European Association for Cancer Education

30th Annual Scientific Meeting

26-28 April 2017
Toulouse
France

Oncopole
Institut Universitaire Du Cancer De Toulouse

1 Avenue Irène Joliot Curie
Toulouse, France

Programme and Abstract Booklet

Conference Location

Oncopole
Institut Universitaire Du Cancer De Toulouse

1 Avenue Irène Joliot Curie
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31059 Toulouse cedex 09, France

Tel: +33 531 155 059
www.iuct-oncopole.fr/en/

Conference Theme

Sharing Knowledge, Sharing Practice

Welcome Message

It is our pleasure and privilege to host the 30th Annual Scientific Meeting of the European Association for Cancer Education and welcome you to Toulouse and the wonderful French countryside

Toulouse is the capital city of the southwestern French department of Haute-Garonne, as well as of the Occitanie region. The city lies on the banks of the River Garonne and is the fourth-largest city in France after Paris, Lyon and Marseille. Toulouse is the centre of the European aerospace industry and hosts the largest space centre in Europe. The University of Toulouse is one of the oldest in Europe (founded in 1229) and, with more than 103,000 students, is the fourth-largest university campus in France, after the Universities of Paris, Lyon and Lille.

The city was the capital of the Visigothic Kingdom in the 5th century and the capital of the province of Languedoc in the late Middle Ages and early modern period (provinces were abolished during the French Revolution), making it the unofficial capital of the cultural region of Occitania (Southern France). It is now the capital of the Occitanie region, the largest region in metropolitan France.

It is a city with unique architecture made of pinkish terracotta bricks, which earned it the nickname la Ville Rose ("the Pink City"), Toulouse counts two UNESCO World Heritage Sites, the Canal du Midi (designated in 1996 and shared with other cities), and the Basilica of St. Sernin, the largest remaining Romanesque building in Europe, designated in 1998 because of its significance to the Santiago de Compostela pilgrimage route.

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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European
Association
for Cancer
Education

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 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 26 April 2017

8.00	Registration desk opens	**Chairperson**
8.40-9.00	**Introduction** Welcome from the EACE President Local organising committee Host organisation	Charles Kelly Anne-Laure Fize
9.00-11.00	**Session 1:** abstract presentations	Sabine Fromm-Haidenberger
11.00-10.20	Refreshment break	
11.20-13.00	**Session 2:** abstract presentations	Krzysztof Szewczyk
13.00-14.00	Lunch	
14.00-16.00	**Workshop 1: Assessment and Evaluation in Cancer Education: Part 1** Darren Starmer & Graham Dark	
16.00-16.30	Refreshment break	
16.30-17.30	**Workshop 2: Theatre** Virgina Clark	
	BREAK	
18.30	**Welcome Reception** Delegates are invited to join us in the Oncopole for a welcome reception followed by dinner on your own	

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 27 April 2017

8.00	Registration desk opens	**Chairperson**
9.00-9.40	**EACE Plenary** Jean-Francois Heron	Darren Starmer
9.40-11.00	**Session 3:** abstract presentations	Darren Starmer
11.00-11.20	Refreshment break	
11.20-13.00	**Session 4:** abstract presentations	Gilad Amiel
13.00-14.00	Lunch	
14.00-15.45	**Workshop 3: How to increase physical exercise amongst breast cancer survivors** Leonie Ralf & Eva-Marie Bitzer	
15.45-16.00	Assemble for the bus	
16.00-18.30	**Visit/Tour of Toulouse**	
	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 28 April 2017

8.00	Registration desk opens	**Chairperson**
9.00-9.40	**AACE Plenary** Kathleen Heneghan	Charles Kelly
9.40-11.00	**Session 5:** abstract presentations	Charles Kelly
11.00-11.20	Refreshment break	
11.20-13.00	**Session 6:** abstract presentations	Radoslaw Tarkowski
13.00-14.00	Lunch	
14.00-16.00	**Workshop 4: Assessment and Evaluation in Cancer Education: Part 2** Darren Starmer & Graham Dark	
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. Details of the restaurant will be provided at registration	

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 the beginning of 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

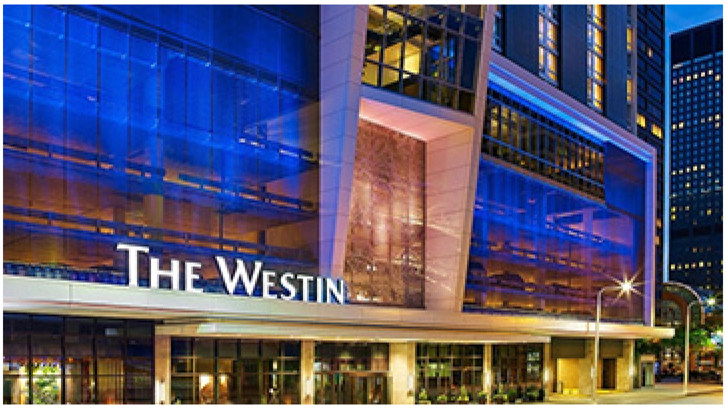
ICEC 2017: International Cancer Education Conference

13-15 September 2017

Cleveland, Ohio, USA

Theme: Solving Cancer Education Challenges Through Innovative, Interdisciplinary, Community and Global Collaboration

The 2017 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 Cleveland, Ohio, from 13-15 September 2017.



For more information have a look at:

http://2017.attendicec.org/

Important Dates:

- late January 2017 - Abstract Submission Opens
- 13 March 2017 –Workshop Abstracts Due
- 10 April 2017 – Oral/Poster Abstracts Due
- late May 2017 – Registration Opens
- 10 July 2017 – Early Registration Deadline
- 12 August 2017 – Hotel Reservation Deadline
- 21 August 2017 – Regular Registration Deadline
- 13 September 2017 – Conference Begins!
- 14 September 2017 – Special Evening at the Rock & Roll Hall of Fame

Wednesday 26 April

Presentations & Workshop

Oncologists and breaking bad news – from patients point of view. (do we inform them as we should?)

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Introduction

The SPIKES protocol is widely accepted tool for those who share bad news with the patients.

Aim

Evaluation of SPIKES protocol's implementation among oncologists.

Materials and Methods

A survey conducted among 102 patients of the Lower Silesian Oncology Center in Wroclaw. The questionnaire consisted of 17 questions checking the doctor's implementation of consecutive SPIKES components. Response rate was approximately 88%. Respondents were females in 69.6% females, 30.4% males. The mean age was 59.51 years (SD = 11.11).

Results

68.6% of patients were invited to a separate room, but only 24.5% were suggested to have someone from their family with them. The doctors usually sat with patients (73.5%) and maintained eye contact sufficiently to 70.6% of respondents. The conversation privacy was mostly evaluated as 10 (36.28%) on the 0-10 scale (mean 7.07). Only in 30.7% of the cases doctor asked about the readiness for disclosure, and in 26.5% tried to obtain the knowledge about their condition as well as how much information they desire. Most patients (64%) claimed that doctor didn't try to prepare them for the bad news. 51.96% evaluated the doctor's language comprehension for maximum points (with scale 0-10). Typically, in the patients' conviction, doctor devoted enough time (61%) and emotional support (62.75%) with optimal intensity (92.19%). 76.24% of patients felt that the doctor understood them. Only 56.86% were satisfied with their knowledge about the disease and treatment plan.

The higher rate of doctor's language comprehension and conversation privacy were associated with a better understanding of the disease and further management ($p=<0.001$). The doctors' language were more intelligible for older patients ($p=0.0089$). An assumption that more professional language can be used in younger patients has occurred misguided. Patients who were invited to the office more often claimed that the doctor dedicated them enough time ($p=0.007$).

Conclusions

Although most of the elements of the SPIKES protocol were implemented in a satisfactory percentage of cases, knowledge about disease and treatment as an endpoint was insufficient: this may be a need of the emphasis on the education of breaking bad news starting at the undergraduate level.

Abstract 1

An online survey as a measure of oncological awareness to improve reporting for breast cancer screening program

Introduction

Between 2006-15 first edition of the National Program Against Cancer (NPAC) was carried out in Poland. At that time mammography coverage increased from 23.37% in 2006 to 48.05% in 2015. According to specialists, such programs will not be effective if the reporting rate does not reach a minimum of 70%.

Aim

To assess the basic knowledge of breast cancer (BC) screening, identify existing risks and propose corrective actions to improve the reporting and thus the effectiveness of preventive screening.

Materials and Methods

A brief interactive on-line survey consisting of five questions about BC epidemiology, etiology and screening in Poland was created and shared at the social networking site:
https://goo.gl/forms/M8Dnzsg07VfWRAfp1
The survey is still open. The results were compiled statistically at 08.03.2017.

Results

We collected 205 responds from January 30th to March 8th 2017. The majority of the respondents were aged 20-29 (51.7%), 30-39 years (30.7%) and 40-49 years (11.7%). In the studied population 81% were women, 86.3% were urban residents and 71.7% were with non-medical backround. The respondents correctly answered questions about the BC epidemiology, risk factors and symptoms. The worse results concerned BC screening - only slightly more than half of the respondents (60.5%) correctly answered questions about age and interval between BC screening tests.

Conclusions

The public education about BC screening and modification of the NPAC (creating a database of screening providers, setting up online appointment dates and connecting screening with fast diagnosis, followed by cancer treatment) may result in improved mammography reporting and as a consequence in BC mortality reduction.

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Abstract 2

Cancer awareness in the online survey in terms of the colorectal cancer screening improvement

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Between 2006-15, the first edition of the National Program Against Cancer (NPAC) was carried out. Numerous program goals included: implementing national screening programs for breast, cervix uterine and colorectal cancer (CRC). Yet, CRC screening started in 2000. During the first decade of CRC screening reportability varied from 8-20%. Recent reports for Europe showed that rates for CRC screening vary from as little as 15% in areas of Poland, 22% in Belgium to a healthier rate of 64% in Norway and 70% in Finland. The percentage of eligible adults screened in many countries is below of the 65% rate considered desirable by the European Commission.

The purpose of the study was to estimate basic knowledge concerning epidemiology, risk factors, symptoms and screening test in CRC in order to identify the grounds of low CRC screening reportability.

A simple, short on-line survey was created:
https://goo.gl/forms/M8Dnzsg07VfWRAfp1
and shared via Facebook, sms and WhatsApp communicator. The survey is still open. Shown data were collected from Jan.30th – March 8th 2017.

There were 205 responds. The majority of responders were 20-29 years (51.7%), followed by 30-39 years (30.7%) and 40-49 years (11.7%). Women dominated in the surveyed population (81%), city inhabitants (86.3%) and persons with higher education (71.7%) followed by secondary education (26.8%), and with non-medical education (71.7%). Over 90% of the responders knew available CRC screening tests in Poland and one of the most common symptoms of CRC. 28.3% didn't know where to perform screening colonoscopy. 32.7% indicated inappropriate CRC risk factors.

Various kinds of educational campaigns were conducted and led to increased awareness of cancer which may result in the improvement of CRC screening reportability. Unfortunately there are still limitations such as: insufficient numbers of centers dedicated to perform screening colonoscopies and information about how and where to perform it. In the second edition of NPAC solution to this problem should be one of the priorities.

Abstract 3

Cervix uterine cancer screening test insufficiency factors reviewed by on-line survey

Introduction

One of the most important conditions for screening programs' effectiveness is adequate, large number of patients performing screening tests.

In 2016, the reportability rate for screening pap smear raised from 13% in 2006 to 46%. Still overall survival rates for polish women suffering from cervix uterine cancer (CUC) are lower comparing to other European countries, where average age standardized 5-years survival rate was 65% and 55% in Poland (according to Eurocare 4 study).

Aim

Ten years after implementing population based CUC screening program we wanted to evaluate possible reasons for low reportability.

Materials and Methods

After creating short internet survey concerning colorectal cancer we decided to do the same for CUC since reportability rates in Poland are way below desired 70%. The survey was spread through Facebook, SMS and WhatsApp communicator.

Results

We collected 205 responds from January 30th to March 8th 2017. Over 50% of the surveyed were 29 years or younger, followed by the age group 30-49 (42.4%). Responders were mostly females and city inhabitants (over 80%), and more than two thirds had higher education.

73.6% of the questioned population were familiar with CUC risk factors. Almost 80% of the responders were aware that early CUC is asymptomatic. Over 90 % of the surveyed knew the possible primary prophylaxis tool (anti-HPV vaccination) and screening test for CUC. Only a little bit over 50 % were aware what age group is addressed with screening tests for CUC that are sponsored by the Polish Ministry of Health.

Conclusions

Despite good knowledge concerning aetiology, risk factors and prophylaxis there is a gap concerning unsatisfactory information flow about when and where to do screening tests. There must be attempts undertaken to improve this situation and therefore raise reportability rates.

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Abstract 4

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Making a video game about living the life of someone who got cancer

Introduction

There are today a large number of books, films or songs that tells the life of people who have cancer. All these stories share something in common: we are always spectators. As a consequence it could be difficult to understand what living with this disease really feels. Also some people just don’t want to listen to these stories because it’s too hard for them.

Aim

The aim of our project, called We All End Up Alone, is to give an interior sight to the player. Giving a new perspective to understand what his life could be if he got cancer.

Methods

We chose to make a video game because this is an interactive medium. The players will live their own choices.

The game is blending everyday life management and exploration game play. The players will have to manage their new life during the day by choosing between actions like talking with relatives, taking medicines or watching TV. When the night comes they will have to explore the dreamlike world of his unconscious and fight his fears or the consequences of their choices. But they will also have to run from the disease and look for a way out to find hope and peace. Day and night are connected and everything the players do will have an impact on the story.

Abstract 5

First time presenter

Hype Ignite: an online platform for cancer education

Cancer burden is a major challenge for global concerted public health policies. Reduced cancer literacy and rising cancer incidence puts a significant strain on current health education strategies. Taking into account the different learners contexts, specificities and learning styles, massive open online courses (MOOC) are an elective approach to deliver health information.

Hype Ignite (HI) is an Open Edx-based online platform, created to provide worldwide cancer education programs. HI aims to promote impactful and effective courses designed to meet the specific educational goals of different learners using the vast resources and potential of online learning. HI is designed to accommodate a wide range of users from high school students, to teachers and health education professionals, fostering opportunities for self-directed and collaborative learning

HI will provide comprehensive contents about different cancer themes: biology, risk factors and prevention, education tools and awareness campaigns. A wide range of formats will be used with a special emphasis on interactive tools and video using an appealing visual language. HI users will benefit from a unique set of online resources and also the support of experts in the field of cancer. A system of continuous evaluation will assess students' knowledge through a set of questionnaires for each module. This ensures that progress is being monitored and assistance will be given to learners when needed.

This Cancer education program will engage the user in a well designed, efficient and accredited training that will address the necessary competences to a successful career. It is our belief that this online platform will meet the educational goals of a growing and demanding public health arena, while dealing with the challenges of a large-scale intervention.

First time presenter

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Abstract 6

Serious game and information platform ‘lumine’: A new educational tool for families and patients

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In the Midi-Pyrénées region the care of children with cancer and blood diseases is coordinated around a centre of reference that relies on the collaboration of various institutional actors (hospitals, liberal professionals, HAD, Centres for the fight against cancer, etc.). Taking into account the difficulty expressed by patients and families in understanding this process clearly, we have developed an educational tool that helps them to better understand their care pathway and, in so doing, introduces a more reassuring approach in paediatric cancer care. At the end of 2014, a project group was set up that included the CHU Toulouse’s e-health department, the Pasteur clinic's information system management, parents' associations and the caregivers of the paediatric oncology/haematology referral centre and the coordinators of Paediatric ONCOMIP network.

The aim was to offer patients and families access to a virtual care path via a software. The patients and the families can thus navigate through the different stages, at their own rhythm and at their own pleasure and, while having fun, access the information concerning the medical care in all its dimensions. Our parents' associations (APECO and Oscar’s Angels) have developed questionnaires for families and paediatric patients to assess their needs and questions concerning paediatric oncology/haematology care.

Based on this survey, the project group entrusted to a working group comprising caregivers, care coordinators, psychologists and charities’ volunteers, the work of drafting education information and resources for the children and the families. The company CCCP, a video and serious game development studio, was charged with the IT application development.

The CPAM Midi-Pyrénées, the “Fondation des Hospitaux de Paris-Hôpitaux de France”, the Pasteur Clinic and the Interactive Experiences Funds 2014 are the main funders of the project. After 18 months of editorial work and exchanges with the production company, the Lumine project was finished.

It includes:

- an information platform for adults organised around 4 themes (cancer and healing, treatment and sequelae, expertise and competence, environment) and containing information modules, videos, links to information sites and Associations/Charities. Parents can thus browse through the different stages, at their own leisure and at their own rhythm, and access all this information.
- a "serious game" for children with cancer aged 6 to 13, also open to their brothers, sisters and friends, with 3 game levels (my care, me and my sickness, myself and others).

This information support and the "serious game" are accessible from any computer with an internet connection.

Conclusion
Lumine is a collaborative project between different care facilities, caregivers and health care users, whose goal is to answer the families and children’s legitimate questions upon their arrival in a paediatric oncology/haematology unit.

Abstract 7

First time presenter

Success story of a new educational program for undergraduate medical students

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Two years ago our Faculty of Medicine decided to improve medical teaching for undergraduate medical students through a new approach including standardized-patients and medical simulation. Our main objective was to highlight the physician/patient relationship and the absolute necessity to develop communication teaching as well as soft skills evaluations as a part of clinical competence. At the same time we performed at the end of the second cycle of medical education a new certification modality with a seven-station objective structured clinical examination (OSCE) to assess clinical competence.

The first OSCE session was appreciate as well by students as by teachers with a very high level of satisfaction. Students were convinced by this new way of certification but needed more education about soft skills. Teachers agreed to continue this program. The second session was more effective and we could develop computer programs to make easily this evaluation of 150 students through seven stations. Satisfaction level remains very high 92%.

Moreover the opportunity to create new educational tools was made with CAPTOR financial support as well as initiating a program of standardized-patients through medical curricula for soft skills learning and medical simulation for technical skills learning. Some difficulties appeared in terms of high-level time consuming teaching resources and relevant modifications of student's schedule.

The name of this program is SUCCESS (SimUlation for Clinical Competences tEaching and aSSessment) and we hope that the story will have a happy end.

Abstract 8

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Abstract 9

Informed consent before cancer surgery. 77 signatures do not mean understanding

Introduction

Obtaining patient's informed consent is the first step of every treatment, the fundamental principal of medicine. Regardless of the procedure this permission must be based on an explanation by a physician, including all information in terms of what the treatment involves, possible complications, risks, benefits and alternative treatment options. Although patient understanding cannot be omitted in the process, this element is rarely thoroughly assessed by the surgeons. The aim of the study was to assess the completeness of informed consent to oncological surgeries with an emphasis on patients comprehension and needs.

Material and methods

The study group consisted of 36 patients (24 women and 12 men) in average age of 60,9 years, operated due to oncological disorders in Regional Comprehensive Cancer Centre in Wrocław, Poland. Self-designed questionnaire with 21 questions regarding informed consent details was introduced to respondents in post-operative anonymous interviews

Results

The most common element missing in obtaining consent was information about alternatives and patient preference. Only 15 (42%) patients could recall the possible complications, whereas almost all of them considered this information crucial. One third of interviewees were not asked about their reservations about the surgery. One fifth did not understand or obtain the written formula explaining the procedure, to read, rethink and pose questions. In only 8 (23%) of cases surgeons used the "repeat back" method as an interactive communication strategy. Illustrations were mentioned by one third of respondents as a suggested amplifying element of a consent. Despite mentioned problems, the median note of preoperative dialogue on a 10 point scale was 10.

Conclusions

Despite its role, the informed consent process is often only partially comprehensible for patients. The background of oncological surgery with high stress level and stigma makes patients even more vulnerable for confusion. It is worthy to state a proper strategy for improving the informed consent process and non-technical skills of a surgeon, who needs to remember that each surgery starts rather with a dialogue than first scalpel cut.

Testing the efficacy of a course on patient-physician relationship in palliative care

Introduction

Issues about palliative medicine should be integrated into undergraduate medical curricula, in order to focus, for example, on specific knowledge and skills such as how to manage the relationship with the terminal patient and his/her relatives. The aim of this study is to test the impact of a specific course on the medical student attitude to care for the dying.

Methods

At the Medical School of the University of Turin, since 2011, a mandatory course is delivered during the second year. It focuses on interpersonal skills and empathy in the end-of-life care (EOLC) context. The course consists of seven didactic meetings concerning: biopsychosocial model, doctor-patient relationship, personality profile, burn-out, adherence to treatment, informed consent, palliative care, relational style in approaching dying patients and hospice philosophy.

Before the beginning and at the end of the course, all participating students were invited to complete the Italian version of the Frommelt Attitude Toward Care of the Dying Scale form B (FATCOD-B). This tool focuses on beliefs about EOLC, such as patient's decision-making autonomy, doctor's emotional involvement with patient's experience, care of patient's family, and pain treatment.

Results

All the 284 students taking the course completed the FATCOD-B at the beginning of the first didactic meeting. 142 students attended the last didactic meeting and completed again the FATCOD-B. Paired samples T test has been used to compare FATCOD-B results.

Conclusions

Feedbacks from the students taking part to the last didactic meeting suggest that a course focused on relational skills and attitudes is a feasible and available method to help students in becoming prone to care for terminal patients. On the other side it’s noteworthy that only half of the students’ cohort attended the whole course. Description of the FATCOD-B scores and comparison between the two FATCOD-B administrations will be discussed in detail.

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Abstract 10

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Workshop 1:

Assessment and Evaluation in Cancer Education: Part 1

The main purpose of assessment is to determine the performance of a candidate against a defined standard specified in a curriculum. Evaluation is a similar process used to determine satisfaction of a teaching episode or course.

This workshop will outline some of the principles of education that underpin assessment and evaluation and allow participants to:

- consider the elements of a well worded examination question
- ensure curriculum congruence
- consider the requirements of standard setting
- identify important issues relating to quality assurance in assessment and evaluation
- how to determine reliability of an assessment
- integration with feedback
- migrating from research to theory and theory to practice

This will be an interactive workshop with activities so be prepared to work together and contribute.

Abstract 11

Workshop 2:

Using theatre to improve patient-carer interactions: A practical workshop

Workshop Preparation

We designed a questionnaire to ask French patients in the oncology and radiotherapy ward of the Clinique du Pont de Chaumes in Montauban what difficulties they had encountered in their interactions with healthcare workers during their oncology management. Then we asked the secretaries to invite the patients to fill out these anonymous questionnaires while waiting in the waiting room. We then studied their answers and prepared a theatre workshop targeted at helping European Association for Cancer Education (EACE) attendees reflect on and improve their communication skills, including a play written for the workshop and based on the study of these questionnaires.

Workshop Content

After filling out a questionnaire about their empathy levels, listening, observation and overall communication skills, EACE attendees will be guided through theatre exercises to develop listening and observation skills and to better read the emotions of the patients so as to better communicate with them and understand their expectations. Then a very short play will be performed, followed by a discussion of the oncology patient-carer interactions presented within. Attendees will then be able to role-play these interactions in order to improve their outcomes. Feedback will actively be encouraged. Finally, attendees will be handed a questionnaire about the workshop and whether they feel it was helpful, as well as whether they think it might be beneficial to lead this type of workshop in their workplace or with their students.

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Abstract 12

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

Tensing Norgay (1953)

Thursday 27 April

Presentations & Workshop

EUROPEAN
ASSOCIATION
for CANCER
EDUCATION

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EACE Plenary Lecture

How can we teach scepticism about fantastic new results?

During the last 20 years, many new drugs have appeared for treating cancer patients. While some results do not need any demonstration, (i.e. imatinib for myeloid leukaemia), for many other treatments, an increase of overall survival have not been demonstrated. Furthermore, new medications have been validated based on “progress in Disease Free Survival” or even “Clinical Advantage”.

I could study the medical records of patients with metastatic renal carcinoma, since 1986, when our medical records were computerized at Centre François Baclesse up to 2014. This retrospective study of all these patients (786 patients) addressed to our Centre did not show any increase in median survival during this period, at our Centre. Although from the time of palliative treatments, new treatments appeared from immunologic treatments to targeted therapies, no fundamental change in patient’s outcome could be demonstrated, whereas new iatrogenic toxicities appeared. Many other metastatic cancers share a similar problematic.

Nevertheless, we can read “promising titles” in the tabloids but also unfortunately in the scientific papers, where statistically significant results are not always correlated with a real clinical benefit.

Thus a few questions could be asked: what is the final advantage for the patient? Many treatments were in the context of clinical trials, and hopefully the patient did received precise information about potential advantages and toxicities. For the numerous other patients who received these treatments, what kind of information did they receive? What did they know about their outcome? About the side effects? About the non-curability of their metastatic disease? This very problematic situation between patient and doctor should be point out to our students, and we should teach them how to manage it, to avoid build up false hopes and lose confidence.

Abstract 13

Accessibility of obesity prevention information to Turkish Female migrants in Norway

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Accessibility of obesity prevention information can be influenced by cultural and linguistic factors. Obesity prevention is an important effort for the primary prevention of cancer, as obesity is thought to be associated with 20% of cancer deaths in women. Accordingly, the high proportion of obesity (48%) found among Turkish female migrants age 31-60 in Oslo, Norway, represents a health inequality. Funded by a Fulbright research grant to the Norwegian Centre for Migration and Minority Health at Oslo University Hospital, I am conducting an exploratory qualitative study on obesity prevention communication for this population. The project objectives are to 1. Examine beliefs about weight; 2. Better understand barriers and facilitators of access to obesity prevention information; and, 3. Propose communication methods that facilitate comprehension and adoption of obesity prevention practices.

This project, utilizing the Health Belief Model, includes ten in-depth interviews (nine have been completed) and two focus groups (planned). Final sample size may vary based on data saturation. Specifically, interviews are conducted with a non-probability, snowball sample of female, first generation migrants from Turkey, 25-60 years of age, and residing in the Oslo municipality. The interviews are conducted in Turkish, and then transcribed, and translated to English. Themes will be identified in the transcripts using grounded theory. Research on this demographic groups' knowledge and perspectives on obesity can ultimately be used to develop communication about obesity prevention, a form of cancer prevention, to be more understandable, persuasive, and effective.

References

Calle, EE, et al. "Overweight, obesity, and mortality from cancer in a prospectively studied cohort of US adults." New England Journal of Medicine 348.17 (2003):1625-1638.

Kumar BN, et al. “The Oslo Immigrant Health Profile.” (2008).

First time presenter

Abstract 14

Breaking bad news: competence, education and experience among medical students and young doctors.

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Breaking bad news is a part of a daily routine in many different medical specialties, especially in oncology. This study attempts to evaluate condition of sharing bad news training process in Poland. Methods: An anonymous internet survey comprising 20 questions, both closed and open, has been sent via social media to medical students and young doctors. 234 answers were collected from medical students and young doctors connected with 9 Polish medical universities and 53 answers from the universities abroad.

Results

Although the most preferable form of training was sharing experience with doctors (87%), but only 49% of them have experienced this form during training. Only 40% had practical classes (various forms), most had experienced theoretical ones (56.8%). At 26,1% sharing bad news was absent in curriculum. 90% of respondents deem passing bad news difficult or quite difficult, but teachable (96.6%). 90% would use workshop form. Most of them is not satisfied with their classes (96%), most of people considered university arrangement as lacking, They judge themselves with the value of 3.11 on the scale from 1 to 5. The most difficult part of sharing bad news is inability to act properly towards patient's emotional reaction (42%). Although only 15% of respondents know any protocols for sharing bad news, they obtain better results in question test. Only 59% of medical students and young doctors think they would need to share bad news in their specialties.

Conclusions

Medical training in Poland regarding breaking bad news is still of unsatisfactory quality. The training programme does not offer enough time and resources to ensure proper and sufficient preparation, despite eagerness and awareness of medical students and young doctors. Importance and difficulty of this skill is so significant that multiple forms of teaching should be used in teaching process. Sharing bad news protocols could help obtain better knowledge.

Abstract 15

First time presenter

CONEcT: Promoting therapeutic education in oral chemotherapy. From training to implementation of a program between primary and secondary care

Background

Oral chemotherapies and targeted therapies (OC) are becoming increasingly important in the management of cancer patients, with a transfer of responsibility from healthcare professionals to patients for which adherence to treatment and appropriate management of adverse effects are essential. Our regional cancer centre has deployed a therapeutic patient education (TPE) program since 2011.

Objective

Based on the existing TPE program, the regional project CONEcT has been developed since 2014 with the support of French National Cancer Institute (INCa). Objectives are to train healthcare professionals (HCPs) in TPE and OC, then to implement a local TPE offer for patients treated by OC in Normandy, based on an innovative coordination between primary and secondary care.

Methods

A steering committee composed of 8 regional partners with expertise, defined the project's methodology, structured in 6 steps : (1) Identify and involve 2 experimental primary and secondary care sites (ES) on each 4 health territories, (2) Sensitize all the professionals (n = 80) of experimental sites on OC and TPE, (3) Train in each health territory 3 primary care and 2 hospital HCPs (n=20) in TPE (WHO educational level 3), (4) Design an TPE program with experimental sites, (5) Implement the program on each health territory, (6) Evaluate the whole system.

Results

Steps 1 to 3 were completed in 2015, with positive feedback from professionals. Development of regional TPE program took place in 2016. This work was achieved in mid-December 2016 by obtaining the program agreement by the Regional Health Body (step 4). We are currently deploying this program with inclusion of patients (steps 5 and 6). Factors driving and hampering the implementation of the program and the coordination of primary and secondary care HCPs were identified allowing to determine an implementation methodology and elements of transferability on the national territory.

Conclusion

This innovative regional project is in a favourable context where TPE and care of people with cancer prove to be a priority carried out by public authorities, allowing the promotion of coordination of local actors in order to ensure the continuity of care between primary and secondary care.

First time presenter

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Abstract 16

MOOC/SPOC Care process/pathway for cancer patients

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The training offer in cancerology is very rich but generally does not bring all the care professionals or support professionals for patients together: general practitioners, liberal nurses, hospital personnel, etc. These varied audiences are generally very busy, so it is difficult to mobilize them in classical classroom training. Digital technology is therefore a major vector for training and improving the training of these professionals in the care and life pathways. Moreover, In a context of reduced hospitalization times and an increase number of oral chemotherapies, patient care is increasingly taking place outside the hospital, which requires strengthening the city-hospital links.

In this context, the partners of CAPTOR program (WP4) had the idea to propose a free online educational tool : “MOOC/SPOC Parcours de soins des patients atteints de cancers”.(“Care pathway for cancer patients”)

Objectives
The objective of the MOOC / SPOC "Care process for cancer patients" is therefore to train all the professionals of patient support (medical, paramedical, social, etc.) together to the generalities of the care of these patients. The training program lasts 6 weeks during which 6 themes are addressed:

- Care process
- Cancer Surgery
- Ionizing radiation
- Drug treatments
- Clinical research
- Oncological supportive care

The initial target audience has been defined to be national. The quality and relevance of this educational tool is evaluated by analysis of the students follow-up.

Results
The first session of MOOC / SPOC took place from 24 October to 2 December 2016. The second session started on 27 March and is being broadcast. Concerning the first session, the results were very positive since we can count 867 pre-registrations and 600 active learners. We should also note a strong social activity and a lot of exchanges between the learners (30% above the average for MOOC/SPOC activity). 93% of learners consider that the training will have an impact on their professional practice.

This first edition allowed us to gather the remarks and opinions of the learners to improve the training and optimize the organization of the sessions.

Abstract 17

First time presenter

A serious game for Nursing coordinators throughout the oncological care process

Introduction

Nursing coordinators of oncological care processes provide a post-therapeutic follow-up by telephone. To create a training adapted to this exercise, Toulouse the Paul Sabatier University, University Institute of the Cancer- Oncopole and French Red Cross Regional Institute of Sanitary and Social Training work in collaboration.

Aim

The preliminary research aims to define workers' needs and training expectations to be able to decide the purpose and objectives of the serious game.

A project of vocational training will be used as a reference based on real-life problems found in the domain. Adaptation to a new role implies the development of skills and creates links between training needs, skill-building and capacity to commit in an new function.

We are in a knowledge management background in which knowledge is created by individuals within an institution which occurs by dissemination and use of this knowledge.

The need to immerse professionals in a specific context of intervention leads us to propose the creation of a serious game built from the skills and knowledge of nursing coordinators.

The workload of these nurses is innovative and does not yet have a training frame or well-defined skill set. A reference model has been created, which could be used to evaluate the skills acquired through the serious game.

The collective and social dimension of knowledge seems determining in knowledge and skills building by dissemination between the various professionals.

It may be appropriate to suggest the gamification of a "collective creation of knowledge" via a learner's social network, encouraging the sharing of knowledge and best practices.

Conclusion

The serious game will meet the overall need for training of nursing coordinators of care processes, and not restricted to just cancer research. It could also be adapted to other health professionals, both in initial and continuous training where patient-carer relationships are important.

First time presenter

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Abstract 18

Knowledge of cancer among Polish adolescents

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Introduction

Neoplasm is not something that concerns only the elderly. It appears regardless of age which lead us to belief that prophylaxis, symptoms, diagnostics and bases of treatment should be a part of school curriculum. In our study we wanted to see into the quality of knowledge about cancers among Polish adolescents. We focused our efforts on those types of neoplasms which affect young people.

Methods

17-item questionnaire was created and run in March 2016. It included questions about respondents' fears and beliefs, cancer risk factors, prevention, screening, treatment and their knowledge of prospects of surviving the disease, especially for most common neoplasms observed in population aged 20-30. Data were obtained in Polish schools from 508 subjects aged 15-20. Collecting data was accompanied by a short lecture about the basics of oncology and followed by questions and answers.

Results

53.84% of students are afraid of getting cancer. More women than men are afraid of being affected by the disease (65.16% vs. 41.49%; Pearson's test = 31.39; $p<0.05$). 35.31% respondents believe that radiotherapy is not an effective method of treating neoplasms, while surgery was indicated as inefficient by 26.23% of subjects and chemotherapy only by 9.07%. Almost one third (28.19%) of women would not choose cytology as an effective screening method for cervical cancer.

Conclusions

In our view, the knowledge of oncology among Polish youth is insufficient. The majority of them are afraid of cancer, but they are open-minded and open for discussion about their health. The improvement in the quality of teaching and sharing knowledge about cancer appear to be a significant purpose that we should focus our efforts on.

Abstract 19

Contact cancer patients with their main oncologist

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Introduction

Psycho-oncology is a crucial aspect in each type of medicine. In oncology it is very important to have good relations with a patient because it can affect on a successful therapy. Information collected from patients in this study is the most trustworthy source of their feelings and problems.

The aim of the survey was to show how good the relation between oncologists and their patients is. The survey included questions connected with gender, age, psychological help, sources of information about their oncological disease, evaluation of a main doctor (oncologist) and others connected with the contact among main doctors and their patients.

There was one open question about the greatest disadvantages of medical system. The patients were also asked to specify on the features which they pay attention on when they visit the doctor.

Material and methods

A self-made questionnaire was designed that consisted of 17 questions. The anonymous respondents were oncological patients.

Results

We collected surveys from 25 patients median aged 46.8. The interviewees were of different ages and sexes. The survey involved 72% of women and 28% of men. Most of the patients indicated that it is better to contact with an oncologist during the private visit (76%). As well 60% respondents trust decisions made by their doctors. The most important goal is fact that 52% surveyed look for information about their prescribed treatment in the Internet.

Conclusions

It is essential to develop soft skills among the oncologist during their education. There are some important aspects on which we do not pay attention in everyday hospital life. As specialists we have great knowledge connected with medicine e.g. Pharmacology, Anatomy and Physiology but, on the other hand, we sometimes forget about interpersonal relations which have been passed since the early years or our lives.

First time presenter

Abstract 20

How happy are the users of a cancer prevention smartphone app?

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Mobile health (mhealth) interventions delivered by smartphone have lowered costs, reduced the burden to participants, and overcome some limitations of traditional in-person behaviour change programs. Numerous studies have demonstrated their effectiveness in supporting change related to several health behaviours including physical activity, diet, smoking and alcohol intake. Despite these encouraging evidences, some challenges remain. For instance, most mhealth interventions have to cope with a substantial proportion of users dropping out before completion or stopping the use of the app. We need to understand more about who uses these type of apps in order to tackle this problem. Some research has been done regarding the usage patterns and personal characteristics of users, but much remains unknown.

This study contributes to these questions by providing insights on the users of a specific cancer prevention app called Happy (Health Awareness and Prevention Personalized for You). The app was downloaded more than 4,000 times and has more than 3,200 registered users, the majority of which are female, young adults and have a college degree. At baseline, compliance with cancer prevention guidelines was low for several behaviours. Likewise, the majority of smokers that used the app had a low motivation to quit. This provides important intervention opportunities. This study also identified several barriers to behaviours related to lack of knowledge, lack of remembrance and social influence, all of which can be tackled by this mhealth intervention. Analysis of usage patterns showed that most users stopped using the app in the first two weeks. However, users that continued using the app significantly improved their cancer prevention behaviour through time. This study emphasizes the potential role that mhealth interventions can have in cancer education.

Abstract 21

Sexuality: A difficult topic of conversation, a difficult subject of scientific research. Cultural determinants of problems in diagnosing the sexuality of Polish

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Introduction

Sexuality in oncological disease is an interesting subject for many researchers. Analysis of Polish research shows that there are only a few publications on this subject. Therefore, we do not know much about the sexuality of Polish women with cancer. The difficulty of collecting data in this topic may be caused by cultural, social and ethical determinants of Polish women's unwillingness to talk about their sexual life. The professional skills of the researcher, especially those related to his interpersonal relationship with the patients, appear to be important in collecting data of sexual life. The purpose of our presentation is the psychological and methodological analysis of collecting data about the sexuality of Polish women with cancer. The social, cultural and ethical criteria as well as difficulties and challenges experienced by the researcher are included in the evaluation of the quality of this process.

Method

It was the stage of collecting data (Section 1.3 GAP) included in the Guidelines for Assessment Process (Fernandez-Ballesteros et al., 2001; Stemplewska-Żakowicz, 2009) that was analyzed.

Results

At the stage of planning diagnostic procedures (section 1.3.1 GAP), there had been identified a difficulty in obtaining an approval to participate in a research using audio interview recording. At the stage of application of diagnostic procedures (point 1.3.2 GAP), there were some factors considered as the difficulties in collecting data:

- time of study,
- place of study,
- age difference between the researcher and the participant,
- concern about lack of confidentiality in intimate conversation,
- difficulty in answering questions about sexuality,
- reluctance to disclose both self’s and partner’s intimate information on sexuality,
- shortening distance in diagnostic of interpersonal relation,
- distance to the researcher representing the medical community caused by previous negative experiences of the examined women in contact with staff.

Conclusions

In order to conduct a research on the sexuality of women with cancer, first of all it is necessary to take into account the cultural determinants of data collection, to extend the approval procedure in the part involving confidentiality of the study, and to professionally prepare yourself for the diagnosis. It is the ability to build a sense of security and disclose and maintain proper boundaries in the interpersonal relation with the participant that are required for the researcher to have.

Abstract 22

The importance of breast reconstruction in women following breast cancer surgery

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The aim of this study was to analyze patient satisfaction and experiences with received breast cancer care following breast cancer diagnosis.

Data were collected through a voluntary, anonymous questionnaire composed of two parts:

1. The Hospital Anxiety Depression Scale, patient living conditions and experiences of medical care
2. questions about breast reconstruction (BR) and oncoplastic surgery (OPS)

In total 363 patients (80.5% of eligible pts) diagnosed with breast cancer between December 2015 and 31 December 2016 at the Department of Oncological Surgery at the Lower Silesian Oncology Center (DCO, Wroclaw, Poland) completed the questionnaire.

At the time of filling out the questionnaire 21 (5.8%) had already undergone BR and 16 (4.4%) OPS, 17 (4.7%) awaited BR and 18 (5%) OPS. The median age for BR was in the age interval 50-59 years and for OPS 30-39 years. The HADS scale showed an improved state of well-being and less anxiety and depression in pts with BR than in pts without BR after mastectomy. More than 20 BR pts and 15 OPS pts were very satisfied with their postoperative results. After completing the questionnaire, the overall awareness of the availability of BR and OPS increased among pts and 83 (22.9%) pts reported a willingness to undergo BR and OPS, provided that they would have been informed about such possibility.

Almost 10% pts had some form of BR, 10% were planned for surgery, and another 20% would have wanted BR, if they would have been properly informed. This study illustrates that BR and OPS improves well-being and satisfaction with the cosmetic surgical result. Improved patient education and information about the availability, advantages and disadvantages of BR is needed, thereby clearing any concerns and misconceptions encountered by pts and involving them in the decision-making process related to their treatment.

Abstract 23

Workshop 3:

How to increase physical activity among breast cancer survivors?

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Background

Despite proven benefits of regular physical activity, the majority of breast cancer survivors do not meet recommended physical activity guidelines. In addition, findings from studies point to a decline of physical activity after breast cancer diagnosis and therapy [1, 2]. The Motivation-Volition (MoVo) Concept was designed to help people set up and maintain a health-enhancing lifestyle including enough physical exercise [3]. Several studies have proved the short- and long-term efficacy of the MoVo-intervention programs [4]. However, the evidence for physical inactive or little active patients after breast cancer is unclear.

Workshop

This workshop will focus on a group intervention for physical inactive or little active women after breast cancer with the aim to increase long-term physical activity. The first part of the session will be dedicated to theoretical input and a short introduction of the intervention, i.e. the Motivational-Volitional Model of health behaviour change, and how this is translated into a four-step intervention, lasting one hour each. In the second part, we will share strategies and didactical elements of the intervention. The four sessions of the intervention have different training objectives and contents and each session consists of the same methodical rhythm of the following four phases: Introduction, working phase, contemplation and finish. Workshop participants will have various opportunities to train their teaching- and communication abilities in small group work on goal setting, planning exercises and problem-solving. Finally, we will briefly present the main elements of the train-the-trainer seminar, first results of the formative evaluation and as well as the design of the controlled trial to assess the effectiveness of the intervention at six and 12 months post intervention.

References:

1. Bock, C., Schmidt, M. E., Vrieling, A., Chang-Claude, J., Steindorf, K. (2013): Walking, bicycling, and sports in postmenopausal breast cancer survivors-results from a German patient cohort study. Psycho-Oncology, 22. 1291-1298.
2. Broderick, J. M., Hussey, J., Kennedy, M. J., O'Donnell, D. M. (2013): Testing the 'teachable moment' premise: does physical activity increase in the early survivorship phase? Supportive Care in Cancer, 22. 989-997.
3. Fuchs, R. (2007): Das MoVo-Modell als theoretische Grundlage für Programme der Gesundheitsverhaltensänderung. In: Fuchs, R., Göhner, W., Seelig, H. (Hrsg.): Aufbau eines körperlich-aktiven Lebensstils: Theorie Empirie und Praxis. Göttingen: Hogrefe. 317-326.
4. Fuchs, R., Göhner, W., Seelig, H. 2011. Long-Termin Effects of a Psychological Group Intervention on Physical Exercise and Health: The MoVo Concept. Journal of Physical Activity and Health, 8, 794–803.

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 28 April

Presentations & Workshop

Improving Outcomes for the Surgical Oncology Patient: Standards, Accreditation, Rapid Reporting and Caregiver Education

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Discussion will focus on implementing system improvements and sharing of best practice across cancer care providers. Participants will leave with the knowledge, skills and tools to reduce the cancer burden and improve optimal recovery.

Objectives

Describe the methods used by the American College of Surgeons to improve survival and quality of life for cancer patients through collaboration, standard setting, prevention, research, education and the monitoring of quality care.

Utilize evidence based approaches to support best prep and home care readiness for the surgical oncology patient.

Presenter Biography

Kathleen Heneghan is the Assistant Director of the Surgical Patient Education Program at the American College of Surgeons (ACS). She is responsible for the national assessment, development and evaluation of surgical patient/caregiver education programs, along with professional education on interdisciplinary patient education models that promote engagement and safe transitions. She collaborates with specialty and professional organizations to develop standards and has implemented the first simulation programs for patients/caregivers demonstrating improved patient outcomes. Since joining the ACS in 2005, the program has successfully secured external funding to support the launch of programs for patients and professionals on informed consent, surgical preparation, safe surgical discharge, patient safety, skills training and surgeon/treatment search engines.

Dr. Heneghan completed her PhD in Pharmacology from Rush Medical College, an MSN from Loyola University, Chicago. Prior to the ACS, she was an associate professor at Rush University College of Nursing, served as the associate director of research for Pediatric Critical Care Services, and Chair for distance learning education within the Graduate College.

She serves on several leadership boards including the President-Elect for the American Association of Cancer Education and Co-chair of the CMSS Patient Engagement Workgroup.

Revising the national curriculum for Medical Oncology in the UK: Incorporating competencies in practice

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The present curricula for physician training are based on achieving a large number of individual identifiable competencies that are assessed throughout training by a variety of different assessment strategies. The perceived burden of assessment led to a review that produced recommendations that greater emphasis be given to individual clinical and educational supervisors' reports rather than on the multiple 'box-ticking' that had become the normal practice.

An improved, more authentic and simplified option for reviewing progress through the new curricula could be by looking at 'competencies in practice' (CiP), the ability to perform the professional activities (tasks) of a competent physician.

The key to success for both trainees and trainers is to produce a flexible model in particular for the integrated periods of training. They are not an alternative to competency based education but a way to translate competency into real life clinical practice.

Advantages of assessment of competencies in practice

- Enhance patient safety by ensuring that a trainee to whom a task has been trusted has demonstrated proficiency in that task (see level 4 below)
- Encourages curriculum developers to focus on the desired outcomes of training
- Needs an assessment by an experienced supervisor (much less 'tick box' than individual competency assessments)
- Assess actual performance ('does' rather than 'shows how')

Graded supervision

Level 1: Observations of the activity – no execution
Level 2: Acting with direct, practice supervision
Level 3: Acting with supervision available quickly
Level 4: Acting unsupervised (with clinical oversight within training)

No further assessment would normally be expected once a level 4 trusted decision is made. Clinicians then have a professional obligation and expectation to maintain competence.

The level descriptors will be adapted for individual competencies in practice.

Smoking cessation intervention in admitted patients

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Tobacco use is a major preventable cause of premature death and disease worldwide. Smoking has been shown to be a major risk factor for the development of over 18 types of cancer and the cause of death from many non-malignant diseases such as COPD, gastric ulcer and others. There is overwhelming body of evidence documenting health consequences from active smoking and exposure to second-hand smoke. Furthermore, there is strong evidence that tobacco has the potential to harm nearly every human organ. Few opportunities hold more promise for increasing the rate of tobacco-use cessation than a patient admitted to a hospital during their contact with the health care team. These interactions represent teachable moments when a patient is going through a significant life event, irrespective if that event is directly associated with tobacco use or not. The health care provider can become responsible for the initiation of a powerful intervention and enhance the motivation to quit smoking.

Since nearly 20% of Jewish men and over 50% of Arab men in Israel are active smokers (Jewish women 12%; Arab women 6%), we embarked on a Quality Improvement initiative to assist active smokers with a smoking cessation program that starts during their hospital stay. The US Joint Commission published a new Tobacco Cessation Performance Measure-Set in 2012. We built a smoking intervention plan adhering to those guidelines which include: assessing the motivation to quit upon admission; initiating an intervention module for those motivated to quit; connecting the patient to resources in the community upon discharge for continued support in their smoking cessation efforts; A follow up phone call 30 days after discharge to assure that continuation of care is delivered. This model is easily transferrable to other hospitals and communities in Israel and around the world.

Abstract 27

A junior doctor's perspective on oncology and palliative medicine teaching in Western Australia

The importance of cancer and palliative care education for medical students in Australia cannot be understated. However, previous studies have shown that medical graduates may not be adequately prepared for the challenges of providing care to cancer patients.

This presentation will provide a personal insight into oncology education from the perspective of a junior doctor from Western Australia. The author will provide a comparison of her own teaching and learning experiences with the Cancer Council Australia's Ideal Oncology Curriculum. Also, she will include a comparison with what can be assumed about the average Australian graduate, as studied in the cancer education literature.

The author will draw on her experiences to date in managing cancer and palliative patients in the hospital setting, including a reflection on current knowledge gaps and future concerns in managing cancer patients particularly during their terminal phase. Barriers to improving oncology education will be identified and strategies to help prevent anxiety provoking situations for junior doctors will be considered. Opportunities to broaden exposure in oncology and palliative care need to be identified and taken advantage of, given the limitations on curricula time.

Regardless of their chosen career path, all doctors will encounter cancer patients. This is particularly true for general practitioners, who are becoming increasingly important in the delivery of care for these patients. Therefore, it is imperative that all medical students receive sufficient preparation to equip them to meet the needs of the society in which they will practice.

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First time presenter

Abstract 28

Medical student exposure to cancer patients whilst on clinical placements

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Background

Cancer is the leading cause of death in Australia, with one in two men and one in three women diagnosed with cancer by the age of 85. Several studies have demonstrated a decline in the number of medical graduates having examined cancer patients during their training.

Students at the University of Notre Dame Australia's School of Medicine, Fremantle are taught in the clinical setting for the final two years of its four-year course. Whilst not compulsory, students are encouraged to keep clinical logbooks. All undertake a 2-week placement in palliative medicine during their final year. However, the balance of their clinical exposure to cancer patients remains opportunistic.

Results

Seventy-five logbooks (response rate = 21.07%), containing 8717 patients were analysed. A total of 829 patients (8.72%) had a diagnosis of cancer.

Most cancer patients were seen during surgery, whilst general practice returned the lowest numbers. None were seen in paediatrics or ophthalmology. Only 53.33% of students saw a patient with breast cancer. Less than half saw patients with colorectal (48.00%), lung (37.33%) and prostate cancer (34.67%). Only 16% saw a melanoma patient.

Discussion

Given the role surgery plays in the staging and treatment of cancer, it is unsurprising that most cancer patients were seen during surgery. However, the low number of student having seen common cancers is concerning. Variability in the quality of the logbooks is the main limitation of this study and therefore, it is not a complete picture of cancer patient exposure. However, it builds upon previous studies by providing insight to the number and types of cancer patients to which students were exposed. Currently, we do not know whether patients are simply being observed or whether the student is actively engaging with them.

Conclusion

Overall, the exposure to common cancers remains concerning and further research is needed to explore the type and quality of these interactions over the course of an entire year.

Abstract 29

Bridging the Cancer Communication Gap: An integrative approach to improve communication between patients and healthcare professionals in a cancer care unit

The interaction of health professionals with patients and their caregivers has been assumed as the cornerstone for the improvement of health outcomes. Communication skills of healthcare professionals are thus pivotal to facilitate the exchange of apprehensible information with patients and this is even more critical when it concerns to the cancer field. Furthermore, information is intrinsically connected to patients' capacity to read or listen and understand (thus, to interpret) the message transmitted, being this competence, dependent on the patient´s literacy, essential for any communication process.

The training of communication skills, of oncologists and other healthcare professionals involved/acting in cancer care teams, and also the development of new patient-centered communication tools, are consensual priorities to improve patients' cancer literacy and ultimately improve health outcomes so the main goal of this project is to develop and optimize a communication framework between patients and healthcare professionals in a specialized cancer care facility.

This action research project integrates a quasi-experimental study that will allow the characterization of the interactions between cancer patients and healthcare professionals and will provide adequate communication tools and training solutions for healthcare professionals.

This innovative research will gather relevant scientific information that will be used to re-design and optimize the communication framework in a cancer care unit, improving the interaction between the patients and the multidisciplinary care team and consequently impact the health outcomes.

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Abstract 30

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

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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≤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.

Abstract 31

First time presenter

Do we have to teach ethics to MD and PD students

For a long time researchers have made discoveries which have had both positive and negative consequences for human beings. For example, the formula “$e =mc^2$” gives the nuclear source of energy as well as the atomic bomb, research made on viruses can induce the development of vaccines but also the development of terrorist pathogens, whole genome sequencing could improve treatments for patients but also lead to eugenism. More recently, the rapid development of cell and gene therapy (embryonic or induced pluripotent cells combined with gene edition), genetics (whole genome sequencing in 3 days) and synthetic biology mean that researchers may soon be able to generate organisms and perhaps even humans. (Harrison et al 2017).

All these new technologies could raise important benefits but they raise important ethical issues. It is not possible to control researchers and to limit fundamental research. The only issue is to trust the scientists, the MD and the PD who will perform this research and develop industrial applications. This is why we felt it was so important to offer an ethics teaching to MD and PD students in their fourth year of study.

This module includes philosophy, anthropology and ethics applied to health questions (beginning and end of life, clinical trials, drug development, addiction, genetics, research…). Our goal is to train students to think about the potential consequences of their actions and to be sure that they will always consider human beings as an end and not a means.

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Abstract 32

MOOC/SPOC integration in nursing training institutes

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Background

Since 2009 with the setting-up of a new training frame of reference, the French nursing training scheme has allowed to graduate with a nursing bachelor degree thanks to a theoretical training in IFSI (Nurses training institutes) and skill tuition during placements in wards. This step towards university has induced a necessary pooling of nursing educational contents with those related to the development of e-learning training schemes. Consequently the Yves Le Foll hospital Institute of Nursing Training wished to integrate in the Tumour processes teaching unit the MOOC/SPOC Care pathway for cancer developed by the Toulouse Cancer Research Institute.

Objectives

The benefit of this project consisted in the introduction of new pedagogical procedures encouraging students in efficient nursing learning and focusing on appropriate nursing commitment. The didactic aim was to offer quality contents, delivered by university lecturers, complementary to our local hospital practitioner lecturers (oncologists, haematologists, radiotherapists, surgeons) as well as the nurses in charge of diagnosis announcement within our partner nursing homes.

Results

The first experience of blended-learning took place from October 24th to December 16th 2016. 78 students on 80 taking part validated their training obtaining this vocational DPC (Continuous Professional Development). Four among our students were assessed a 97% success rate in the final test which positioned them in the best panel of this first session. 98.4% of the students consider that this MOOC/SPOC is a particular valuable component of their training, and 53% value it as an asset for their curriculum vitae. The didactic success of this type of training requires engineering anticipation and close partnership with the MOOC /SPOC teaching staff, as well as the support of the healthcare manager. We are now considering some sharing and spreading experience with several other nursing training institutes in Brittany and in Paris.

Abstract 33

First time presenter

Using theatre to improve patient-carer interactions in oncology: interventional study of EACE attendees

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Background

Improving empathy as well as listening and observation skills helps better communicate with patients, align with their expectations and ultimately improves patient outcomes.

Aim

To assess whether a theatre workshop helps the trainers and healthcare workers who attend EACE congress improve their empathy, listening, observation and overall communication skills.

Methods

We designed a questionnaire to ask French oncology patients in Montauban what difficulties they had encountered in their interactions with healthcare workers during their oncology management. After studying their answers, we devised a theatre workshop aimed at helping European Association for Cancer Education (EACE) attendees reflect on and improve their communication skills.

On the first day of the EACE congress, this workshop will be offered to the attendees, who will fill out questionnaires at the beginning and at the end of the workshop to assess its use and efficacy, and whether they estimate this type of workshop could be applicable to their work environment / students.

Results

Results will be obtained and studied after the workshop is given.

Further reflection

The other theatre activities presented at Purpan School of Medicine in Toulouse will be presented to give the attendees an idea of how theatre can be used to train medical students and improve their communication skills.

Abstract 34

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Abstract 35

Workshop 5:

Assessment and Evaluation in Cancer Education: Part 2

Learning objectives

1. Describe the key aspects of a robust, transparent, equitable and defensible assessment programme
2. Identify common threats to assessment validity

Background

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 the process and a large portion of this needs to be directed into faculty development. This is often overlooked and assumptions are made that content experts and clinicians are automatically expert assessment writers. Unfortunately, this is not always the case. This is by no means a criticism of the staff employed in delivering health professional education but more an indication 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 programme, which in turn should be aligned to the teaching and learning activities. Ideally, this begins with a blueprint, upon which assessment items are identified and developed. 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 take 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.

EACE Annual General Meeting Agenda

Date: Friday, 28 April 2017
Location: Oncopole, Toulouse, France

1. Welcome and apologies (CK)
2. Revision and acceptance of last minutes (CK)
3. EACE board
4. Report from President (CK)
5. Report from Vice-President (S F-H)
6. Report from Treasurer (S F-H)
7. Report from Secretary (KK)
8. Report from Head of Scientific Committee (GD)
9. Update on the Journal of Cancer Education
10. EACE 2017 – Report from conference committee (A-L F)
11. Future scientific meetings/venues
12. 2018 – Haifa, Israel
13. 2019 – Porto, Portugal
14. 2020 – Krakov, Poland
15. AACE 2017 – Cleveland, Ohio
16. Any other business
17. Close of AGM