

European Association for Cancer Education



28th Annual Scientific Meeting

**15-17 April 2015
Heidelberg
Germany**

German Cancer Research Center
Im Neuenheimer Feld 280
69120 Heidelberg

Programme and Abstract Booklet

Conference Location

Communication Center
German Cancer Research Center
Im Neuenheimer Feld 280
69120 Heidelberg
www.dkfz.de



Campus map: http://www.dkfz.de/de/dkfz/download/lageplan_dkfz.pdf

See page 57 of this abstract booklet.

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Conference Theme

**Improving Outcomes in Oncology,
Palliative and End of Life Care Through Education**



Welcome Message

It is our pleasure and privilege to host the 28th Annual Scientific Meeting of the European Association for Cancer Education and welcome you to Heidelberg and to the German Cancer Research Center, a multidisciplinary research setting. The German Cancer Research Center is partnering with the National Center for Tumor Diseases Heidelberg under the motto 'Interdisciplinary research, treatment and prevention for the patient's benefit'.

This motto is very much in line with the theme and the program of this year's meeting "Improving Outcomes in Oncology, Palliative and End of Life Care Through Education", and reflects the multidisciplinary work of our organisations for the benefit of cancer patients.

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.

Last not least, we hope that you will enjoy your stay at the German Cancer Research Center in our beautiful home town Heidelberg.

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.

Share your knowledge.
It's a way to achieve immortality.

Dalai Lama

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 15 April 2015

8.00	Registration desk opens	Chairperson
8.30-9.00	Introduction Welcome from the EACE President Local organising committee Host organisation	Darren Starmer Monika Preszly Susanne Weg-Remers
9.00-10.00	Session 1: Plenary Monika Keller	Monika Preszly
10.00-10.30	Refreshment break	
10.30-12.00	Session 2: abstract presentations	Radoslaw Tarkowski
12.00-13.00	Lunch	
13.00-15.00	Workshop 1: Teaching Communication Skills Shine Change & Carrie Cameron	
15.00-15.30	Refreshment break	
15.30-16.30	AACE Plenary Gilad Amiel, AACE President	Darren Starmer
	BREAK	
17.30	Welcome Reception Delegates are invited to join us in the foyer at DKFZ, German Cancer Research Center for a welcome reception with drinks and finger food	

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

People learn best when they are pursuing goals that they really care about and when what they learn helps them attain their goals.
The best means of learning has always been experience.

Roger Schank (2002)
Socratic Arts

Conference Programme

Thursday 16 April 2015

8.00	Registration desk opens	Chairperson
8.30-10.00	Session 3: abstract presentations	Joy Notter
10.00-10.30	Refreshment break	
10.30-12.00	Session 4: abstract presentations	Charles Kelly
12.00-13.00	Lunch	
13.00-15.00	Workshop 2: Play Roles Jean-Francois Heron	
15.00-15.30	Refreshment break	
15.30-16.30	EACE Annual General Meeting open to ALL EACE members	Darren Starmer
	BREAK	
17.00-end	Social event Guided tour through the city, meeting point is the city centre (will be announced during the meeting) and then dinner on your own (restaurant recommendation 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 17 April 2015

8.00	Registration desk opens	Chairperson
8.30-10.00	Session 5: abstract presentations	Sabine Fromm-Haidenberger
10.00-10.30	Refreshment break	
10.30-12.00	Session 6: abstract presentations	Graham Dark
12.00-13.00	Lunch	
13.00-15.00	Workshop 3: Assessment in Cancer Education Graham Dark & Darren Starmer	
15.00-15.30	Refreshment break	
15.30-16.30	Milly Haagedoorn Lecture Sabine Fromm-Haidenberger	Darren Starmer
	BREAK	
18.00-23.00	Conference Dinner Restaurant "Weißer Bock" Große Mantelgasse 24 Heidelberg +49 62 219 0000 Aperitif will be served outside at 6.30pm (depending on the weather)	

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

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

ICEC 2015: International Cancer Education Conference

21-23 October 2015

**Loews Ventana Canyon
Tucson, Arizona, USA**

Theme: Cancer Education in Diverse Populations: Disparities, Genomics & Innovations

The 2015 International Cancer Education Conference is co-organized by the American Association for Cancer Education (AACE), the Cancer Patient Education Network (CPEN), and the European Association for Cancer Education (EACE). These organizations will collaboratively host the International Cancer Education Conference in Tucson, Arizona, from 21-23 October 2015.

Abstract submission is now open with a deadline for submission of 4 May for both oral presentations and poster presentations. Abstract notifications will be made early June 2015.



For more information have a look at:

<http://www.2015.attendicec.org/>

Important Dates:

Abstract Submission Opens: mid-Feb 2015
Abstract Submission Closes: **4 May 2015**
Registration Opens: early June 2015
Abstract Notifications Sent: early June 2015
Final Program Posted: early July 2015
Early Registration Deadline: 3 Aug 2015
Regular Registration Deadline: 21 Sep 2015
Hotel Reservation Deadline: 30 Sep 2015

The question isn't:

‘What if we train people and they leave ?’

The question should be:

‘What if we don't train people and they stay ?’

Brian Tracy

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

Employee: I desperately need to take this training.

Boss: We can't spare you. Send Wally and have him tell you what he learned.

Employee: I'm awed by the sheer artistry of your mismanagement skills.

Boss: Thank you.

Anon

Is knowledge knowable ?

If not, how do we know this ?

Woody Allen (1935-)

Film Director and Author

Wednesday 15 April

Presentations



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 15 minutes which should be 12 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 15 minutes, the chairperson will stop your presentation to ensure fairness for all present.

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

Patient-centered communication in cancer care – How to improve outcomes



Patient-centered communication (PCC) that addresses patients' needs, values and capacity is regarded as the cornerstone for providing safe and high quality care to cancer patients and their relatives, throughout the entire illness trajectory. Reducing mortality and relieving suffering associated with cancer requires effective communication between clinicians and their patients and family members in the context of a health care system that supports these efforts.

When effective, communication creates shared knowledge and understanding, reduces clinical errors, leads to medically sound decisions concordant with patients' values, facilitates participation in care and helps patients coming to terms with their illness experience and find meaning. Taking into account that patients' and health care providers' perspective may differ greatly on what they consider as 'effective', helpful communication it is of utmost importance that health care providers and patients agree upon a shared model of goals and functions. The six-function framework proposed by Epstein & Street (2007) in a NCI commissioned monograph provides a useful roadmap for understanding how effective communication can improve health and health care for people facing cancer, and provides important insights into how effective communication can create 'healing relationships', meet patients' information needs, assist with decision-making and provide emotional support.

There is accumulating evidence for patients benefitting from effective, timely interventions including education provided as part of multidisciplinary integrated cancer care; that calls for added, joint efforts in educating and training health care professionals, aiming to enhance their communication competence and also to prevent clinicians' burnout.

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Evolution of anti-nicotine education program for Lower Silesia gymnasias and high school students – The role of local health educators

The program was initially executed with financial support from the Ministry of Health and Warsaw Oncology Center within “Primary prophylaxis nicotine dependent diseases and primary cancer prevention program”. Local organizers like Lower Silesia Oncology Center and in particular Screening Programs Coordinating State Department lead by Jolanta Kotowska continued and expanded the original program in the second phase.

The program’s main goal was to decrease tobacco-dependent malignant neoplasms incidence and mortality. Teaching teenagers about smoking harmfulness and tobacco-dependent diseases, creating ability to behave in assertive way and alternative way of dealing with problems were specific program aims.

Anti-nicotine education program in the first edition was carried out among first grade high school students in Lower Silesia. It took place in years 2001-2003 and covered a total of 16 800 students from 199 schools. Second edition is carried on by local organizers. It started in 2007 and continues up to now and covers 850-1200 gymnasium and first grade high school students per year. Anti-nicotine education was designed for both: teachers preparing them to do workshops and students who were to fill in an evaluation questionnaire before and after workshops.

During the first edition evaluation questionnaires were filled out by 12 964 students. In general high schools there were 24% smoking teens while in technical schools 37%. 70% of the smoking teenagers declared willingness to quit smoking, 60% saw a need of a greater support and interest from adults (parents, teachers, health professionals) and wanted to create health clubs promoting healthy and active life style. Second edition lead by local organizers from 2007 despite limited finances was expanded to gymnasias and high school students.

Anti-nicotine education program promising results confirm the need for continuation. The program can be expanded and carried on by local organizers mostly because of their enthusiasm and personal engagement.

Abstract 2

Medical graduates perceived self-efficacy in developing a palliative approach to patient care



Aim

To assess the perceived self-efficacy of recent medical graduates in regards to providing adequate care for patients during the terminal phase of their disease.

Methods

Recent medical graduates were invited to complete a 16 question survey, designed to measure their self-efficacy in adopting a palliative approach to patient care. The survey addressed the four core capabilities upon which the palliative care curriculum for undergraduates (PCC4U) is based.

These are:

1. Effective communication in the context of an individual's response to loss and grief, existential challenges, uncertainty and changing goals of care
2. Appreciation of and respect for the diverse human and clinical response of each individual throughout their illness trajectory
3. Understanding the principles for assessment and management of clinical and supportive care needs
4. The capacity for reflection and self-evaluation of one's professional and personal experiences and their cumulative impact on the self and others

Results

Email invitations to participate were sent to 190 UNDA graduates from 2012 and 2013. There were 16 returns, resulting in a total population of 174. Following an initial invitation and two reminders, there were a total of 21 responses (RR = 12.07%).

On average, respondents rated their self-perceived knowledge of how to care for people with a life-limiting illness, confidence in caring for people with a life-limiting illness and preparedness for caring for people with a life-limiting illness as only slightly higher than moderate. Only 9.5% of respondents had not personally cared for a patient with a life-limiting illness, whilst all had observed such care. Interestingly, 43% reported not having experienced family or close friends with a life-limiting illness. Only 19% reported having had any exposure to the PCC4U web site or learning resources, whilst none were familiar with the CareSearch Web site.

Conclusion

Whilst the response rate to this study was low, it is in keeping with similar research findings. This study not only raises issues regarding student exposure to national palliative care resources, it raises significant questions regarding educational research in general.

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Prevalence of symptoms related to PMPS reported by polish patients after breast cancer procedures- the role of medical care in effective pain management

Introduction: Postmastectomy pain syndrome (PMPS) - not well standardized neuropathic disorder; occurs in patients who underwent breast cancer procedures. The palliative care and quality of life supporting strategies involving this problem might influence many oncological patients due to high prevalence of breast cancer in Polish population. The aim of the study is to investigate PMPS prevalence and influence on patients' mood, quality of life and interest in medical consultations.

Material and methods: Study group consisted of 62 patients of which 47 underwent a full mastectomy and 15 had quadrantectomy. A mean of reported age was 72.5 and 60.2 respectively. 73% of the quadrantectomy patients and 74% of Mastectomy patients underwent chemotherapy. All of the quadrantectomy patients and 32% of the mastectomy patients underwent radiotherapy in the past as part of their treatment. Both QLQ-C30 survey and a self-made questionnaire were used in a study.

Results: Almost 90% of patients confirm the disorders that might be related to PMPS with duration longer than 3 months after operation and 82% associate them with the procedure. Only half of the patients with ailments consulted a doctor .14% of all patients with pain declared severe complaints and participated in after-care programs in Pain Management Clinics. Nearly half of the interviewees who obtained medical care reported a significant relief in comparison to only 5% of patients without pain management.

Conclusions: Only patients with the most intense complaints were referred to Pain Management Clinics with positive long-term outcomes. Unfortunately more than one third of patients with soreness did not receive an appropriate medical attention, additionally most of them declared disturbances in daily activities. Study outlines the necessity to educate doctors about both PMPS and beneficial pain management programs in special out-patients clinics.

Diagnostic difficulties of B-Cell Marginal Lymphoma of the larynx – Implications for Education



Introduction: B-Cell Marginal Zone Lymphomas (BCMZL) are a group of slow-growing non-Hodgkin B-cell lymphomas. This type of lymphoid tissue tumours rarely occur in larynx; since the first description in 1990, less than 50 cases have been reported (this one being first such case described in Poland). Therefore, due to insufficient data available; BCMZL of the larynx may pose a diagnostic problem.

The aim of the study was to evaluate existing diagnostic approach through analysis of clinical manifestation and imaging characteristics of the disease, and to identify the most difficult and mistake-prone part of the diagnostic process. By doing so, we hoped to identify both potential changes that may improve patients' outcome, and a proper way of introducing them through medical education.

Results: The presented case is of a 66-year-old woman, admitted in April 2012 to the ENT Ward in Polanica Zdroj hospital in order to perform a biopsy of a lesion present in larynx since at least 2 years. Patient presented with hoarseness and history of recurrent inflammation of larynx and trachea. Histopathologic examination result was BCMZL. The patient was sent to undergo R-CHOP regimen chemotherapy, followed by a complete remission. It is important to mention that it was the 3rd biopsy taken in 2 years time (since 2010), preceded by two such procedures in another clinical ENT Ward. The microscopic examination results of the previous biopsies were described as indicative more of an inflammatory lesion, although both of them were said to be hard to evaluate.

Conclusion: Non-specific results of previous microscopic evaluations show that properly conducted biopsy is the most crucial and problematic part of the diagnostic process. Low incidence of the showcased disease along with gathered data may also suggest a re-evaluation of diagnostic approach and possible changes to postgraduate education of medical professionals.

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Sexual life quality in women after oncological treatment in gynecological cancer

The aim of this study is to evaluate the impact of certain, usually combined, treatment in gynaecological cancers on life quality in aspect of sexual function. For the purpose of this investigation a special questionnaire was developed, based on QoL questionnaire.

The investigated group consists of women that underwent oncological treatment (surgery and/or radiotherapy and/or systemic treatment) with the diagnosis of endometrial and cervix uterine cancer. The reason for conducting such study was the cultural background of our country, where, as the preliminary results show, almost equally doctors and patients are uncomfortable when talking about sexual aspects of life throughout the course of the disease: diagnosis, treatment and follow-up.

Up to date we are still collecting data to be presented during the 28th Annual Scientific Meeting.

Abstract 6



Background/Purpose

There are increasing numbers of patients living for many years after colostomy formation but although there is a wealth of information into practical and surgical issues, there is limited research into the patients perceptions of the effects of the surgery and other adjuvant treatments on their sexuality and intimacy.

Aims

The aim of this part of the study was to gain additional insight into the factors that patients reported impacted on intimacy and sexuality, and how these affected personal relationships both in the post-operative period and in the long term.

Methods

The study was designed as a large scale self completion questionnaire based survey. However, many respondents gave additional and detailed information regarding sexuality and intimacy in the format of letter and stories. These additional texts these have been treated as transcripts and analysed accordingly, using a content analysis approach.

Results

The focus of the transcripts varied, but showed considerable similarities, with lack of information increasing problems. Short and long-term side effects of treatment and other medications were not fully understood, yet these together with emotional and psychological issues adversely affected quality of life. Relationship issues were pivotal but few reported being offered appropriate help and support by professionals, and most would have welcomed the opportunity for discussions and practical advice.

Conclusions

The findings highlight issues that patients found important. The problems and concerns varied, as did the extent to which they affected their sexual sense of self and ability to maintain or initiate intimate relationships. However, the lack of help and guidance reported has to be a cause for concern. Clinicians need to be aware of the complexity of these issues and their potential impact on relationships and quality of life if they are to offer high quality, proactive care and support.

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Workshop

Adapting "PsyCap" to improve mentoring and teaching in trainee communication skills

As educators and mentors, faculty in health professional and biomedical schools in the 21st century encounter a variety of challenges in helping their students to learn to communicate effectively as professionals, particularly across disciplines. To be skilled in having difficult discussions with patients and families about cancer diagnoses, care, and end of life, health professionals need training to be effective collaborative partners engaged in patient-centered team-based care. In similar fashion, students preparing for participation in team science need to learn how to go beyond profession-specific education to communicate effectively at the interface of translational research.

In this workshop, we will use psychological capital concepts developed by Luthans et al. (2006) to increase "psycap" related to mentoring and teaching communication skills to health professional and health science students. The four concepts are hope (emphasizing goal setting, pathways, risks and barriers), optimism (emphasizing learning optimism as a skill, and developing positive expectancies), efficacy (emphasizes experiencing success and modelling success of others), and resilience (emphasizes building awareness of personal talents, skills, and social networks; reducing risks of undesired outcomes; and using process-focused strategies to adapt to stressful situations).

To get an overview for the process to build psychological capital, participants will work through a series of individual and interactive group activities and practice creating their own strategies for a self-defined goal in mentoring or teaching communication skills based on their own challenges in motivating and engaging trainees in clinical care or research training activities.

AACE Plenary

The importance of international collaboration in cancer education

Aristolochic acid is known to be a powerful active ingredient in Chinese herbal medicine. It is extracted from a family of plants that grows worldwide, and has been in use for stomach pain and during pregnancy for centuries. What Chinese herbalists were not aware of are the toxic effects of this ingredient on renal function and that it as a major cause of end stage renal failure and transitional cell carcinoma (TCC) of the upper urinary tract. The fascinating story of how the association between Aristolochic acid and cancer was made, starts in Antwerp, Belgium, goes through New-York City, The Balkans, Taiwan, China and spans through over 20 years of research and 3 continents. Nonetheless, many around the world are still prescribing and consuming Aristolochic acid.

We will unravel this fascinating story and describe how international collaboration in cancer education is serving to support primary and secondary prevention, decreasing the devastating complications of consuming this centuries old herbal treatment and reducing the burden of cancer.



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

Tensing Norgay (1953)

When you're not learning – someone, somewhere else, is.
When you meet – guess who has the advantage ?

Bob Pritchard

Give the students an environment which is full of interesting things that need to be done.

John Dewey (1915)
Schools of Tomorrow

From my teacher Parmenides, I learned the teaching method of question and answer, rather than delivering long lectures.

Socrates (400 B.C.)
In Plato's Sophist

If you want to learn how to ride a bicycle, you have to ride a bicycle.
If you want to learn how to bake a cake, kiss a girl, understand thermodynamics, or kiss a boy, you have to do those things. Explanations from somebody who already knows can help.
But no matter how good the explanation, the best way to learn is when we are actively engaged.

Sotto (1994)
When Teaching Becomes Learning
A Theory and Practice of Teaching, Cassell, London

Thursday 16 April

Presentations & Workshop





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Current status of academic palliative care in Poland

Introduction

Little is known on palliative care academic development in Poland. Therefore, the aim of the study was to assess current status of education in palliative care at medical universities in Poland.

Methods

Data obtained from a questionnaire survey sent to heads of academic palliative care units at Polish medical universities where education is provided for medical and nursing students.

Results

There are 11 medical universities (Poznan, Krakow, Gdansk, Wroclaw, Katowice, Warszawa, Szczecin, Bydgoszcz, Lublin, Lodz, Bialystok) and Faculty of Medicine at Olsztyn University in Poland. There are no palliative care units at Bialystok, Lublin and Warszawa medical universities and Olsztyn University. Academic palliative medicine (care) units exist at 8 universities: two separate palliative medicine chairs at Poznan and Bydgoszcz medical universities, palliative care units at 5 medical universities: Gdansk, Krakow, Katowice, Lodz, and Szczecin. However, palliative care (medicine) units are included into chairs of Family Medicine (Gdansk), Oncology (Lodz), Szczecin (Long-Term Care Unit), Krakow (Geriatrics and Internal Medicine) and Katowice (Nursing). At Wroclaw Medical University Palliative Care Nursing Department was established at Chair of Clinical Nursing, Faculty of Health Sciences although at the Faculty of Medicine palliative care is taught by Chair of Anaesthesia and Intensive Care. Substantial differences exist in the number of hours allocated to palliative care at different universities.

Conclusions

There is significant difference between different parts of the country regarding undergraduate education in palliative care. There are no palliative care units at several medical universities located in an eastern part of Poland. Most palliative care units are small with only two chairs. The present situation needs an improvement in undergraduate palliative care education of medical and nursing students. This may be achieved through establishing palliative care units at all medical universities and elaboration of a common curriculum of the undergraduate education in palliative care

End of life care education: the opinion of the students



Many authors suggest the importance of integrating issues about palliative medicine into undergraduate medical curricula. It is necessary for the students to acquire specific knowledge and skills in the field of the end of life care: regarding the relationship with the patient and his/her family, together with the attitude to care for the dying patient. Nevertheless in the majority of the Italian Universities, students can become doctors without being trained in such issues.

At the University of Turin, as a pilot project, a specific training has been delivered, since 2011, at the students of the second year. The training was mandatory for all students and consisted of 6 (year 2011 and 2012) or 7 (from 2013) meetings, every one lasting two hours. The whole cohort (350 to 400 students) was divided in 8 subgroups, to have classes of no more than 50 students, to facilitate the interaction among students and with the teacher. Issues were presented by different ways: formal lessons, discussions, using short video clips and presentation of clinical cases.

The training focused on biopsychosocial model, communication skills, patient-physician relationship, empathy, death and dying, bereavement, hospice philosophy, informed consent and burn-out. In addition a one-day visit to a specialist palliative care unit was proposed to interested students (n=100).

At the end of the training the students were invited to give an anonymous written feedback, by a short questionnaire with open questions to encourage comments. In general the large majority of the students was very satisfied about the training and considered it very useful.

Description of the training and data of the final feedback will be discussed in detail.

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Oncological education of polish medical students and young doctors compared with the current knowledge of cancer treatment

Oncology is a social problem whereas cancer is a chronic disease. The number of cancer patients is growing because the average life of the society increased. Clinical oncology as a specialization is still not popular among medical students. Number of residencies is not sufficient to ensure appropriate help in the prevention, diagnosis and treatment of cancer in the future.

During medical studies oncology topics are discussing extremely rare, contact with the oncological patient is limited, and knowledge about the treatment is mostly out of date. It is important to develop knowledge and track the latest therapies and cancer treatment guidelines. In addition, the best method of acquiring new skills is direct teaching of certain specialists, learning by following specific medical cases, which allows gain proper experience.

Oncology is a broad field; you can choose oncological treatment (oncologist surgeon), palliative medicine, radiotherapy, oncology clinical. Conferences like this help to expand our knowledge.

Palliative care through the eyes of a patient



Introduction

Palliative care is specialised care offered to patients suffering from serious or life-threatening diseases such as cancer from the point of diagnosis throughout the course of the disease. As the number of patients that need palliative care in Poland is increasing, it is important to define and improve the quality of end-of-life care. Information provided by the patients served as a basis for our study since patients are the most reliable source of information about their own feelings, needs and problems.

Aim

The purpose: To examine care quality perceptions of advanced cancer patients of the Palliative Care Outpatient Clinic at the Lower Silesian Oncology Center.

Materials and Methods

The study involved analysis of anonymous questionnaires consisting of 10 questions. The respondents were Palliative Care Outpatient Clinic patients who had been diagnosed with advanced cancer. Over a 5-month period, questionnaires were received from 30 sufferers median aged 67.25. The participants were asked to describe their feelings regarding cancer diagnosis, support offered by their families, perceived quality of care, as well as their concerns about the relatives and the future.

Results

The results have shown that anger (45%) and helplessness(45%) are the feelings most frequently reported by newly diagnosed cancer patients. The majority of palliative care patients (90%) are offered support by their family. All respondents place greatest emphasis on being provided medical treatment (100%) but only (27%) patients had used more than one kind of medical sources. Moreover, their most important goal is to remain physically fit (72%).

Conclusions

It is crucial to improve patient satisfaction with the end-of-life care they receive. Quality of life of terminal patients should be continuously improved and palliative care doctors have a great potential to meet this need.

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Quality of life of pancreatic cancer patients after palliative surgery: A valuable data for doctor-patient communication

Introduction

Symptoms of pancreatic cancer are commonly observed in advanced stages, when radical excision is often impossible. Palliative treatment such as Endoscopic Biliary Tract Prosthesis (EBTP) and Surgical Biliary Bypass (SBB) are performed in order to provide bile drainage and improve the quality of life (QOL).

Although purpose of palliative procedures and possible complications are communicated to the patient, QOL after surgery is not always addressed. Moreover, past studies focused more on the survival rates and postoperative complications, and rarely addressed QOL directly.

The study aims to assess and compare the QOL among patients with pancreatic cancer that underwent SBB and EBTP procedures, as well as identify obstacles and problems that patient may encounter while undergoing palliative treatment. It is anticipated that the results will facilitate more effective methods to educate patients about their treatment options, and complications.

Methods

A group of 23 patients was divided into two groups: SBB patients (18) and EBTP patients (5). Study used a standardised QLQ-C30 survey supplemented by a self-constructed questionnaire focusing on specific symptoms and postoperative complications.

Results

Mean reported age was 54. General pain assessment was similar in both groups and was reported to not influence normal functioning. EBTP group more often complained of jaundice, gastric symptoms, and constipation. Psychological factors negatively influencing day-to-day functioning were more prevalent amongst bypass group, yet despite the differences, the general reported quality of life was similar in both groups with a median of 5 for the EBTP group and 4.5 for SB group assessed on a 7 point scale.

Conclusion

Our data has highlighted some areas which may benefit patients and reduce anxiety and fear surrounding treatment decisions, such as improving doctor-patient communication regarding planned palliative procedures.

Pushing boundaries: Culture sensitive care in oncology and palliative care: a qualitative study



Aim

This study aimed to understand how staff in multi-professional and multi-cultural health care teams in oncology and palliative care experience working with patients with different cultural backgrounds. The specific objectives were to explore (1) how staff perceives work with patients with migrant background and their relatives, and (2) how they deal with this client group, in comparison to native clients.

Method

Twenty-one semi-structured interviews with staff members of different oncological and palliative care settings at the Medical University Vienna were conducted to generate a rich dataset on their experience. Interviews were transcribed verbatim and analyzed using a rigorous method of thematic analysis, enhanced with grounded theory techniques.

Results

Interviewees reported several culture specific differences, including lack of German language skills, the more intense and emotional way of showing grief or pain and the often extensive family system of migrant patients. Reasons for these differences can be, besides culture and religion as such, personal experiences in the home country or the family. Additionally, socio-demographic factors, like educational background or the time since immigration, were assumed to have a major impact on culture specific differences. Interviewees identified three groups of consequences when working with patients and relatives with migrant background, i.e. emotions that can be evoked (positive and negative), actions that might be stimulated, and collateral damages. Finally, the reflection about differences and problems resulted in suggestions for improvement on an institutional level (e.g. the provision of professional interpreters) but also on a personal level (e.g. self-reflexion and the attendance of courses).

Conclusion

Interviews showed several challenges in the daily work with migrant patients. Nevertheless, a variety of positive resources and strategies in dealing with this specific patient group evolved. Results of this study can be important to make recommendations for a culture sensitive care in oncology and palliative care.

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The necessity of non-technical skills education in oncologists' curriculum

Technical skills alone are not sufficient to ensure patient safety. Data show that non-technical skills do also have an impact on the technical performance of the surgeon. Paradoxically, they are rather underestimated and usually missed in curriculum. Although proper training in such fields exists in high demand professions other than surgery, surgical oncologists' education usually concentrates on technique and experience – the latter mainly in terms of technical aspects of activity in operation theatres or in clinics, while omitting non-technical aspects.

Communication breakdown among personnel was a cause of 43% of errors in surgery, while excessive workload causing fatigue affected 33% of the errors. It is estimated that more than half of the surgical errors could be avoided with the proper use of non-technical skills. Informing patients is another very important issue underestimated in curriculum. Tools like preoperative checklists and team briefings are able to reduce the proportion of communication failures by about 34% (showing the effectiveness of 100/295 briefings). This method allowed gaps in knowledge to be identified and gave rise effective changes in treatment. 75% of faults occurred during the intra-operative phase of treatment.

Surgeons should be aware of and understand information coming from the medical documentation, colleagues, and monitors (displays). Stress, either chronic or acute, impairs hand dexterity and cognitive processes and their integration. It is worthy to state a proper strategy for coping with stress which leads to improved outcomes. Surgery is the art extending much further beyond manual perfection; educating and developing non-technical skills make the surgical oncologist far more effective.

Improving adherence to adjuvant endocrine therapy in breast cancer through a therapeutic educational approach: development of an educational programme



Introduction

Endocrine therapy is the standard adjuvant treatment recommended for women with hormone-receptor-positive breast cancer. The aim of this therapy is to prevent disease recurrence. Although adjuvant endocrine therapy has many potential benefits, it can also lead to side effects. Adherence to endocrine therapy has been estimated to be around 70%, and decreases down to 50% after four years of treatment. To our knowledge, no educational interventions to improve adherence to adjuvant endocrine therapies in this setting have been reported.

Purpose

To develop and test the feasibility of a validated, tailored therapeutic educational programme with the aim of improving adherence to oral endocrine adjuvant chemotherapy in breast cancer.

Methods

Prospective anthropo-sociological qualitative study to identify educational needs. Development of a therapeutic educational programme. Quasi-experimental feasibility study assessing the programme efficacy. Eleven women were enrolled in the qualitative study and 8 women in the feasibility study. The women's representations of disease and treatment were explored and translated into educational needs, which were used to develop a tailored therapeutic education programme. The pilot study evaluated the feasibility (using before-after comparisons) of the programme.

Results

Five educational objectives were identified: acquiring knowledge, improving communication skills, managing anxiety, managing side effects, and improving adherence. A 3-session programme was developed. A total of 8 of the 23 (35%) patients invited to participate in a feasibility study accepted. Six of the eight patients (75%) completed the intervention. Knowledge improved, from 38.9/100 to 69.4/100 ($p=0.045$). Trust in treatment showed a trend to improvement (from 5.5/10 to 8/10 $p=0.14$) but anxiety did not change (from 6.0 to 7.0 $p=0.88$).

Conclusions

This is the first study assessing the feasibility of an educational programme aiming to improve adherence to adjuvant endocrine therapy for breast cancer. The results are encouraging. The improved programme will be validated in a large controlled trial.

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Medi-KIT: a longitudinal communication and interaction training concept at Medical Faculty Heidelberg

Communication skills are of central importance within daily medical life providing effective treatment. In the modern high-tech field of medicine, trustful conversations play a prominent role. In order to help students at Heidelberg Medical Faculty to be ready for their highly responsible role as communication partners communication and interaction training (referred to as Medi-KIT) is carried out using specially trained standardized patients.

Medi-KIT program enables to practice conducting conversations with challenging communication partners and grave conversational content in difficult situations (e.g. dealing with emotions, breaking bad news). Feedback from the standardized patients, as well as from peers and tutors represents a central didactic element.

In a sense of learning spiral concept MediKIT is implemented as longitudinal communication curriculum.

Development of an Education Resource for Post-Prostatectomy Prostate Cancer Patients Who Require Radiotherapy



Background: Radiotherapy (RT) after radical prostatectomy is indicated to prevent local recurrence, improve biochemical control and disease-free survival. Most prostate cancer patients do not receive adequate information about post-prostatectomy radiotherapy. Providing needed information would improve patient care options.

Objectives: Development and presentation of an online education resource about post-prostatectomy radiotherapy for patients and healthcare providers.

Method: One-on-one interviews with patients and health-care providers produced a list of potentially important questions. The importance of addressing each of the questions was then assessed in a survey of recently treated patients (response options: essential/important/not important/avoid). The survey also asked how the answer to each essential/important question would be used (its purpose: to help understand, decide, plan, other). The resource was developed in collaboration with mdBriefCase and will be hosted onMEDSchoolForYou.ca. The project was supported by the Sunnybrook peer reviewed GU Trust Fund.

Results: Forty genitourinary radiotherapy healthcare experts across Canada (urologists, radiation oncologists, radiation therapists, and nurses) and ten prostate cancer patients were interviewed. Seventy-three essential questions were identified covering the emergent themes, such as diagnosis and staging, treatment options, potential benefits and risks, side effects, psychological issues, health promotion, and sexual health. Thirty-one patients then completed the survey. All questions were deemed essential/important to at least some patients. Thus, answers were generated for all questions. The content (answers) was evaluated by seven patients and ten healthcare providers using the Purpose-based Information Assessment (PIA). Most (6/7) patients would recommend this material (4/7) and believe this material should be available before seeing their doctor. 'Helping understand prostate cancer and its treatment' was the most frequently identified purpose for information, followed by "helping to make a decision", and 'Helping patients discuss their situation with others' was important least frequently. Most patients liked the graphics and design. All patients agreed that 'the material used common, everyday language' and (6/7) agreed that the material was appropriate length

Conclusion: The next steps involve implementation and evaluation of an online version. This resource has the potential to empower patients to be more active in their decision making, feel less anxious and be better prepared for post-operative radiotherapy. The impact of the tool on patient decisions regarding postoperative radiotherapy will be evaluated.

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What kind of information do cancer patients need and want – and how?

Background

Research suggests that there are many supportive care needs left unmet over the disease trajectory, one of them being proper information. The German Cancer Information Service (CIS) aim to achieve at patient empowerment through information and communication, continuously adapting its services according to scientific evidence regarding patients' needs. To evaluate whether these needs are met, a large and comprehensive survey of users of the CIS telephone service was conducted.

Methods

From April through September 2011, callers who gave their consent were mailed a questionnaire comprising 39 questions on satisfaction with the service provided and its impact as well as participation and information preferences, and perceived shortcomings.

Results

Questionnaires of 1997 patients were evaluable. Over 80% stated high information and participation preferences. 45% had felt poorly informed before the CIS contact: They lacked individual information and counselling, decision support and assessment of information. Information needs were mainly about treatment and side effects and diagnostic tests, but also general information was required. Prior information had come from doctors and the internet, but also from brochures and family or friends, while doctors were the preferred source. Requirements regarding provider and information were very similar across subgroups: Competence and expertise, evidence-based, current, comprehensible information, individually tailored, and hints to further resources. Overall, satisfaction with the CIS contact was high in most categories. Perceived high gain in understanding and orientation reduced anxiety and increased assurance regarding medical care. Results were largely in line with those of a population based ('non-user') survey also conducted on behalf of the CIS (to be shown in comparison).

Conclusion

Information and adequate communication must go together and consider the issues most relevant to patients. Survey results support that a CIS can effectively complement information and communication through HCP's and other sources – provided they ensure high quality performance and independence.

An oncologist with cancer

What happens if a (surgical) oncologist is personally confronted with cancer?

This presentation will be a personal story of shared decision making, communication and the difference between personal and professional risk assessment in diagnosis, treatment and follow up of cancer.

Do patients and students benefit from this personal learning experience?



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Workshop:

Play roles: how to transmit one's experience to younger teachers

Since 2008, in our Centre, we organize every two weeks role plays for 4th to 6th year medical students. We have already presented the positive evaluation of these plays by our students (EACE 2010 – Entschede).

Since the main animator is going to retire, we are now planning the competence transfer to younger motivated teachers. We organize specific training sessions to teach the methodology and the know-how, concentrating on skill communications, patient's defence mechanisms, and physician's defence mechanisms. Analysis of the dialogs between doctors and sham patients will be the main subject of these sessions.

To analyse nonverbal communication, we benefit from the help of a theatre director. The transmission process is in progress. We will be most happy to discuss with other members from our twin Associations about such specific competence transfer and to benefit from their own experience and advice.

EACE Annual General Meeting Agenda

Date: Thursday, 16 April 2015

Location: DKFZ, German Cancer Research Center

1. Welcome and apologies (DS)
2. Revision and acceptance of last minutes (DS)
3. EACE board
4. Report from President (DS)
5. Report from Vice-President (CK)
6. Report from secretariat (S F-H)
7. Update on the Journal of Cancer Education
8. EACE 2015 – Report from conference committee (MP)
9. Future scientific meetings/venues
10. 2016 – Newcastle upon Tyne, UK
11. 2017 – Suggestions for locations
12. AACE 2015 – Tucson, Arizona
13. Any other business
14. Close of AGM

You cannot teach a man anything;
you can only help him to find it within himself.

Galileo

Tell me and I'll forget.
Show me and I may remember.
Involve me and I'll understand.

Anon

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

I am not young enough to know everything.

Oscar Wilde (1854-1900)

Friday 17 April

Presentations & Workshop





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Using the 3P model as a framework for analysis in a systematic review of undergraduate nursing education for dignifying care

Background

The '3 P' model was developed by Biggs and Moore (1993) and first used by Freeth and Reeves (2004) in a systematic review of interprofessional education. The framework is being auditioned as an analytical framework in this pragmatic review of empirical evidence in undergraduate nursing education for dignifying care.

Analysis

Cinahl Plus was first searched for this pragmatic review. Subject headings 'caring', 'compassion' and 'compassionate care', 'human dignity' and 'dignifying care', 'empathy', 'moral agency', 'patient-centred care' and 'person-centred care' were combined with 'education, nursing' then limited to adult only and to academic journals and dissertations. No date restrictions were applied.

Results

Presage factors are those that exist prior to the actual ongoing learning situation and in this context they were linked to the climate in the clinical learning environment- be that in the academic or clinical setting. Process learning, where the emphasis is more upon how something is learned than what is learned, was used to classify those papers where the teaching and learning strategy was detailed. Product is defined as the learning outcome by Biggs and Moore (1993), and this was a less concrete finding. It could include those papers where the study utilised a validated outcome measure; those papers where there was no specific educational intervention but learning was demonstrated to have taken place; it could also include those papers where the outcome was used for the process e.g. caring, empathy. Some factors did not fit within this analysis e.g. aspects of reflection could be found to relate to all three.

Conclusion

The 3P model is an effective lens to analyse the selected papers but it may be one of a battery of analytical tools used to answer the review question.

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Knowledge and perceptions regarding oral cancer among Saudi dental patients



Background

More than 50% of oral cancer cases are diagnosed at late stages of the disease. Knowledge regarding risk factors and early signs in the general population can help in prevention and early detection of the disease.

Aim

The aim of the present study was to assess the level of awareness and knowledge about signs and risk factors of oral cancer among adult patients attending out-patient dental clinics in Riyadh, Saudi Arabia.

Methods

A self-administered questionnaire was used to collect information from Saudi dental patients aged 15 years and over. A total of 1410 individuals participated in the survey. Descriptive statistics were calculated and chi-square tests, t-tests, and one-way analysis of variance (ANOVA) were used to examine differences between groups. The significance level was set at $p < 0.05$.

Results

Only 62.4% of the subjects had heard about oral cancer. Some 68.2% and 56.5%, respectively, were able to correctly identify tobacco and alcohol as risk factors. More than two thirds of subjects had no knowledge about any signs of oral cancer. Knowledge of oral cancer was significantly associated with education level of the subjects ($p < 0.001$).

Conclusions

The findings suggest that knowledge regarding oral cancer in this population is alarmingly low. Therefore, educational programs are highly needed to improve such knowledge. A media campaign informing the public about oral cancer is of great benefits.

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Living with what you see and do: The implications of participant as observer research in end of life care

Background/ rationale

The study was designed in the light of the changing demographics in Europe, and had two aims. Firstly, to explore the issue of long term and end of life care for patients no longer able to remain at home and not admitted to a hospice. Secondly, as the working age extends, to explore the impact of being an older worker in a nursing home regarded as providing good care for those moving towards the end of their lives.

Methods

The study used participant as observer methods, with the researcher joining the group, but with their knowledge and agreement also carrying out research. This overt approach reduces the ethical issues that arise with observation studies. Permission was given by the care organisation's management, and it was agreed that the main researcher (originally a nurse, social worker and university professor) would become a healthcare assistant, working the same hours, with the same duties and same payment as her new peers.

Results

The findings are mixed, with some very positive examples of care, but the method also revealed the conflict, challenges and concerns of caring. They highlight the dehumanising effects on care provision of long hours and physical exertion where routine is all important. They also demonstrate the impact of participation on the researcher, her family and social life.

Conclusion

For the care organisation, the findings were unexpected and difficult to believe and accept. For the researcher, who felt she was returning 'to her roots', the reality proved challenging professionally and personally. Where was mechanistic, it was distressing to observe and difficult to participate in. It had a major negative impact on the researcher, who needed debriefing to be able to reflect on, accept and live with, what she saw and did in role, an essential prerequisite to resuming 'normal' life.

Informing patients about cancer: breaking bad news



The number of interviews with a patient and his family in a 40-year career of an oncologist has been estimated as 200 000. At the ASCO meeting in 1998 only 5% of 400 oncologists stated that they received training in this kind of communication, while 74% did not have any specific approach. 90% reported emotional problems arising during the interview as a major problem.

Without specialised training within medical universities, we learn about this issue from our teachers, by observing their behaviour. Is it effective? Even in case of experienced oncologists is not solved by their clinical experience and that proper training of the skill in question improves communication. Bad patterns of communication have a negative impact not only on a patient's life, but also on the relationship between a patient and a physician. Furthermore, some oncologists who bear bad news can feel helpless and even guilty. The proposal of a method of communicating bad news has been already published.

The S-P-I-K-E-S anagram shows the rules of successful communication with a cancer patient.

These are:

- S – Setting up the interview
- P – Assessing the patient's Perception
- I – Obtaining the patient's Invitation
- K – Providing Knowledge and information
- E – Addressing patients Emotions with Emphatic responses
- S – Summary

SPIKES has been described as a simple and easily learned strategy. Given all the circumstances and visible problems with communication which is crucial in treatment of patients with cancer, it is worth to consider implementation of SPIKES strategy into both pre- and postgraduate training.

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Sharing coffees: A new time to share experiences in a unit of palliative care

This project was born in the unit of palliative care of the Centre François Baclesse, the cancer comprehensive center of Caen, in Normandy. All the members of our unit (physicians, nurses, caregivers) expressed the need of sharing experiences and knowledge. We wanted to find a moment each week to share and to learn in a friendly but studious atmosphere. We began to invite speakers from our unit, our center and sometimes from other places.

The multiplicity of the propositions we made allowed us to keep our audience each week for a one hour session of information. After each presentation, the speaker is invited to give us his presentation so we can create a training folder, available for the entire unit. Night sessions are also scheduled allowing night caregivers to benefit. In the last two years, more than 60 presentations have been organized and a survey indicates that the satisfaction of the participants is real.

Below are some examples of the presentation we had:

- End life laws, aromatherapy, cancer and sexuality
- Pain control, religions and spirituality
- Beneficence.

Physicians' and patients' perspective on shared decision-making in advanced cancer care



In Austria, patients are increasingly requesting an active role in medical treatment decisions. This challenges medical practitioners who still practice under the paternalistic decision-making model, which characterizes the physician as sole expert and decision maker, and the patient as passive recipient of treatment. This model is gradually being replaced by shared decision-making, where the patient and physician both contribute to the decision-making process.

Shared decision-making is especially recommended when several treatment alternatives are available or when the decision concerns withdrawal of curative treatment, as it is often the case in advanced cancer. However, the literature suggests that some patients with advanced cancer may not want to participate in treatment decisions. In addition to patients' preferences, physicians' also need a positive attitude towards shared decision-making in order to involve patients in treatment decisions. Although patients' and physicians' preferences are well documented in the English language literature, studies in the German-speaking areas are sparse. Socio-cultural differences need to be taken into account, as decisions at the end of life are highly influenced by culture, religion and ethnicity.

The planned study aims to assess patients' and physicians' attitude towards shared decision-making in the advanced cancer setting. Both, patients and physicians will be assessed by questionnaire and additional semi-structured interviews in order to explore this research field.

The objectives of this study are therefore to:

- assess patients' preferences regarding participation in their oncological treatment decisions (SDM)
- identify factors that influence the participation preference of patients
- assess physicians' preferences regarding patients' participation in oncological treatment decisions (SDM)
- identify limiting and supporting factors of SDM in physicians

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Randomized-controlled study on innovative dissemination strategies for a brief shared decision making (SDM) intervention for oncologists: web-based SDM-online training and individualized, context-related individual SDM training

Background: Oncologic patients quite often feel excluded from important decision making processes; they report a lack of communication on the part of their attending physicians. In the further course of treatment, this often proves to be of disadvantage ranging from feelings of insecurity but may also include the refusal of further medical treatment. Studies have proven that SDM training units for physicians improve this situation decisively. Previous experience with carrying out SDM training units has shown that it is extremely difficult to recruit practicing or in centers working oncologists for external SDM training. The two biggest obstacles seem to be financial (e.g. for the practitioners time lost, duration of training) and psychological reasons (e.g. quite often a too optimistic evaluation of their own communication skills).

Objective and content of the study: Based on the available evidence on the efficacy of SDM training measures as well as the simultaneously low utilization of traditional SDM group training, it is the aim of this study to develop a brief SDM intervention and its evaluation based on two innovative and for oncologists appealing dissemination strategies. For this purpose, a context-related SDM individual training will be conceptualized and implemented through instructors of the research group in the form of on-site training for the participating oncologists. As an alternative intervention, a web-based interactive SDM-online training corresponding in extent to the above conceptualized training will be developed; this may be worked through online independent of the location of the participants.

Methods: The study will investigate by means of a randomized-controlled three-arm study design the efficacy of the presentation forms (individualized, context-related individual SDM training versus web-based online SDM training) as opposed to a control group with no training measures. All in all, a total of 174 oncologic active doctors are to be recruited, who will be equally randomized according to the three given conditions.

The medical SDM expertise being the primary objective will be evaluated by means of an established assessment tool based on a video recording of a consultation between a participating physician and a standardized patient (SP). Secondary objectives are evaluations through the SP and the participating physicians on the decision making process, the implementation of SDM in consultations, the medical SDM competence, and the quality of the doctor-patient-relationship.

Anticipated results: Based on the data obtained, the improvement of SDM competence achieved through the SDM training measures will be analyzed, as well as the impact of the training on the implementation of SDM, the quality of the doctor-patient-interaction, and whether the two dissemination strategies differ with regard to their efficacy. A follow-up investigation will give insight into the sustainability of the SDM training measures.

Abstract 29

Research training in the Groningen Medical Curriculum: Overview and applied experience at MD Anderson Cancer Centre

Introduction

Medical students at University Medical Center Groningen are introduced to basic principles of research during the three-year Bachelor's period. These experiences increase awareness of the importance of research and motivate exploration of the literature to find the gaps and limits of health science.

In the three-year Master's period, students choose research projects from those available based on their own interests. Many opportunities are offered locally; however, for students with a desire to study abroad, counselling is available. Here, I compare the expectations of the research program curriculum with a research clerkship experience abroad.

Advantages and my own experience with research abroad: Many advantages exist for an international research experience: attendance at lectures at top international institutions, exposure to research methods from an international context, practice working in a foreign language, improvement of one's own social skills, expansion of cultural awareness, addition to a professional network of doctors, skill strengthening to cope with unexpected situations (e.g., organizing VISA documents, finding housing). In my experience, I learned how cancer registries work, their limitations and benefits, cleaned data, created variables, dealt with outliers and small numbers, analyzed and presented research outcomes. Enjoying this unique opportunity was also a wonderful advantage as was including it on my curriculum vitae!

Having a successful research experience abroad requires skills such as organization, time management, flexibility, perseverance, good communication, collaboration, focus, ability to work from priorities, and openness to learning. The ability to develop these skills early in your career is important to accomplishing future goals and long-term career success. Having a research experience abroad, with the right guidance and organizations, can satisfy the expectations of the curriculum.



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Insights into authorship and the peer review process

The ability to write effectively and to publish are vital skills for all academic health professionals. It is through our publications that we are able to disseminate the results of our work and educate others so as to improve society's health.

This presentation will present a unique perspective on the publication process from the Editor in Chief of the Journal of Cancer Education.

The objective of this talk is how to enhance the likelihood of publishing your manuscript. The presentation will demystify the peer review process covering everything from initial submission of the manuscript, reviewer assignment, the review, and author's response to reviewer's concerns.

Advice will also be shared from the perspective of both successful author and current reviewer. From the author's perspective suggestions will be given on how to most effectively communicate your findings and increase the probability of publication. Insights will also be given of the key elements that reviewers look for in their assessment of manuscript quality. Prospective authors' compliance with certain tenets of good writing coupled with sensitivity to reviewer and editor concerns will enhance probability of publication.

What research is being published in cancer education in the medical literature: a review of the breadth, trends and innovations in contemporary cancer education research

Reviewing the current medical literature may give us some insight into what topics are currently of interest in cancer education research and what trends are gaining relatively increasing importance.

This presentation will review the medical literature and surveys which subjects are being published on, in the wide field of cancer education and training and how this may be changing.

Publications in cancer education research cover a wide spectrum from undergraduate and postgraduate curricula development and pedagogy to practical training for clinical interaction with cancer patients, reflecting the wide field of education and training required to equip a multidisciplinary workforce with the tools needed to work in oncology.



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Training examiners for examinations: Learned experience of standard setting in faculty staff

The main aim of any written examination, and hence of any individual item within that examination, is to discriminate between candidates of high ability and those of low ability. Whilst it is relatively easy to distinguish between these two groups, it is much harder to separate a candidate that 'just passes' the examination from a candidate that 'just fails' the examination. These candidates may be separated by a single mark in the overall test.

A question that is too easy will not separate out the just passing candidates from the just failing candidates, as all score 100%. It separates out only the extremely poor candidates. Conversely, an item that is too difficult is of no more use, since only the very good candidates get it right. The most discriminating question is where the steepest part of the item-response curve is at the pass-fail mark.

In order to set the appropriate standard for the examination, examiners require training to grasp the concept of the just-passing candidate – one who might just pass on this occasion but who, on another day, could equally well just fail. The just-passing candidates will correspond to the 20% of candidates around the pass mark for any given diet of the examination. The clear passes will be the top 10% of candidates, whilst the clear fails will be the worst 10% of candidates.

The standard of each question is predetermined by a group of examiners, using Angoff's method to criterion reference each item. The examiners are all subject matter experts and allocate a score for each item, based on what proportion of just passing candidates they think should answer the item correctly. The examiners then meet and those with the highest and the lowest scores justify their reasons for selecting this score. Other examiners contribute views as appropriate. All examiners then rescore the item and a mean score is obtained.

This presentation will cover the training provided for this exercise and how the learned experience improves over time, requiring that examiners remain engaged in this process to benefit the examination process. Data will be presented from undergraduate and postgraduate settings that illustrate that examiners get better at predicting the performance of just-passing candidates. Standard setting data can be correlated with student performance across curriculum domains and the importance of involving generalists in this process will be demonstrated. This has implications for faculty staff development and engagement if reliable, valid examinations are to be delivered.

Assessment policies and procedures

Assessment is an essential component of any education programme, yet some do not have policies or guidelines in place to govern their assessment. Ideally, policies should cover the entire assessment programme, from development thought to reporting. Key components of assessment should be identified and sufficiently addressed so that the policy is transparent, equitable and defensible. Some such areas include blueprinting, standard setting, rules for progression and feedback.

Current assessment practices in the health sciences are becoming increasingly complex and continues to evolve as research in this area progresses. As a consequence, policy development becomes increasingly important to ensure that practices remain current and that the assessment process is clearly communicated to both staff and students.

This presentation will provide an overview of the assessment programme and policy development undertaken by the School of Medicine (Fremantle) at the University of Notre Dame Australia.



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Workshop:

Assessment in Cancer Education

All assessments should be aligned with learning outcomes and appropriate learning activities to deliver congruence in the curriculum. Furthermore, specific approaches are used to test knowledge, skills and behaviours and performance is compared against a predefined standard that is required for success.

Given the gravity of high stakes assessments, it is important that the process is robust, transparent, equitable and defensible. Significant time and resources must be dedicated to ensuring quality in the development, execution and analysis of an examination and this requires faculty development. There are common assumptions that content experts and clinicians are automatically expert assessment writers. Unfortunately, this is not always the case and more a reflection of the complexity of assessment and the growing body of research data emerging from educational research.

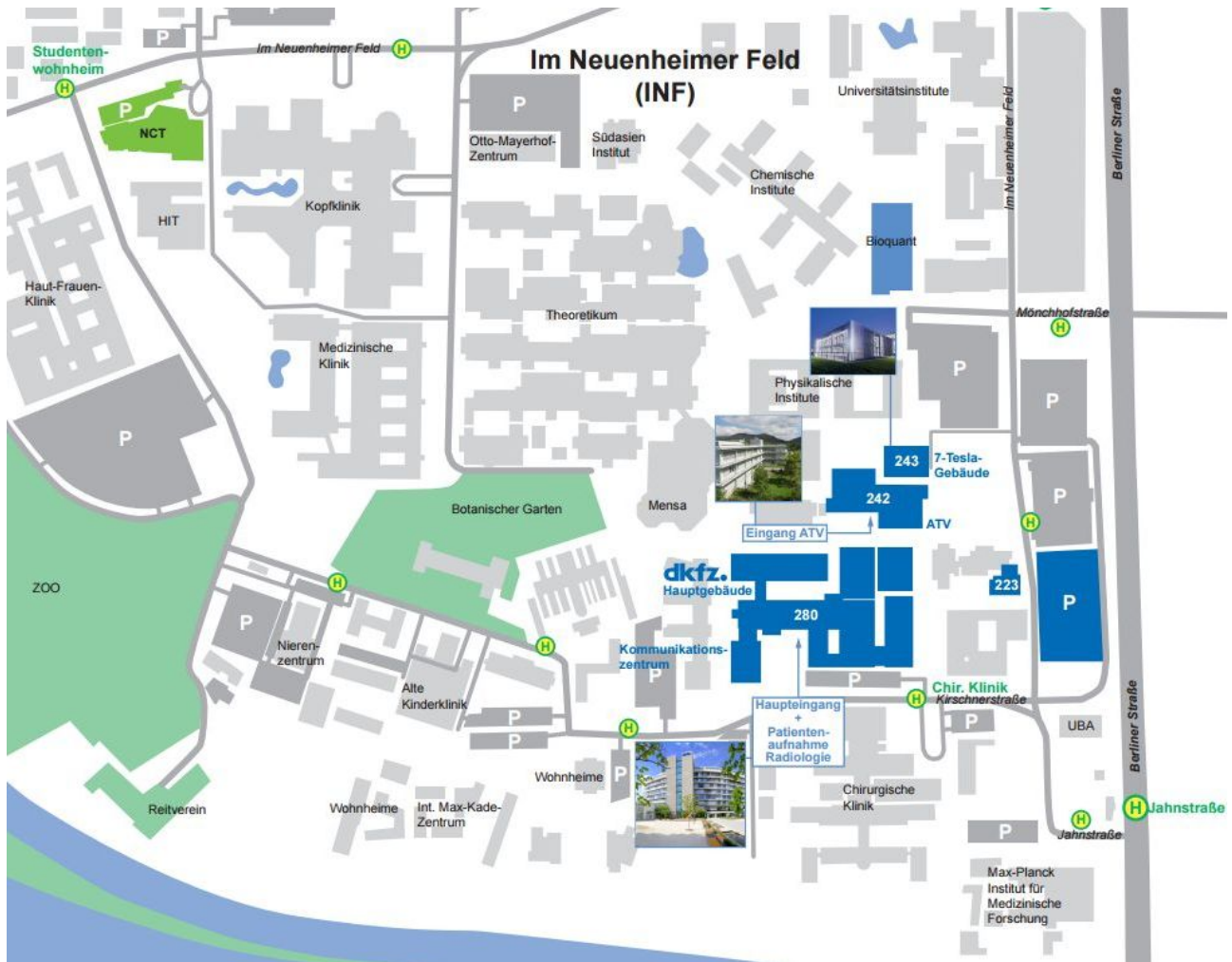
The foundation of a good assessment item is that it has been aligned to the learning outcomes of the curriculum, which in turn should be congruent with the teaching and learning activities. Ideally, this begins with a blueprint, upon which assessment items are identified and developed. Question items should be peer reviewed and standard set to ensure content relevance, clarity and level of difficulty. Standard setting establishes a pass mark based upon the difficulty of the questions rather than an arbitrary chosen number, such as 50%.

The process does not cease with the delivery of the assessment to the candidates. The analysis of item performance beyond simple mean scores and standard deviation measures is a critical component of the overall process and individual item performance data such as item difficulty and discrimination are invaluable in determining how well each item performed. Whilst this data is important in determining item performance, it cannot be taken on face value only and requires examination of the question. Some items will perform because there are flaws in them (e.g. ambiguity or multiple correct options), others because the content is poorly understood by the cohort, or because the material wasn't taught. Poorly performing items may be removed from the assessment, so as not to disadvantage candidates and should be either re-written or removed from the item bank.

The final step is feedback (to students, faculty and stake holders). However, feedback should be more than a number and should provide insight into strengths and weaknesses and is often forgotten when exams are used to make progression decisions.

This workshop will get participants to consider and undertake activities relation to this process.

Conference Location



The Milly Haagedoorn Lecture

Dr. E. Milly L. Haagedoorn, (1931) MD, PhD has dedicated over 20 years as a full time cancer educator, first at Leiden University, then at the Netherlands Cancer Institute in Amsterdam, at both institutions as the medical coordinator of the Dutch National Audiovisual Cancer Education Project. In 1985 she earned a PhD with her thesis “Aspects of Cancer Education for Professionals” at Groningen University Faculty of Medical Sciences. Her mentors were Professor Jan Oldhoff, surgical oncologist at Groningen University and Professor Richard Bakemeier, medical oncologist from Rochester University, NY, USA.

Dr. Haagedoorn was a General Practitioner for five years before commencing a residency in surgery for six years, with special interest in surgical oncology. From 1987 till her retirement in 1997 she was appointed as Assistant Professor for cancer education at the division of Surgical Oncology of Groningen University Hospital (currently named University Medical Centre Groningen).

In 1987 she was a member of the foundation group of the European Association for Cancer Education (EACE), served as President in 1988 and as Executive Director from 1989 – 1994. Dr. Haagedoorn has been chairman of several scientific programme committees for the EACE annual meetings, and has organized the annual meetings of EACE in 1995 in Groningen (together with the educationist Dr. Wim Bender), the 2001 meeting in Antwerp and the 2002 meeting in Nijmegen.

Dr. Haagedoorn has been a member of the Editorial Board of the Journal of Cancer Education, the official Journal of the AACE and the EACE.

In 1997 Dr. Haagedoorn was invited by the Board of the EACE to give her name to an annual EACE Lecture. Milly accepted the honour under the following conditions:

- It should always be – according to superiors and peers of the “lecturer to be” – a yet unknown health professional, or someone related to the health professions – who is doing excellent work in cancer education, or in a multicultural environment related to cancer education; but definitely a person who has not yet been “in the picture”.
- Being a multiprofessional Association, the Milly Haagedoorn Lecturer should be recruited from the variety of health professionals of different disciplines working in cancer education.

EACE 2015 Milly Haagedoorn lecture

Through the looking glass: Developments in cancer education and within EACE over the past decade

Sabine Fromm-Haidenberger studied Medicine at the Medical University of Vienna (MUW). In 1999 she became student organizer at the first "Vienna international summer school of oncology (VSSO)" and was from thereon engaged in this project until 2009.

In 2000, she started her training as a physician at the Department of Radiotherapy and biology at the MUW and she finished this training 2007. During her training she spent one year as resident at the Institut Gustave Roussy (IGR) in Paris and did some research in the field of gynaecological brachytherapy. Back in Vienna she continued to promote and organize the VSSO and also got involved in postgraduate training, offering preparation courses for the final exam in the field of radiotherapy.

In 2008 she decided to start an additional training in Radiology, first at practice in Vienna and then in a community hospital outside of Vienna. She followed her husband to Munich in June 2011 to continue her training at a community hospital in Munich and additionally to work as radiation oncologist at the Rinecker Proton Therapy Center.

She finalized her radiology training in February 2014. Now she works as radiologist in a practice that also offers different prevention programs. Because of her oncologic background, Dr. Fromm-Haidenberger was assigned to implement a prevention program called "Onko-check up". Additionally she offers consultation hours for cancer patients.

Her first contact with EACE was at the annual scientific EACE meeting 2005 in Birmingham where she presented the VSSO project and she was nominated as board member then. From this time on she was involved in the organization of annual EACE meetings. Since 2008, she has been the Secretary of the association.

Her attendance at EACE meetings has exposed her to just how much the health systems, and in particular, cancer education varies within Europe. Her talk will highlight some of the developments and changes in pre- and post-graduate medical education, considering the changes in gender among medical students and the resulting unsolved challenges. Additionally, a number of "hot topics" from the past decade, such as political and ethical changes in palliative care (e.g. Physician-assisted suicide) will be outlined.

Her decision to join EACE has changed her approach to both cancer patients and to medical students. She has found friends within the association and hopes we will all continue to develop EACE and to provide interesting annual meetings.



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