 1/3 of common cancers in the US could be prevented by following healthy patterns of physical activity and diet, including maintaining a healthy weight. Healthy behaviours such as exercise and eating well may be especially important for cancer survivors due to their increased risk for recurrence or developing a new cancer. Unfortunately, many American Indian populations are less likely to engage in these risk-reducing behaviours, and may engage in behaviours that increase risk such as sedentary lifestyles and poor eating habits.

As a method to increase physical activity among American Indian cancer survivors, the Research Team developed a physical activity cell phone app that is currently undergoing pilot testing with 16 Northern Plains American Indians from 2 South Dakota Reservations.

The app will function as a pedometer and provide text and video messages that focus on physical activity (emphasizing walking and stretch-band exercises) as well as provide access to stories from Northern Plains cancer survivors addressing physical activity and quality of life. The app also includes multiple menus to track various types of activities, including length and intensity of the activity, as well as a self-report eJournal to track physical symptoms and how the survivor feels about taking part in physical activity.

A Community Advisory Committee from each Reservation provided guidance and feedback on draft content and assessed ease of use and cultural and geographic appropriateness. A usability test on each Reservation evaluated the app's feasibility for use among American Indian cancer survivors. This presentation will discuss development of the app, app content, findings from the usability tests and initial findings from the pilot test.

The pilot project was funded by a grant from the Collaborative Research Center for American Indian Health Pilot Grants Program through the National Institute on Minority Health and Health Disparities (NIH U54 MD 008164).

Lost after transition: the reality of living after colorectal cancer and a stoma when therapeutic intervention has ceased



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Background

Colorectal cancer is one of the leading causes of morbidity and mortality worldwide, particularly in developed countries. In Europe, USA and most of the industrialised world, colorectal cancer is the third most common cancer and the second most common cause of cancer deaths.

A diagnosis of colorectal cancer and its subsequent treatment, often with a stoma, can adversely affect a patient's quality of life. Following treatment such as chemotherapy, radiotherapy and/or surgery, patients have a range of physical, emotional and psychosocial needs. To enhance the quality of life of colorectal cancer patients during their treatment and longer-term survival phase, there needs to be growing recognition of the negative sequelae for this group of patients.

Aims

The study aim is to gain insight into the patients' needs after their discharge at 5 years; how these affect their quality of life (QoL) and how to support them.

Methods

Descriptive phenomenology enables an in-depth exploration of experiences of people diagnosed with colorectal cancer and colostomy formation once therapeutic interventions have ceased; increasing awareness, knowledge and understanding of the long-term effects of colorectal cancer treatment on quality of life.

A conceptual framework and education model will contribute to the education and training of general and specialist nurses

- Develop an information package for individuals who have undergone colostomy formation after a diagnosis of colorectal cancer
- Make recommendations for policy and practice in the field of colorectal cancer and colostomy care

Results

The conceptual framework has been established. Early focus groups and individual interviews have started.

Conclusions

The findings so far have highlighted issues that patients find important and worrying once therapeutic intervention has ceased. The lack of help reported by patients is a cause for concern.



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Workshop 1:

Bioethics of cancer practice and research: Training for a global audience

With the globalization of health science training to support improved health care practice worldwide, the need for clear agreement about bioethics in health and responsible conduct of research (RCR) among students, faculty, providers and their institutions is critical. This workshop describes efforts at two US academic health centers to promote knowledge and engagement in bioethics and RCR.

From MD Anderson Cancer Center, we will demonstrate how we use an online interactive video developed by the US Office of Research Integrity to promote discussion about research fraud and misconduct and research professionalism. This session is presented annually for the institution's monthly RCR seminar series that serves as an example of student ownership that promotes leadership and application of RCR. Participants report enjoying interactive use of online video scenarios relatable to their own experiences by a knowledgeable presenter.

From the University of Arizona, we will highlight development of a bioethics curriculum for haematology and oncology fellows. Fellows are offered ethics as an elective with a focus on clinical or research ethics. At the conclusion of the elective, each fellow is asked to contribute to the development of the curriculum. In addition to the reading and online interactive video component, several opportunities are available to participate in ethics consultation.

Recognizing that bioethics and RCR are influenced by culture and values that vary between and within countries, participants will work through case studies to surface differences in acceptable ethical resolutions that reveal opportunities for misunderstanding for what constitutes violations of RCR and bioethical practices.

Workshop 2:

Cancer Patient education and Shared Decision-Making

By its very nature, the use of shared decision making (SDM) between healthcare professionals, patients and their carers should increase the information available to patients, to inform their subsequent decisions about their own personal management plan. It fundamentally impacts, on patient education. Particularly important is the information about survivorship issues such as quality of life and functionality as well as estimates of survival and prognosis.

This may lead to dilemmas when patients are presented with a two very different management plans such as surgery or radical chemoradiotherapy, both with similar survival outcomes but with possibly very different.

Survivorship issues, for example making the decision between loss of voice or loss of swallow. Shared decision-making should be a methodology, where not only information is passed to patients and carers but also techniques to facilitate the patient and family making the best decision for them, depending on their own individual aims and objectives. SDM is an evolving tool which presents its own challenges, especially with time and personnel resources.

This workshop will illustrate how SDM is being used to improve patient education, how it has changed and will evolve further in the future.



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To travel, to experience and learn: that is to live.

Tensing Norgay (1953)

Thursday 21 April

Presentations & Workshop





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Advances in Cancer Education in the UK

In the beginning there was a syllabus, then a curriculum. Now we have task-orientated competencies in practice. These represent some of the changes that have evolved in education over the last 25 years.

The evolution in postgraduate training and introduction of workplace-based assessment has seen an increase in the evidence of competence, a requirement to train the trainers and delivery of quality assurance at all levels of organisation in the UK.

The oversight of training is now unified within the General Medical Council and this presentation will consider the changes that have occurred in the UK to improve the standards of training.

Assessment of knowledge is linked to detailed feedback and innovation in the use of classification taxonomies has improved the quality and nature of feedback to trainees.

Mirroring the changes in postgraduate training, the medical schools in the UK are collaborating to improve standards in both curricula and assessment. As a result the long-standing approach taken by some schools has been challenged and an evidence-based methodology is slowly emerging, resulting in better evidence of ability of all students.

The curriculum congruence demonstrated ensures that the future workforce is fit for purpose, well-supported, assessed appropriately and the whole process is quality assured demonstrating that patient safety is paramount throughout.

This presentation will cover the changes in all aspects of medical education in the UK and finish on the implications for cancer education and achievements to-date.

Are newly qualified junior doctors equipped to care for patients with cancer?



Background

From the first day of commencing work, junior doctors provide care for patients with cancer or at the end of life. It has been shown that junior doctors feel insufficiently prepared to manage end of life issues (1) with worryingly low levels of undergraduate exposure to patients with cancer (2).

Our study explores whether new doctors are equipped for their role in communication, investigation and management of patients with cancer with a view to identifying areas for improvement in undergraduate training.

Methods

A questionnaire was developed based on recommended undergraduate oncology and palliative care curriculums from The Royal College of Radiologists (RCR) and the European Association of Palliative Care (EAPC) (3,4), and similar previous pieces of work (1,2). Questionnaires were distributed to FY1 doctors in two Newcastle hospitals and one district general hospital.

Results

A total of 45 FY1 doctors from 15 different medical schools completed the questionnaire. 73% of respondents felt prepared for starting work as a junior doctor. 47% felt prepared for caring for patients with cancer. 82% felt they received sufficient communication skills teaching, with 69% prepared for breaking bad news. 87% felt prepared for suspecting a diagnosis of cancer however 44% felt unprepared for detecting oncology emergencies. The majority felt prepared for managing end of life issues (69%).

Conclusions

Junior doctors are well prepared for commencing work – less so for providing care for patients with cancer. They are worryingly under-prepared for detecting and initially managing oncology emergencies. Several key areas for improvement and further exposure have been identified. These include the amounts of teaching time in oncology and palliative care specialties and education on oncology emergencies and communication skills.

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Impact of Oncology Teaching on Medical Students' Perception of Cancer

Background

Statistics show that more than 1 in 3 people in England will develop cancer during their lifetime. However, a 2013 study found that only 36% of UK medical schools offer dedicated clinical teaching in oncology.

Aims

To assess medical students' perception of cancer and examine how this changes following 3 half days of oncology teaching in Tyne base unit.

Methods

A 28-item questionnaire was developed, piloted and run with 61 students, based on 5 domains of cancer perception (The Physician; Psychosocial Factors; Treatment; Prognosis; Education). When comparing questionnaires before and after teaching, impact was measured as positive or negative deviation from previous responses. Students were asked about career intentions and to evaluate teaching.

Results

41 students responded to the questionnaire. Teaching positively impacted on 71% of questions. Negatively deviated responses were regarding who should lead discussions in consultations, side effects of treatment, if patients should be well informed about their prognosis, optimism about treatment. 67% of Students would prefer more oncology teaching. The percentage who felt uncomfortable using the word "cancer" fell from 45% to 29%. Those who felt confident in breaking bad news rose from 9% to 59%.

Conclusions

Focused teaching over 3 half days had a positive impact on all domains and was enough to stimulate interest in a career in Oncology. Students gave positive feedback about teaching, but many wanted more exposure to this specialty.

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Vienna Summer School on Oncology 2015: An update of an international cancer education project for medical students



Background

Cancer is a major health problem, which settles over the entire width of medicine. This leads to a special challenge in education of oncology during Medical Studies. Depending on the incidence undergraduate education and training in oncology and research is of great importance. In Europe teaching about cancer is often fragmented during medical school. Hence the Vienna Summer School on Oncology (VSSO) has been established as an integrated, multidisciplinary, international oncology training at an undergraduate level for medical students. The VSSO aims at medical students to become familiar with cancer care, research and the ability of joined-up thinking.

Methods

Thematic focus is on multi-disciplinary diagnostic procedures, treatment approaches and cancer research divided in a clinically oriented and a research-oriented track. The educational program lasts for seven days and is based upon a faculty of 25 teachers from the various cancer disciplines, 6 oncologists in training and 6 student tutors. It consists of various modules: pre-module and presentations by the students, lectures, workshops, blended learning, pre and post summer school knowledge check and social program. The program was organized and supported by the interactive e-learning platform "Moodle", supporting the Participants with major information, training documents, anonymised patient cases and a forum for discussion.

Results

29 students from 12 countries participated in the summer school. The participants showed a high level of satisfaction; the overall organisation was rated with a mean of 4.68 (SD±0.08) and all teachers with a mean of 4.36 (SD ±0.40) points out of 5. The results of the knowledge check at the beginning and end of the course indicated a significant knowledge acquisition. In the questionnaire on general aspects of cancer the median increased during the summer school from 8.75 points (IQR 7.5-9.4) to 10.0 points (IQR 9.4-10.0) with $p=0.005$. The Knowledge of specific aspects of cancer, in relation to the knowledge check, almost doubled during the summer school (median 4.87 points (IQR 3.33-5.71) vs. 8.72 points (IQR 6.78-9.49) $p\leq 0.001$).

Discussion

The students indicated high levels of satisfaction with the program's multidisciplinary approach underlying the need and benefit of an inter- and multidisciplinary teaching course on oncology.

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Prescribing for cancer patients; a challenging transition from medical student to junior doctor

Background

With 47% of deaths occurring in hospital (1) and an increasing prevalence of cancer, junior doctors provide care for patients with cancer or at the end of life from the first day of commencing work. Prescribing is a challenging transitional step in the progression from undergraduate medical student to junior doctor, and is an essential skill ensuring patients receive optimal symptom control. We explored newly qualified junior doctors' preparedness for prescribing in patients with cancer and/or palliative care needs, with a view to improving undergraduate medical education.

Methods

A questionnaire was developed based on key symptoms set-out by the European Association of Palliative Care (EAPC) and Royal College of Radiologists (RCR) recommended oncology curriculums (2, 3), and similar previous pieces of work (4, 5). Questionnaires were distributed to FY1 doctors in two Newcastle hospitals and one district general hospital during their weekly-teaching.

Results

A total of 45 FY1 doctors completed the questionnaire. The majority felt prepared for prescribing analgesia (76%) and anti-emetics (84%) for patients with cancer. A significant proportion of junior doctors felt poorly prepared for prescribing medications commonly required at the end of life (22%) including the use of syringe drivers (58%). There was also significant uncertainty regarding stopping unnecessary medications at the end of life (42% felt unprepared for this).

Conclusions

Further training in prescribing for patients with cancer should be incorporated into the medical school curriculum. In particular, increased focus is needed on symptom control and stopping unnecessary medications at the end of life. Advances in undergraduate teaching and clinical experience in this area are essential to ensure optimal care for this large and susceptible group of patients.

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A linguistic evaluation of current breast cancer information in Spanish newspapers



The purpose of this presentation is to perform a linguistic evaluation of mainstream newspapers as sources of consumer information on breast cancer in Spain.

Breast cancer articles published in leading Spanish daily newspapers during the last year (March 2015-March 2016) have been analysed according to the use and misuse of concepts and terms. Full-size nationwide and international writings and news have been included for this purpose.

19 different newspapers were studied (estimated daily 7.9 million readers). Inclusion criteria were limited to written material with online availability. 214 articles about breast cancer were retrieved and classified as follows: 89 (41.6%) scientific articles from publications or professional meetings, 90 (42 %) divulgation/advocacy articles, 35 (16.4 %) social communication articles. Authors were disclosed in 94 articles (42 different journalists), not available in 53 and submitted from news agencies in 67.

After a linguistic analysis with support of breast cancer specialists, misuses of concepts (115), terms (357) and relation of concepts with terms or sentence validity (57) were found. Only 1 of the articles had a formal correction by the newspaper redaction. These problems were more frequent in articles about scientific publications (89/89) in comparison to other articles (86/125). As most of the original scientific papers were published in English, inadequate or poor translations into Spanish have been one of the main causes of concern with several specific terms proven to be especially confusing and potentially problematic.

In conclusion, misuses of concepts and terms are common in Spanish newspaper articles with comments on scientific publications, with a potentially negative impact on consumer information and health education. Low-profile translations from scientific English are present even in leading newspapers with widely recognised style correction departments. This finding may be present in journalism of other countries and languages.

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Challenges and difficulties attributable to doctor-patient communication in oncology and other specializations

Introduction

Communication with patients is considered the core element of medical practice as the success of every consultation depends on the quality of doctor- patient dialogue. Certain branches of medicine are considered more mentally-exhausting mostly due to demanding interactions with patients. Oncology is definitely a good example of where both doctor and a patient face a life-threatening situation, which can seriously affect their attitudes. However, communication skills remain acknowledged as crucial competence in every specialization.

The aim of the study was to assess how interactions with patients affect doctors in their daily practice.

Material and methods

The study group consisted of 61 respondents , 16 % of which were oncologists with at least 10 years of professional experience .We used self-designed questionnaire which was assembled in The University Hospital in Wrocław and Regional Comprehensive Cancer Center.

Results

93% of experienced physicians are satisfied with their interaction with patients however 16.4% admit it is unpleasant element of their practice. 38 interviewees consider breaking bad news especially difficult moreover 27 respondents avoid providing patients with full information about a prognosis or treatment availability. 70% of doctors feel overwhelmed with professional duties and admit that they would like to offer more time for each patient. Almost 75% of interviewees within all oncologists feel depressed at least from time to time due to their work. Median of self-assessed communication skills on a 1-10 Visual Analogue Scale was 7. Only one respondent would dissuade students from medical career.

Conclusions

The results confirm that most doctors consider communication with patients a crucial element of their practice. Doctor-patient interaction affects their daily life, oncologists remain more influenced subset however they found their work worthwhile and wouldn't discourage young people from medical studies. These results could be a word of advice for medical students considering oncology their future specialization.

An undergraduate medical education society for near-peer teaching: Our experiences



Background

Teaching is an important aspect of a career in medicine, both in educating patients and junior colleagues. Near-peer teaching is the teaching of junior trainees by senior trainees one or more years ahead in training¹. Medical education literature features multiple successes with this model.

Our Model

Newcastle Medical Education Society (MedEdSoc) is an undergraduate medical student society founded on the principle of near-peer education. Curriculum-specific revision courses are delivered in preparation for MBBS examinations at Newcastle University delivered by senior medical students for their junior colleagues. Topics taught include physiology and pathophysiology in Stages 1 and 2 and clinical and investigative medicine in clinical years. Many teaching methods are employed ranging from small-group round-robin circuits to large group didactic lectures.

Discussion

We have found that there are clear benefits of a university near-peer teaching society. On a community level, the society has a far reach. Based on returned feedback forms, average attendance across all revision sessions in 2014/15 was 100 students, and over 150 students acted as teachers.

There are many benefits for students; as teachers have recently sat the same exams, relevant content for sessions is more easily identified. We use online survey resources to ascertain weak topics students would like covered. As a result in 2014/15, 90% third and fourth year students found sessions relevant. Benefits for teachers include developing public speaking skills, consolidating own knowledge, and preparing for teaching and leadership roles expected of them as junior doctors.

Conclusion

The model of an undergraduate medical education society has not previously been documented in literature. MedEdSoc has been successful at Newcastle University in developing interest and student skills in medical education whilst providing learning opportunities for junior students.

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What is the best way to facilitate peer teaching between medical students? Evaluation of a novel round-robin teaching session by Newcastle University Medical Education Society

Background

Newcastle University Medical Education Society is a student-run society that aims to increase participation in medical education. Peer-to-peer teaching is an increasingly fundamental part of how undergraduate medical students develop as clinical teachers. Small-group sessions have been found to promote greater retention of knowledge compared to large group didactic teaching. We aimed to develop and evaluate a novel round-robin, small-group teaching session for pre-clinical medical students.

Methodology

The session was aimed at first year medical students preparing for a summative examination. The round-robin involved a circuit of six 20-minute stations. Students ($n=100$) were split into two groups and randomly assigned to one of two identical circuits that ran simultaneously. Students rotated through six stations, each covering a different peer-taught topic. In total 12 teachers were recruited. Feedback forms were collected from students ($n=86$, 86%) and peer-teachers ($n=10$, 83%). Quantitative Likert scale data (students 6-point, teachers 5-point) were analysed with unpaired Student's T-test and Kruskal-Wallis statistical testing. Thematic analysis was used to investigate qualitative data.

Results/Discussion

All students ($n=86$) reported that the session aided their examination preparation. Students reported satisfaction with the session overall (mean 5.3/6, SD ± 0.71 , $p=0.001$), its relevance to their examinations (5.3/6, ± 0.62 , $p=0.001$) and round-robin format (5.3/6, ± 0.69 , $p<0.001$). Peer-teachers found the session excellent overall (4.4/5, ± 0.70 , $p<0.001$) and that students engaged with the format of the teaching (4.6/5, ± 0.51 , $p<0.001$). Although students reported a statistically significant variation in teaching quality between teachers ($p=0.003$), there was no reported difference in station content ($p=0.18$) or detail of teaching ($p=0.17$). The main positives reported by students and teachers drawn from thematic analysis were the interactive format of the round-robin and its usefulness for exam revision.

Conclusion

The round-robin method is a well-received and effective technique for facilitating peer teaching of medical students.

References

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Teaching urology residents robotic cancer operations



Introduction

Teaching cancer operation to residents is a challenging task. With limited availability of simulators for advanced robotic skills training, we developed a structured system to teach and evaluate the learning of residents during robotic cancer operations. We will use robotic radical cystectomy to demonstrate this system.

Methods

Despite several variations to the operation (men vs. women; radical vs. simple cystectomy; diversion types: ileal conduit, Indiana or Studer pouch), we divided the operation into 38 segments. Twenty-eight were related to sitting on the console. In 30 consecutive cases, we videotaped the operation and documented the number of segments each resident performed during the case. Only residents that sat on the console for at least one segment participated in the study.

Results

3 senior residents participated in the operations and sat on the console during those 30 cases. They participated in 9 to 24 of the 30 cases (30%-80%). They performed 5-19 out of 38 steps of the operation (13%-50%). All three demonstrated a gradual increase in the number of steps they performed along those 30 cases. They typically inserted the trocars and docked the robot; dissected out and transected the ureters, performed parts or all of the cystoprostatectomy; extended lymph node dissection; ureteral anastomosis. They typically did not perform yet: manoeuvring the left ureter under the meso-sigmoid; Intracorporeal bowel work and suturing; suturing of Studer pouch to the urethra.

Conclusions

Despite the complex nature of oncologic robotic surgery and the system's limitations, we could precisely document residents' advancement in terms of segments of the case that residents performed, the type of segments that residents are usually allowed to perform and segments that are at later stages of their learning curve. It allowed us to provide feedback to mentors and residents alike, review beforehand more complex segments with the residents and plan with them the next steps of their robotic skills. We did not systematically analyse the video segments from the operations yet. This will allow us to retrieve additional information such as quality of technique and speed, providing further feedback to our residents, refining their technical skills and their reasoning process during the operation.

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Workshop 3:

Sexuality and sexual health concerns of lesbian and bisexual women & their partners following treatment for cancer: Patient and Educators experiences and views

Background

Over the past couple of decades numerous studies have shown that cancer and its treatments have an impact upon individuals and couples expressions of sexuality and sexual health, mainly focussed on the experiences of heterosexual women. Very limited studies have explored the experiences of lesbian and bisexual women, therefore there is an apparent dearth in available literature to help guide practice in this area. Additionally, although the health care needs of individuals from sexual minority groups has begun to be recognised and addressed by practitioners, the question remained as how prepared practitioners are to address the psychosexual and relationship needs of these patients.

Aim

The focus of the project is to explore the sexuality, sexual health and intimate relationship experiences of lesbian and bisexual women and their partners following treatment for cancer. Together with exploring the attitudes and preparation of health care professionals working in the cancer field when encountering these women in practice. The ultimate aim is the development of an educational toolkit to guide health care professionals to provide culturally sensitive care in these areas.

Methods

Adopting a modified action research model, the project, to date has utilised the following:

- Survey of expert cancer practitioners and educationalists.
- Focus group interview with cancer specialist nurses
- Documentary analysis of U.K undergraduate/ pre- qualifying medical and nursing curricula.
- Documentary analysis of U.K. policy documents and practice documents relevant to both sexuality/sexual health and LGBT health related issues.
- Semi structured interviews of lesbian and bisexual women who have been treated for primary cancer.

Findings

The survey demonstrated that overall the practitioners did not ask patients and did not feel comfortable asking about sexuality, sexual health or intimate relationships in general and even less comfortable in addressing these with sexual minority patients. The focus group showed that whilst the practitioners are willing to address these areas with patients, they feel ill prepared to do so, being even more so when working with sexual minority patients. This is not surprising given the findings from the documentary analysis with little curriculum content related to both sexuality issues and sexual minority health. The experiences of the women (to date) echo the above together with fear of potential discrimination should they disclose their sexual orientation to their health care providers.

Workshop 4:

Teaching with limited time in the oncology clinical setting

In oncology, as in all clinical specialties, healthcare professionals are under severe time constraints. How can we find time to teach in a busy clinical setting? Can high quality teaching be delivered alongside optimal patient care? The answer is 'yes' – even small moments of teaching time can provide invaluable learning opportunities [1]. This workshop will equip you with the tools required for delivering rapid and effective teaching in the clinical environment.

Our session explores three key principles which underpin time-effective teaching [1]. First, the learners' needs must be identified to establish learning goals. Secondly, teaching must be delivered rapidly, focussing on an essential principle. Thirdly, feedback must be provided with guidance for further study. A range of models have been designed for rapid teaching using these principles, including 'the one-minute preceptor' and 'SNAPPS' [1].

In this workshop, you will work in small groups to practice rapid teaching, using models such as the 'one-minute preceptor'. Your small group work will be based on example patient cases of oncological emergencies. Once you are familiar with the model, we will focus further on questioning technique and feedback methodology. This will be an interactive session with plenty of opportunity for discussion and sharing personal experiences of teaching successes and failures.

This workshop will provide you with a toolkit for rapid and effective clinical teaching.

References

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As a teacher I chart paths to lead my students from there to here and back again.
It's one thing to recognize effective teaching, quite another to guide someone to create it.

Anon

Friday 22 April

Presentations & Workshop





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Cancer education in low- and middle-income countries (LMICs): AACE challenges and opportunities

Cancer incidence and mortality rates are projected to increase significantly over the next few decades in LMICs. Needs for cancer education in LMICs are enormous. The American Association for Cancer Education (AACE) is engaged in professional and patient cancer education activities with collaborators in different LMICs. This presentation will include the following topics:

- Profile of cancer in LMICs.
- Objectives of cancer education programs in LMICs.
- Examples of cancer education programs of AACE in LMICs.
- Challenges for cancer education in LMICs.
- Opportunities for cancer education in LMICs.

Self-esteem and Sexual Quality of Life of Prostate Cancer Patients after Pelvic Irradiation and Radical Prostatectomy



Introduction

Prostate cancer treatment can have a negative impact on Sexual Quality of Life. Due to the fact that previous studies focused more on the ability to maintain erections, we decided to measure and compare both physical and mental aspects of Sexual Health among patients after Pelvic Irradiation and Radical Prostatectomy.

Methods

Two groups of patients were analysed: patients undergone Radical Prostatectomy - with and without nerve sparing (93 patients), and patients undergone Pelvic Irradiation (85 patients) from hospitals located in Lower Silesian Voivodeship, Poland. To carefully measure both physical and psychological aspects of Sexual Quality of Life, three questionnaires were used: SQOL-M (Male Sexual Quality of Life Questionnaire) SHIM (an abridged version of International Index of Erectile Function Questionnaire) and SEAR (Self-Esteem and Relationship Questionnaire) all provided by Pfizer Patient-Reported Outcomes. Data was gathered both directly, and through a web-based form, 6 months after the surgery.

Results

Mean reported age was 62. General assessment of sexual health was similar in both groups, with low, but noticeable impairment of sexual function after the surgery regardless of method used. Although older patients reported very low baseline sexual function - the most prevalent problem regardless of age and treatment option was psychological in nature - as more than 80% of patients reported a self-esteem issue affecting the level of sexual bother.

Conclusion

Although sexual function is usually defined solely by the ability to obtain and maintain erections, our study suggests that Sexual Quality of Life after prostate cancer treatment is a complex problem, strongly affected by other psychological issues.

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The importance of side-effect information in post-treatment life in gynaecological cancer survivors

Introduction

With improved survival of gynaecological cancer patients, attention needs to be paid on health-related quality of life. Physical problems such as diarrhoea, vaginal dryness, abdominal pain may occur as long-term side effects and comprise a significant impact in quality of life. For this reason it is important to inform patients about a role of adverse effects on their post-treatment life.

Aim

The purpose of this study was to investigate an impact of side-effect information in quality of life of women treated for endometrial and cervix uterine cancer.

Materials and Methods

The investigated group consisted of 39 women that underwent an oncological treatment (surgery and/or radiotherapy and/or systemic treatment) with the diagnosis of endometrial (20) and cervix uterine (19) cancer, mean age 54.6 (\pm 10.9). Quality of life was assessed with the use of special questionnaire. The questionnaire consisted of 13 questions and the maximum possible score was 65. The higher score mean better quality of life. The scores from questionnaire was compared in terms of age, information about side-effects before treatment and information how to reduce the symptoms.

Results

The mean score in Quality of life questionnaire was 50.15 (\pm 8.85). The most common adverse effects were: diarrhoea (mean 2.77), vaginal dryness (mean 3.07), and abdominal pain (mean 3.58). Statistical analysis showed significant dependency between receiving an information about adverse effects and quality of life ($p=0.0017$). Advised patients achieved better score than patients without information about side effects. Age of the patients correlated positively with quality of life score ($p=0.001$, $r=0.51$). Quality of life score was associated significantly with advice how to reduce the symptoms.

Conclusions

This study confirmed the importance of side-effect information in post-treatment life and indicated the role of good doctor-patient communication in cancer care.

Attitude towards end-of-life communication of Austrian medical students



Aim

To investigate attitude and beliefs towards end-of-life communication (EOLC) in Austrian medical students and to identify possible associations with socio-demographic and medical education-related parameter.

Material and methods

All medical students at the Medical University of Vienna were invited to participate in the questionnaire survey. Data were assessed web-based via the university's information management system 'Med.Campus'. Attitude towards EOLC was evaluated by 9 items, based on recent literature. Additional socio-demographic (e.g. age, place of origin, and experience with relatives at the end of life) and medical education-related parameter (e.g. academic year, practical experience, and intended specialty) were assessed in addition.

Results

Overall, 743 students participated in the study. Median age was 23 years (range 17-62); 55% were female. The majority of students (79%) think that patients with advanced disease should be informed about their cure rates and prognosis with statistics and time frames. Over half of them (55%) believe to be able to sufficiently weigh risks and benefits of palliative patients for their patients. About one third states that information about the end of life increases the patients' suicide risk (35%), and that the treatment of chronically ill patients is not satisfying for a doctor (29%). Study progress and practical experience have a significant impact on the attitude towards end-of-life communication of medical students.

Conclusion

Austrian medical students seem open for discussion about the end of life with their patients. Nevertheless, they have some concerns about their patients' well-being after disclosure. Targeted promotion of these contents in lectures might be helpful to increase students' knowledge about this increasingly important field.

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Multidisciplinary collaboration in online learning

When delivering online postgraduate courses we aim to ensure that learning is applicable to professional practice. An online delivery method allows students to form a community of practice and to appreciate multi-disciplinary perspectives with participants from a variety of professional backgrounds from around the world. However reduced engagement in collaborative activities can be a barrier to the formation of a community of inquiry.

We will discuss the redevelopment of an online oncology module and outlines the pedagogical and scaffolding changes implemented to encourage genuine collaboration as part of a “virtual MDT”. Students were full-time healthcare professionals and the update aimed to utilise their experience, requiring them to apply their existing knowledge from practice to authentic case studies whilst developing an understanding of other perspectives in multidisciplinary decision making. Outcomes of the project were assessed using student feedback and building on its success, additional aspects have been highlighted for future incorporation.

**Communication between the researcher and the researched.
Designing an application based study regarding oncogenic and
inflammatory effects of air pollution**



Introduction

Information flow in medical research is usually unidirectional. Patients and members of the study groups do not usually benefit from participation in a study right away, as gathered data is usually published after a delay, as well as hard to access and understand for a layman. The rise of mobile technology allowed us to design an application-based study, which in addition to its main data gathering feature constantly informs the user about the current and future levels of air pollution, his reported health state, and alarming symptoms.

Methods

AirPoll is a mobile application that serves as a gateway to a nationwide air pollution study. We designed it using Apple's Research Kit - an open source software framework for medical researchers. After all the permissions are granted and consent form is signed digitally, the application uses phone's Global Positioning System to determine user's location and then connects to the server of US Environmental Protection Agency to determine the level of various air pollutants. Those include: particulate matter with a mean aerodynamic diameter of 2.5 μ m and 10 μ m, ozone, sulfur oxides and volatile organic compounds. The built in questionnaire module allows us to gather data related to user's health, including past medical history, modified EORTC Quality of Life Module for Head and Neck Cancer and OSDI Dry Eye questionnaire. To raise user's engagement in the study and provide an information feedback, every user has access to his or her data presented in an easy to understand manner. Both current pollutants in the user's location and his approximate health state is displayed in a simple graph form.

Conclusion

This innovative approach to sharing information in medical research not only raises user's involvement in the study, but also fulfils an educational purpose.

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The Cancer Information Service (CIS) of the German Cancer Research Center: Impact of good information and communication practice on cognitive and affective endpoints in cancer patients

Patient-centered information and communication can favourably impact quality of life, self-efficacy and participation. However, research and surveys show considerable shortcomings here. To improve patient-orientation in cancer care, the German National Cancer Plan includes initiatives to foster HCP's communication skills as well as broad availability of complementary, independent counselling services, such as the CIS of the German Cancer Research Center. A large survey of users of the CIS telephone aimed to evaluate the impact of information and communication provided in this setting.

A total of 3658 callers, among them 1997 cancer patients, were surveyed with a mailed questionnaire that covered self-rated impact in cognitive endpoints (understanding of situation and options, orientation) and certain emotional domains (anxiety, assurance regarding medical care and health services) as well as health information and participation preferences. Descriptive analyses of results for cancer patients are presented.

Major concerns were individual information, specific advice and decision support. Over 60% stated better orientation regarding health services, understanding of options and assessment of previous information as result of the contact, corresponding with high ratings of CIS information and communication. 59% and 43%, respectively, felt more assured regarding their medical care and less anxious. Perceived high gain in cognitive endpoints translated favourably to these QoL-related domains. Also, the information provided fostered doctor-patient-communication and triggered action on part of patients. Stated preference for participation in decisions related to care was very high (88% full agreement).

Results and observed impact support that the CIS can effectively complement information and communication through HCP's and other sources und foster self-efficacy in patients. In view of the unusually high participation preference expressed, a survey project in collaboration with the Heidelberg University department of psychosomatic medicine looks more closely at subjective perception of participation and SDM, at preferences in specific clinical situations and at barriers and hindrances.

Comparison of the knowledge level about risk factors and methods of prevention of cervical cancer and adherence of performed gynaecological tests between Polish and foreign students of medicine in Wrocław



Introduction

Cervical cancer, as the second cause of deaths from neoplasm among women, can be largely prevented, which also connects to the necessity of promoting information about risk factors.

Aim

The aim of the study was to compare the level of knowledge and adherence to cervical cancer preventive tests performed among Polish and English Division students of medicine.

Materials and methods

The survey questionnaire consisted of a group of 87 female students of the Medical University in Wrocław between I-VI year of study, including 47 Pole and 40 foreigners. The respondents were unmarried, aged between 17-26 years. The research tool was a questionnaire consisting of general and specific concerning the diagnosis and prevention.

Results

The majority of Polish and English-speaking students declare their knowledge about risk factors for cervical cancer and prevention methods at the average level. It is noteworthy that 34% of foreign students declare only little knowledge about this issue. Polish students in most declare gynaecological visit at least once a year, where foreigner less than every 5 years. More than half of them claim not reporting to the gynaecologist at all. Both the Polish (51%) and English Division (64%) majority of students have never had a Pap test performed. The knowledge of the availability of a vaccine against oncogenic HPV types are 91% of Pole and 88% of foreigner.

Conclusions

The students are the future doctors of medicine, which during studies should not only acquire the best knowledge of oncology education, but also aware of importance of the problem, should strictly follow the recommendations for vaccinations and preventive examinations. Knowledge of Polish and English-speaking students about the risk factors and methods to prevent cervical cancer is only average; students of the first group have given more accurate answers. It is necessary to extend educational activities.

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Cancer Care in Vietnam

As an emerging economy Vietnam has achieved one of the best transformations in life expectancy with an average expectancy now in the upper 70's. However, while medical advances continue to offer more and better care to patients, the reality is that many cancer patients still present too late for effective treatment. Also while in the past treatment was free, now patients have to contribute towards the costs, thus, a cancer diagnosis can mean major economic problems for the whole family.

The problems for the country are compounded by the rapid rise in HIV/AIDS which in just over a decade since its first recording is now found in all 65 provinces, predominantly in younger people. There is an urgent need for more public education and for increased expertise in the commune health centres which are the first point of contact for patients. The Foundation of Vietnamese Cancer Association is trying to change this situation, but much recognise that more needs to be done, particularly in the more rural and in most cases poorer areas.

Using smartphones to promote cancer prevention



Estimates show that more than half of cancer cases are attributable to inadequate behavioural options. Smartphones, due to their portability and built-in capabilities, can be powerful tools to support innovative approaches to cancer prevention and provide health education and health promotion strategies to effectively change behaviours. In this presentation we will show this potential using Happy - Health Awareness and Prevention Personalized for You, a cancer prevention smartphone app currently being tested.

The prototype has been field-tested by 32 healthy young adults in a 4-week trial. Usability, feasibility and perceived impact of the app were assessed. The field test showed that Happy is easy to use and participants considered it to be an effective way to promote cancer prevention. This study shows the viability of using a smartphone app to promote cancer prevention and uncovered the potential role that these tools can have in cancer education.

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Workshop 5:

Futuring cancer education: The potential of schools to reduce cancer risk

Recent data clearly shows a steadily increase of cancer burden, reflecting ageing populations, reduced cancer awareness and the lack of impactful cancer education programs. Regarding the cancer continuum, prevention has been assumed as the best strategy to effectively reduce cancer burden. Still the majority of cancer education programs promoted by healthcare professionals are interventions limited in scale and scope.

We developed an innovative model for cancer education based upon high school teachers. A training program targeted to these educators providing them the necessary competences to develop and implement cancer education projects in schools.

To validate this novel approach, a protocol of systematic surveying was developed to assess the impact on teachers and students cancer knowledge using a questionnaire applied in three different moments: before (pre-test), immediately after (post-test), and one year after (follow-up) the intervention. Fifty-four teachers completed the training and revealed a significant increase on the teachers' cancer knowledge levels (31.8%, $p < 0.001$) at the end of the training program. A total of 1,648 students from 42 schools were directly involved in the cancer education projects promoted by trained teachers. Cancer knowledge was assessed in a students' sample randomly selected - by cluster sampling - the results showed also a significant increase in students' overall cancer knowledge ($n=385$; 5.3%, $p < 0.001$) after the intervention. Overall the results clearly showed a significant increase in teachers' knowledge and their acquired proficiency to develop and deliver impactful cancer education campaigns among their students.

The feasibility and impact of this innovative model prove that schools have an intrinsic potential as a social context for impactful cancer education programs.

The school environment should be considered an elective arena for future cancer prevention and control programs, aimed to reduce cancer risk, not only in school community members but also on the surrounding communities.

EACE Annual General Meeting Agenda

Date: Friday, 22 April 2016

Location: Copthorne Hotel, Quayside, Newcastle upon Tyne

1. Welcome and apologies (CK)
2. Revision and acceptance of last minutes (CK)
3. EACE board
4. Report from President (DS/CK)
5. Report from Vice-President (CK)
6. Report from secretariat (S F-H)
7. Update on the Journal of Cancer Education
8. EACE 2016 – Report from conference committee (GD)
9. Future scientific meetings/venues
10. 2017 – Toulouse, France
11. 2018 – Haifa, Israel
12. AACE 2016 – Bethesda, Maryland
13. Any other business
14. Close of AGM