National Psychosocial Oncology Education Framework

An Initiative of The Education Committee,
Rebalance Focus Action Group,
Canadian Strategy for Cancer Control
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National Psychosocial Oncology Education Framework

Education Committee, Rebalance Focus Action Group, Canadian Strategy for Cancer Control

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Introduction

The purpose of this report is to present a National Psychosocial Oncology Education Framework (The Framework). The Framework is the result of turning a vision into an implementation plan through a multi-stakeholder consensus building process. The Framework will serve as a strategic guide. It creates the scaffolding, identifies guiding principles, highlights key enablers, distinguishes three priority themes, and delineates factors necessary for the success of its implementation.

Beginning in 1999, Health Canada, the Canadian Cancer Society and the Canadian Alliance of Provincial Cancer Agencies have been leading the development of the Canadian Strategy for Cancer Control. In November 2006, the Government of Canada announced the establishment of the Canadian Partnership Against Cancer (CPAC) to oversee implementation of the Canadian Strategy for Cancer Control.[1]

The Canadian Strategy for Cancer Control (CSCC) is a pan-Canadian cancer strategy that takes an inclusive, integrated and comprehensive approach to health care management, covering the full cancer control continuum. *The overall goal of the CSCC is to reduce the impact of cancer on human life to the greatest extent possible given resource constraints.* This includes working together to reduce the expected number of Canadians being diagnosed with cancer, lessen the severity of illness, enhance the quality of life of those with cancer, reduce the likelihood of dying from the disease, and provide compassionate and high quality end of life care in the case of terminal illness. In response to recommendations coming out of the Psychosocial, Supportive and Palliative Care Group reports, the CSCC selected the Rebalance Focus Action Group as one of seven priority areas. The Rebalance Focus Action Group has the mandate to provide leadership directed towards changing the focus of cancer care from a tumor-centred approach to a person-centred one, so that the needs of those affected by cancer are better served. Education for all health care professionals was identified as an important means of achieving this shift and arriving at system competency for providing compassionate person-centred care.

[1] Appendix 1: A glossary of terms.

Background

Under the overall auspices of the Rebalance Focus Action Group (RF-AG), the Education Committee was established in 2004[2]. The Education Committee, RF-AG, CSCC is made up of an interprofessional working group with representation from across Canada. In March 2006 the Education Committee conducted an Overview of Educational Opportunities for Health Care Professionals in Psychosocial Oncology and Palliative Care. A major recommendation of this report was to convene a panel of university educators, expert practitioners, and representatives of professional associations from all relevant disciplines to develop a national strategy for establishing and promoting education in Psychosocial Oncology.

Within this context, the National Psychosocial Oncology Education Framework Workshop (The Workshop) was organized. The goal of this workshop was to develop a National Psychosocial Oncology Education Framework (The Framework) for practising health care providers across the cancer care continuum. The Framework is intended to guide future work in this area, and to inform the Education Committee, Rebalance Focus Action Group, CSCC and in turn the Canadian Partnership Against Cancer, of priority areas for action in the education domain.

The Workshop participants represented researchers, clinicians, and educators in the fields of Psychosocial Oncology, Oncology, Palliative Care and Primary Care from a variety of disciplines. The process utilized ensured alignment with the overall goals of the Rebalance Focus Action Group and the Canadian Strategy for Cancer Control.

Prior to the Workshop, participants were asked to answer the following question: “From your perspective, what are the important components of an education framework for practicing health care providers in the area of psychosocial oncology across the cancer control continuum, including end of life care?” A Skeleton Framework was constructed based upon the answers. At the one and a half day Workshop held in Vancouver, British Columbia, March 5 and 6, 2007, the 29 participants responded to all aspects of the Framework, suggested modifications and were able to give a clear direction for moving forward with a plan for fulfilling the vision of the Education Committee, Rebalance Focus Action Group, Canadian Strategy for Cancer Control. [3] A comprehensive description of The Workshop processes, including the background documents participants received prior to the workshop, is available from the Education Committee Co-Chairs.

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[2] Appendix 2: Education Committee Membership
[3] Appendix 3: Workshop Participant List

Vision of the Education Committee, Rebalance Focus Action Group, CSCC

The vision of the Education Committee, Rebalance Focus Action Group, CSCC is that:

All health care providers and volunteers encountered by people with cancer and their families will have the necessary education and access to information to provide compassionate person centered psychosocial care within a model of interprofessional practice at any point on the cancer continuum.

And further that:

Adequate numbers of expertly trained/educated individuals in the areas of psychosocial, rehabilitative, spiritual and end of life oncology care will exist and be utilized to ensure Canadians affected by cancer will be served by interprofessional, integrated health care teams to meet their individual needs within the health care system in Canada.

The National Psychosocial Oncology Education Framework

The National Psychosocial Oncology Education Framework (The Framework) is intended to serve as a strategic guide from several perspectives:

- To differentiate and clarify the various target groups for psychosocial oncology education.
- To begin to identify important areas of focus within each target group for psychosocial oncology education.
- To ensure that education process and methodology is used and includes content, methods, implementation strategy, implementation partners and quality management encompassing evaluation.
- To articulate the underlying guiding principles that are intrinsic to and embedded within it.
- To identify emerging priority themes for development, ultimately guiding and informing the Education Committee and experts in the field in terms of funding projects.
- To identify relevant linkages, partnerships, organizations and initiatives germane to specific areas of implementation.
- To identify key enablers and mechanisms for ensuring success of The Framework.

I: *Guiding Principles Embedded in the Education Framework*

Ten principles underpin The Framework. The principles do not stand alone – they are interrelated and must be considered as a unified whole. These principles reflect consensus opinion of the Workshop participants and the Education Committee.

- Alignment with Canadian Strategy of Cancer Control
- Person-centredness
- Interprofessional learning and practice
- Pan-Canadian
- Inclusiveness with attention to diversity and marginalized groups (including but not limited to culture, religion, geography, gender, social determinants of health, sexual orientation, discipline and role)
- Accessibility
- Partnership and collaboration
- Reflective practice
- Evidence-based (knowing what exists and creating new evidence)
- Innovation (methodologies, knowledge translation, evaluation and monitoring)

These guiding principles underline and inform all aspects of The Framework and its implementation. In addition to the guiding principles, there are four key components of The Framework. They are <u>target groups</u>, <u>core processes</u>, the <u>cancer control continuum</u>, and <u>key enablers</u>. The following describes each of these components and depicts their inter-relationships.

II: *Target Groups*

Seven target groups were identified and include: (1) General Public; (2) Patients and Families; (3) Volunteers: Oncology or Palliative Care; (4) Health Care Providers: All Others; (5) Health Care Providers: Primary Care; (6) Health Care Providers: Oncology and Palliative Care; and (7) Psychosocial Oncology Specialists. Figure 1: Target Groups Identified.

Figure 1: Target Groups Identified

Each of these target groups is critical to ultimately achieving the goals of the Education Committee. However, The Workshop and The Framework focused exclusively on practising health care providers (4 target groups) as it was deemed a priority to target professionals currently in practice. This does not in any way minimize the importance of pre-licensure education (trainees/students), volunteers, persons with cancer (and families) and the general public, but rather, reflected the need to set realistic goals for a 1 ½ day consensus building workshop. It also acknowledges the significance of ensuring that effective role models and mentors exist in the practice environment.

The four target groups focused on here are defined as:

- **Psychosocial Oncology Specialists:** specialists in cancer care concerned with understanding and treating the social, psychological, emotional, spiritual, quality of life and functional aspects of cancer, from prevention through bereavement. Their role in Oncology or Palliative Care is completely focused on psychosocial care.
- **Health Care Providers (HCP): Oncology or Palliative Care Programs:** all health care professionals who work in either oncology or palliative care programs who have roles other than as psychosocial specialist.
- **Health Care Providers (HCP): Primary Care:** family physicians, community nurses and other health care providers in primary health care.
- **Health Care Providers (HCP): all other HCP:** who are not part of any of the above groups and are episodically involved in the care of persons with cancer and/or their families.

Figure 2: Practising Health Care Providers

III: *Core Processes*

There are a number of curricular processes that make up another component of The Framework. For purposes of The Framework they are referred to as the Core Processes. These educational core processes are depicted in Figure 3 and described subsequently.

Figure 3: Core Processes

- **Educational Content**: Refers to specific materials to be included in the curriculum. It is important for competencies to be defined according to expertise (knowledge), abilities (skills/know how), and attitudes (behavior) necessary to achieve the expected performance criteria related to a position. Although helpful to define and differentiate competencies germane to specific professional groups, it is imperative that the competencies of interprofessional learning and practice are taught. If the goal is to teach individuals to provide compassionate care in a collaborative practice milieu, then the content must be interprofessional knowledge, skills and attitudes related to psychosocial care. The Framework recognizes that the level of expertise will vary amongst and within the various target groups. For purposes of the Framework there are three levels of Psychosocial Oncology mastery: fundamental, enhanced and specialist of Psychosocial Oncology care and content will vary accordingly.

- **Pedagogy:** Refers to the educational philosophy and methods of teaching and learning. The choice of teaching technique should be based on theories of adult learning and educational change. Examples of approaches include small group case based teaching, aimed at problem solving occurring in a non-threatening learning environment. Interactive learning with follow up learning reinforcement, including self and group reflective exercises will contribute to more effective interprofessional learning and ultimately effective collaborative practice in providing compassionate care.
- **Implementation Strategies**: Refers to ways in which to ensure the given target groups receive the education. Factors to consider include barriers and enablers related to the learner, the teaching environment, the institutional milieu and geographic location. Ensuring easy access to education in a timely fashion will be important, with consideration of workload pressures. Organizational factors such as commitment to learning, and formalization of the education process as well as the role of professional regulatory bodies can have a significant influence on the success of any education strategy.
- **Implementation Partners**: Refers to those individuals, groups, institutions, organizations, government and regulatory bodies who can work together to help ensure implementation. Collaboration amongst partners from academia, professional groups, the practice environment, professional licensure associations, accreditation bodies, funders and the larger health care system will be required to facilitate an effective education strategy.
- **Evaluation and Monitoring**: Refers to outcome indicators and other methodologies to show these strategies have made a difference and moved us closer to our destination goal. Of the variety of forms of evaluation required of any educational initiative included are evaluation of the program itself and evaluation or assessment of the learner. Evaluation of the learner includes their knowledge, skills and/or attitudes gained from the educational experience. Ultimately, an important outcome to measure in relation to the education activity/strategy is the impact on persons with cancer, health care providers and the system in facilitating a compassionate model of care. The study of how education contributes to the advancement of the body of knowledge is another aspect of evaluation and monitoring. Quality management encompassing monitoring and quality improvement are also subsumed under this component.

IV: *Cancer Control Continuum*

The term "cancer control continuum" has been used at least since the mid 1970s. It is depicted in Figure 4. Cancer control aims to prevent cancer, cure cancer, and to increase survival and quality of life for those who develop cancer by converting the knowledge gained through research, surveillance or outcome evaluation into strategies and actions (*Definition adopted by the Canadian Strategy for Cancer Control, 2001*). Hence the Cancer Control Continuum includes prevention, screening, diagnosis, treatment (curative and palliative intent), rehabilitation, survivorship, and end of life care (including

bereavement). Psychosocial and supportive care are viewed as cross cutting all points on the continuum. As palliative care may occur at any point along the continuum, for purposes of depicting the continuum, the more discrete point of end of life care is used, which includes bereavement.

The continuum has changed somewhat over time and like many other useful concepts the continuum is a simplified version of reality. Because survivors are now a large and growing force, we have added survivorship explicitly to the continuum though strictly speaking survivorship is not simply a phase in the continuum but refers to all persons from the time of cancer diagnosis onwards. Likewise, rehabilitation, once seen as a specific point on the continuum, can be seen to be part of treatment and/or survivorship. The Cancer Control Continuum is useful to consider when planning, monitoring progress and setting priorities. It helps identify service, education and research gaps, where collaboration with others must occur in order to have an impact, and where more resources may be needed.

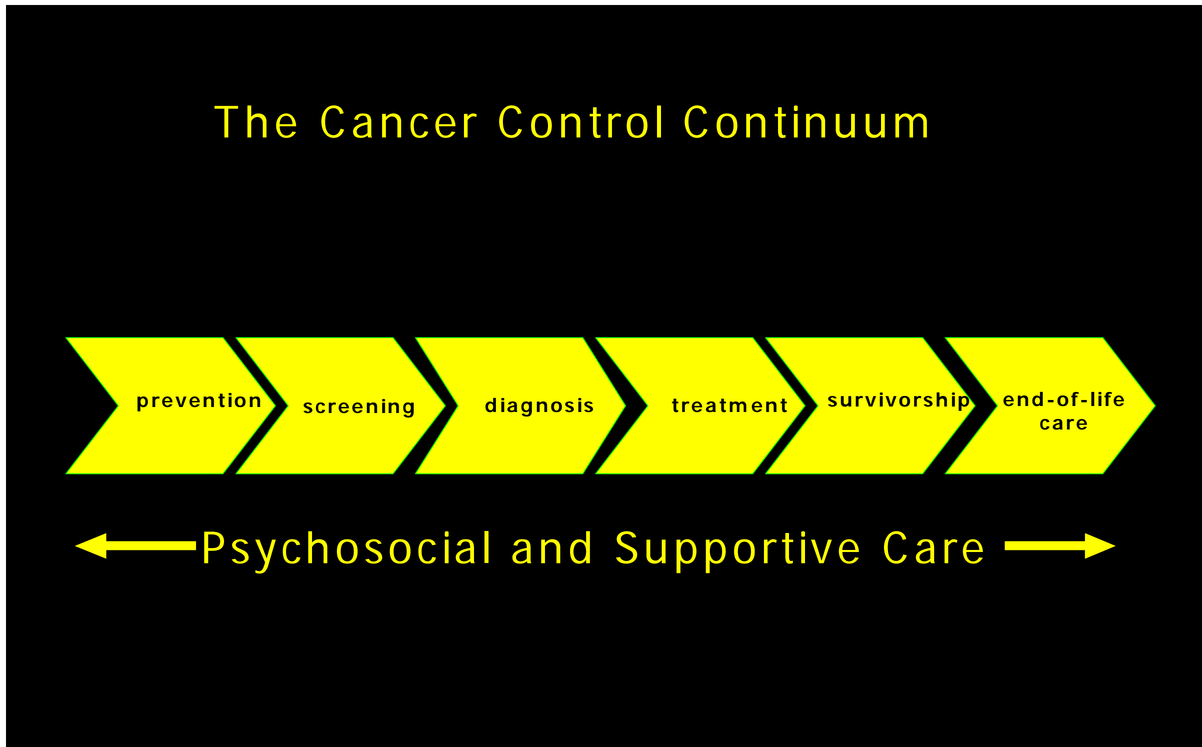

Figure 4: Cancer Control Continuum

V: *Key Enablers*

To enable the Framework to become a reality, it takes a number of foundational elements. These are depicted as the Key Enablers in Figure 5.

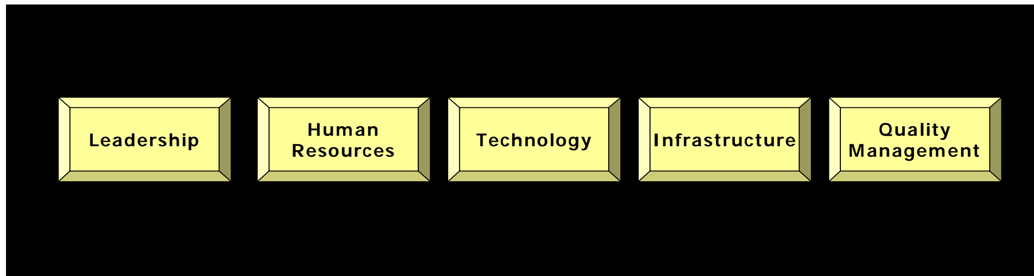

Figure 5: Key Enablers

- **Leadership**: Refers to the leadership system required to ensure a shared and unified vision, commitment to compassionate care and interprofessional learning. Allocation of resources is integral to the process.
- **Human Resources**: Refers to defining and matching the people competencies with the needs of the individual, team, community and organization, in order to bring about system competency for providing compassionate care.
- **Technology**: Refers to the need for an integrated electronic information and communication system that will facilitate the education and learning process, assist in outcome evaluation and contribute to building capacity and ensuring sustainability for the future.
- **Quality Management**: Refers to a systematic process for monitoring and measuring effectiveness of an education strategy, impact on clinical outcomes and satisfaction of all stakeholders. Quality management, including research, is a key cornerstone for both accountability for, and management of, the strategy within this evolving Framework.
- **Infrastructure**: Refers to defining and developing the necessary support to facilitate The Framework. In addition to a strong commitment from all constituents, there needs to be investment of resources including funding, project management and administrative support.

Figure 6 below depicts The Framework with all its components as described above.

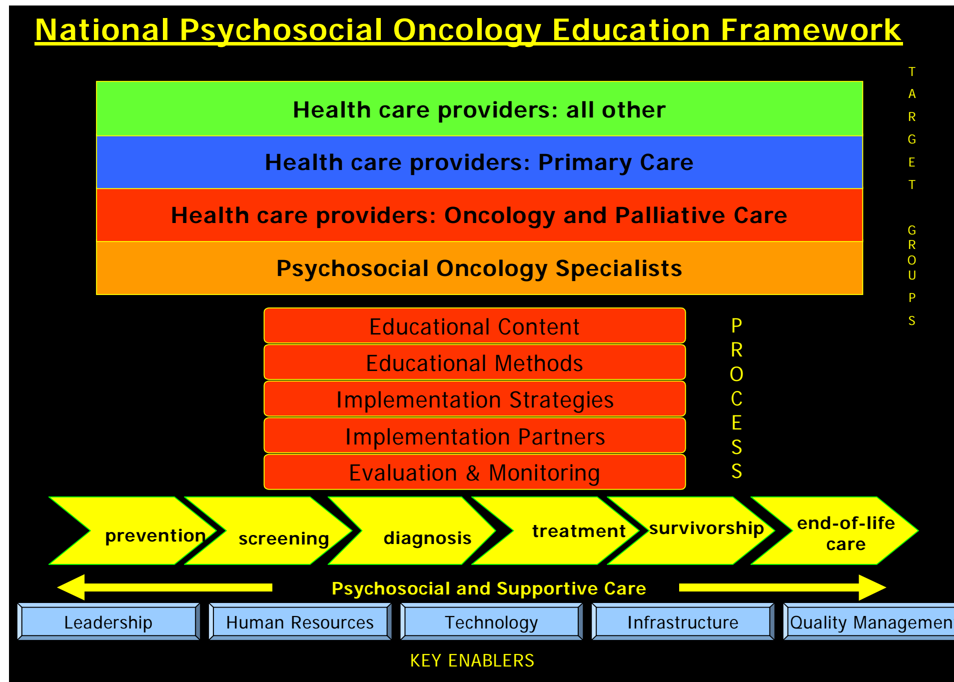

Figure 6: National Psychosocial Oncology Education Framework Schematic

Operationalizing The Framework: An Action Planning Model

The Framework is a dynamic and ongoing process. At times it becomes more formal as major priorities are identified and commitment is generated to work in specific focus areas. At other times, it is a more routine process, maintaining and updating resources.

An action planning model of The Framework is drawn below in Figure 7.

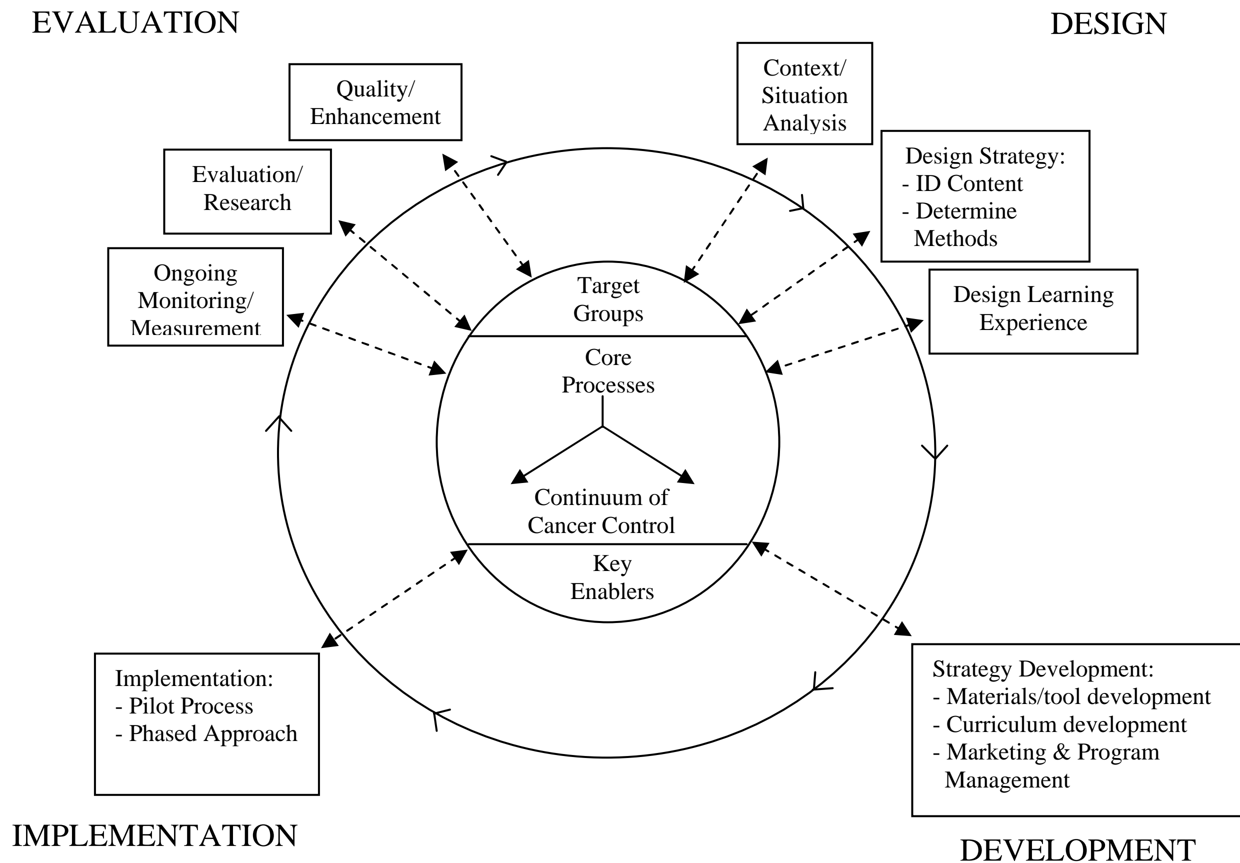

Figure 7: Action Planning Model

The steps outlined in the 'action planning model' are interactive with the National Psychosocial Oncology Education Framework. It is aimed at specific target groups, designed and developed to be comprehensive and inclusive of the core processes, and requires the key enablers for successful development, implementation and evaluation:

- **Design phase**: The design of an educational program begins with a situational analysis to assess the current context and environment and identify the key issues/challenges/opportunities. This process refers to gathering data and evaluating the situation to identify need. Priority setting in relation to fit within the organization and/or larger community of the oncology system (cancer control strategy) is integral to this step. The two principle objectives of this process are to identify course/program content and determine the methods for delivering/presenting the content. Finally, consideration must be given to designing the learning experience based on the target group, selecting methods that match the needs and audience

learning styles, and identification of resource needs including partners and collaborators.

- **Development Strategy:** This phase refers to the actual production and development of key program materials/tools and curriculum. The development of a marketing plan and establishment of a supportive program management structure is essential. The process needs to include multiple perspectives and engage various stakeholders, e.g. academia, cancer care management, professional groups/bodies, human resource management and the broader oncology community (including patients and their families).
- **Program Implementation:** Implementation of the education strategy can be based on a variety of approaches including a phased approach, initiation of select pilot projects, implementation of specific courses (integrated into existing programs), implementation of new programs (e.g. modules and/or certification courses), etc.
- **Evaluation:** The education strategy will require ongoing monitoring through a specific measurement process (performance and outcome indicators) to optimize quality. Select evaluations and research can also be conducted to explore specific aspects of the education strategy. Finally, data obtained from the evaluation processes will guide ongoing quality management and enhancements.

Application of the Framework

Appendix 4 represents a beginning plan linking content areas of psychosocial oncology to the various target groups. It represents a summary of the input received from participants at the March 5 & 6, 2007 workshop in Vancouver. This initial categorization provides a way of organizing the education process and may assist in identifying priority areas for action. This is a work in progress and serves as a starting point in the process of creating educational opportunities.

Emerging Priority Themes

Three priority themes emerged at the March 2007 Workshop. The following three priority themes emerged:

1. Building Capacity: Request for Proposals
   The Education Committee identified that a Request for Proposals (RFP) initiative would be one way to build capacity within Canada to implement the Framework. The Workshop participants concurred. A transparent equitable process would be developed to fund proposals that moved this agenda forward and met the RFP criteria, in particular the guiding principles of the Framework as follows:

   - Alignment with Canadian Strategy for Cancer Control
   - Person-centredness
   - Interprofessional learning and practice
   - Pan-Canadian
   - Inclusiveness with attention to diversity and marginalized groups (including but not limited to culture, religion, geography, gender, social determinants of health, sexual orientation, discipline and role)
   - Accessibility
   - Partnership and collaboration
   - Reflective practice
   - Evidence-based (knowing what exists and creating new evidence)
   - Innovation (methodologies, knowledge translation, evaluation and monitoring)

2. Ensuring Sustainability: Infrastructure Development
   The Workshop participants emphasized that the success of the implementation of the Framework would be dependent on dedicated and adequate human resources and infrastructure.

3. Developing a National Platform (web-based interactive repository)
   An interactive dynamic web-based repository of information was identified as a major priority. This would provide a vehicle to share knowledge, reduce redundancies and continuously identify gaps and priorities. This might include such things as the sharing of curriculum, clinical practice guidelines and/or the development of interprofessional communities of practice.

The following table depicts these identified priority themes.

Building Capacity:	**Ensuring Sustainability:**	**Development of National Platform:**
	WHY: Objectives:	
Designed to enhance and grow expertise in provision of interprofessional compassionate person-centred care across the entire cancer control continuum.	Designed to increase system/organization/team effectiveness ultimately resulting in both increased quality and decreased costs.	Designed to provide a foundation for constructing, accessing, and transferring knowledge in the field of psychosocial oncology.
	WHAT: Product:	
Building capacity is about generating new ways of solving problems, addressing unmet needs and building on our collective abilities and resources.	Ensuring sustainability requires leadership commitment, a unified vision and appropriate infrastructure including informatics. A comprehensive strategy is required, includes all target groups. Technology, human resources, quality management also included.	Requirements of a national platform are linked to defining content areas and based on expressed needs, educational theory, teaching and learning strategies, and learning environments. A vehicle for advancing, translating and communicating knowledge and skill development is central to building an effective platform.
	HOW: Process:	
National Request for Proposal (RFP) initiative to implement The Framework. RFP criteria would be based on the guiding principles described in The Framework.	Infrastructure established including adequate human resources to carry out work related to the RFP.	National interactive web based repository.

Ensuring Success

The following key success factors were identified as integral to the desired outcome:

- Shared vision: Ultimate success can only occur when all key stakeholders are committed, involved, informed and share a common vision for the implementation of The Framework.
- Responsiveness: It is important that care providers have the opportunity to pursue their education and that the education provided reflect their learning needs as it relates to the content (what is provided) and the delivery (how it is presented).
- Multiple perspectives: Successful implementation requires the pan-Canadian perspective, input and involvement of many experts, care consumers and the community at large.
- Integrative and interactive process: Required as a means of building capacity.
- Partnerships and alliances: Formalized partnerships and key alliances are integral to optimizing the design, development and implementation of The Framework, as well as to the successful application of the education (aimed in part at the support provided for staff to pursue education).
- Sustainability: Long term commitment to The Framework is required and includes infrastructure, operating and strategic/program planning support. Dynamic and knowledgeable leadership committed to lifelong learning, innovation and flexibility will be required in order to respond to emerging needs.
- Change management strategy: Organizational change management is especially important during the pilot and implementation efforts. There are three key areas that are important to manage during implementation – transition infrastructure, enablers and barriers, and communication.

Conclusion

The National Psychosocial Oncology Education Framework for Practising Health Care Providers is another step toward meeting the goals and objectives of the Education Committee of the Rebalance Focus Action Group of the Canadian Strategy for Cancer Control, and ultimately the goal *to reduce the impact of cancer on human life to the greatest extent possible given resource constraints.*

The Framework will be disseminated to other stakeholders and is seen as a dynamic and responsive strategy. It will be used to guide the Education Committee in setting priorities for fund allocation and to help health care providers and educators to design and deliver education and training initiatives.

The vision of person-centred compassionately delivered services across the cancer control continuum is that much closer to becoming a reality when a critical mass of individuals have the necessary knowledge, attitudes, and skills to do so.

Appendix 1

Glossary of Terms:

Best Practices: Approaches that have been shown to produce superior results, selected by a systematic process, and judged as "exemplary," "good," or "successfully" demonstrated. They are often adapted to fit a particular organization. (*American Productivity and Quality Center, 1995, adapted*).

Cancer Control: Cancer control aims to prevent cancer, cure cancer, and to increase survival and quality of life for those who develop cancer by converting the knowledge gained through research, surveillance or outcome evaluation into strategies and actions. (*Definition adopted by the Canadian Strategy for Cancer Control, 2001*).

Capacity Building: The development, fostering and support of relationships and resources at individual, community, organizational, inter-organizational and systems levels.

Collaboration: Collaboration is a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own visions of what is possible. Collaboration involves joint problem solving and decision making among key stakeholders in a problem or issue.

Evidence: Data and information used to make decisions. Evidence can be derived from research, experiential learning, indicator data, and evaluations. Evidence is used in a systematic way to evaluate options and make decisions.

Indicator: Performance measurement tool, screen, or flag that is used as a guide to monitor, evaluate, and improve the quality of patient service delivery, support services, leadership and partnerships. Indicators relate to structure, processes, and outcomes.

Integrated: Bringing together services, providers, and organizations from across the continuum to work together jointly so that their services are complementary to one another, are coordinated with each other, and are a seamless unified system, with continuity for the patient.

Interprofessionality: Defined as the development of a cohesive practice between professionals from different disciplines. Interprofessionality concerns the processes and determinants that influence interprofessional education initiatives as well as determinants and processes inherent to interprofessional collaboration. Interprofessionality also involves analysis of the linkages between these two spheres of activity (*D'Amour and Oandasan, 2005*).

Interdisciplinary: Response to the fragmented knowledge of numerous disciplines. In the literature the term 'discipline' is defined as a "subject that is taught" or a "field of study" whereas "profession" is described as "a calling requiring specialized knowledge

and often long and intensive academic preparation" (*Neufeldt, 1990*). In general, there is an international movement towards the use of "professional" as opposed to "discipline" in the interprofessional education literature. (*Oandasan and Reeves, 2005*).

Network: Individuals, groups and organizations working collaboratively in support of mutually agreed upon goals, principles and benefits.

Partnerships: Formal and informal working relationships between service providers or organizations, where services may be developed and provided jointly, or shared.

Person-centred: Refers to the focus on the person-in-environment, rather than the disease or disease process. It is a philosophy of health care and health promotion that includes mind, body and spirit, and is integrated, and comprehensive. It keeps the person, not the system, as the core priority. Person includes patients, families, the general public and/or health care providers.

Standard: Desired and achievable level of performance against which actual performance can be compared.

Acronyms:

AFMC: Arkansas Foundation for Medical Care

CAGPO: Canadian Association of GPs in Oncology

CAPCA: Canadian Association of Provincial Cancer Agencies

CAPO: Canadian Association of Psychosocial Oncology

CASN: Canadian Association of Schools of Nursing

CASSW: Canadian Association of Schools of Social Work

CCHSA: Canadian Council of Health Services Accreditation

CFPC: Canadian Family Physician Cancer

CHPCA: Canadian Hospice Palliative Care Association

CME/CPD/CE: Continuing Medical Education/Continuing Professional Development/Cancer Etiology

CSCC: Canadian Strategy for Cancer Control

EFPEC: Educating Future Physicians in End of Life Care

EFPPEC: Educating Future Physicians in Palliative and End of Life Care

EPEC: Education in Palliative and End-of-Life Care

Appendix 2

Rebalance Focus Action Group – Education Committee: Membership List:

- Jill Taylor-Brown, MSW, RSW – Co-Chair
- Mary Elliott, MD, FRCPC – Co-Chair
- Doris Barwich, MD, CCFP
- Susan Cadell, MSW, PhD
- Sandra Kesselman-Hardy, MSW, RSW (CCAN rep)
- Helen MacRae, PhD
- Deborah McLeod, RN, PhD
- Anne Murray, BSc, MEd

Appendix 3

Workshop Participants:

- Mary Elliot, MD, FRCPC – Co-Chair
- Jill Taylor-Brown, MSW, RSW – Co-Chair
- Michael Aherne, M.Ed, CMC
- Debbie Arsenault, BA, B.Admin, BSW, RSW
- Doris Barwich, MD, CCFP
- Joan L. Bottorff, PhD, RN, FCAHS
- Susan Cadell, MSW, PhD
- Grant Charles, PhD
- Vivian Collacutt, BCS, MSW, RSW
- Paul Daeninck, MD, MSc, FRCPC
- Marc Doucet, BA, MDiv
- Lise Fillion, PhD
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- Mary Lou Kelley, MSW, PhD
- S. Lawrence Librach, MD, CCFP, FCFP
- Gina MacKenzie, MSW
- J. Helen MacRae, PhD, R. Psych
- Deborah McLeod, RN, PhD
- David Morrison, PhD, FRSA
- Guy Pelletier, PhD, R.Psych
- Gary Rodin, MD, FRCPC
- Zeev Rosberger, PhD
- Sarah Sample, MSW
- Corinne Schroder, MD, MEd, CCFP, FCFP
- Anita Singh, MD, CCFP
- Jeff Sisler, MD, FRCPC
- Wendy Wainwright, BSW, MEd
- Marcelle Sprecher – Facilitator
- Rhea Arcand, RN, MN - Writer

Appendix 4

Summary of participant brainstorming on Core Processes and Relationship to Target Groups: A Beginning Plan:

Target Group:	**Educational :**		**Implementation:**		**Evaluation and Monitoring:**
	Content:	**Methods:**	**Strategies:**	**Partners:**	
Similarities in all groups	• Communication • Decision support • Patients as partners • Interprofessional teams	• Adult learning principles and methods • Inter-professional • Communities of practice • Multimodal	• Communities of practice • Thorough review of existing programs, initiatives that facilitate learning of PSO competencies • Change management strategies • National platform with cutting edge tools to facilitate transfer • Accessible • Timely	• CAPO • CAGPO • CANO • CFPC, provincial partners • CE deans medical, social work and nursing schools • EFPPEC, EPEC • CPAC • CAPPE • CAPCA • Business Schools • CSCC, other actions groups • Academic institutions • Funding bodies • Community cancer organizations	• Evaluation of inter-professional practice in system, organization, individual • Network with Research Action Group and look at how social determinants of health impacts cancer incidence and recovery (return to work, finances) • Implementation study • Impact study
Psychosocial Oncology	• Theory of psychosocial issues	• Communities of practice	Direct: • Web based	• CAPO • CAGPO –	Indicators • Patient: back to

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	Methods:	Strategies:	Partners:	
Specialists:	throughout the life cycle and development; social determinants of health; Social and cultural factors; Cancer control continuum and biopsychosocial impact. Pain management. Assessment and risk assessment. Psychological, existential issues and suffering. • Psychosocial interventions: crisis management, individual, family, couples and group psychotherapies (ies); behavioral and psychopharmacologic interventions; advanced care planning; • Decision making	• Web based national platform (tools, courses, resources) • Preceptorships • Internships • Mentoring • Peer learning • Train the trainer • Consultation • Integrate PSO in oncology program • Graduate level programs • Create a designation for qualifications • Core and elective content • Develop specialized and fundamental curriculum • Interactive methods (virtual learning) • Case presentations	strategies to facilitate collaboration and consultation across Canada. • Inventory of existing PSO programs • Use of pilot and demonstration projects • Distance education • Build on clinical expertise • Post training positions • Bilingual Indirect: • Infrastructure support • Change management • Ensure unified vision	Canadian Association of GPs in Oncology • CFPC and its provincial partners • EFPPEC • EPEC • CANO • CPEN • CHPCA • CAPPE . • CAPPE • CAPCA. • CME / CPD / CE deans of Canadian medical schools • Rotman Business School re Change Management. • Granting agencies • Patient advocacy groups • Academic Centers • Professional organizations	work and financial impact; quality of life • Provider: individual competencies; inter-professional competencies; # of certified specialists; adherence to competencies; attrition level; burn out; satisfaction • Organization: # of certification programs; # specialists hired; # of participants in education programs; # hits on web based programs; # of downloads; # of courses attended; # of certifications; # of training programs; # of programs that hire

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	**Methods:**	**Strategies:**	**Partners:**	
	• Communication • Interdisciplinary understanding and referral • Interprofessional practice and education • change management, system advocacy • teaching methods and knowledge translation strategies • Consultative practice • Development of competencies • Building capacity • Leadership training; academic research training • Program development • Self care for the team • Shared care • Empathic communication	• Journal clubs • Resource materials • Modules • Distance education • Tele / video conferences • Learning commons – virtual hospice • Workshop, retreat • Academic research training • Leadership training • Education workshops			certified specialists • System: determinants of health research Monitoring processes: • Implementation studies • Impact assessment (post program) • Survey to determine change in practice • Pre and post test – education intervention • Chart reviews • Network with Research Action Group to study how social determinants of health impact cancer incidence and recovery • health research • return to work

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	**Methods:**	**Strategies:**	**Partners:**	
					• economic impact of illness
HCP: Oncology or Palliative Care:	• Transition planning (e.g. Rx – palliation) • Decision support reverse referrals • System: change management • Communication skills including for those who are distressed • Management of psychosocial needs; distress assessment and management • Working / collaborating within teams • Professional caregiver self care • Importance and making of reverse referral (back to primary care providers) • Person-centred care • Information and	• Web based national platform (tools, courses, resources) • Community of practice • Inter-professional models • Interactive methods • Interdisciplinary learning • Case based sessions • Show evidence based facts • Guidelines • Embed into oncology CME (build psychosocial piece in other types of teaching) • Team skills • Use of preceptors (precept residence)	Direct: • Inventory of existing programs and initiatives re PSO • Use of pilot and demonstration projects • Standardized definitions • Relationship building • Need more collaboration between PC and oncology • Ensure evidence based teaching • Involve consumers to demand care Indirect: • Change management. • Redesign care process to facilitate whole	• CAPO • CAGPO – Canadian Association of GPs in Oncology • CFPC and its provincial partners • EFPPEC • EPEC • CAPCA • CANO • CPEN • CME / CPD / CE deans of Canadian medical schools • Rotman Business School re Change Management • Professional bodies • CCHSA • Pallium Project • Royal College • Nursing, social work and allied health faculties	Indicators: • Patient: satisfaction; level of distress; distress reduction • Provider: performance appraisal; inter-professional team work • Organization: accreditation • System: patient productivity; mortality rate Monitoring processes: • Patient satisfaction tools (scores for emotional support, education and information) • Chart review • Tracking patient data • Pre and post tests

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	Methods:	Strategies:	Partners:	
	understanding of all "phases" along the cancer control continuum		person care (assessment and treatment) • Infrastructure support • Identify champions • Integrate into day to day work • Develop culture of learning		in teaching modules • Survey re change in practice
HCP: Primary Care:	• Transition planning • Decision support • Conceptual models for severe illness; patients at risk for distress; loss and grief; pain and symptom management; end of life decision making (using basic bioethical and legal Framework) • Change management; network of local resources • EFPPEC 6 core	• Web based national platform (tools, courses, asynchronous, resources) • Community of practice • Information sharing, mentorship and competency based education • Preceptorships • Combinations of modules and preceptorships • Train the trainer • Case based	Direct: • Inventory of existing programs and initiatives re PSO • Creation of family practice networks / primary health care clinics affiliated with cancer centre who have CE opportunities • Provide leadership for outreach education (Cancer Center), i.e. a	• CAGPO – Canadian Association of GPs in Oncology • CFPC and its provincial partners • EFPPEC • EPEC • CAPO • CANO • CAPCA • Professional associations. • Accreditation bodies • Licensing bodies	Indicators: • Patient: satisfaction; persistence of distress • Provider: # of referrals to specialists; timing of referrals; provider satisfaction • Organization: ER utilization; # calls to 24 hour hotline • System: sociological factors (family issues, divorce

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	**Methods:**	**Strategies:**	**Partners:**	
	competencies • Identification and Response to distress: assessment (assessment tools) and management) making referrals; working with specialized oncology team • Tools to assist patients and families with self management. Communications skills (patients, families and collaborators) • Attend to suffering • Common family reactions • Communication of bad news • Grief consulting • Teaching • Organizational • Patients as partners in care • Self care	modules (interactive web based format) • Provide speaker lists / topics to providers of continuing education • Phone support • Inter-active methods • Academic detailing • Standardized modules • Small groups • Clinical tools • Video conferencing • Retreats • Notion of 'expert patient' • High intensity, minimal time	primary care leader on staff (GPO / FPO) • National network of physician leaders in PSO • Demonstration and pilot projects to support system change • Credit for CME • Certificate for psychosocial care • Continual reinforcement • Just in Time Teaching • Identify 'gold standard' practitioners • Speakers bureau for rounds on PSO related topics Indirect: • Change management systems change such as NHS gold	• Chronic Disease Management Strategy • CME / CPD / CE deans of Canadian medical, social work and nursing schools • Rotman Business School re Change Management • Schools • Seniors centres • Health Canada	rates, return to work) Monitoring processes: • Pre and post testing of education intervention • Survey of primary care sector

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	Methods:	Strategies:	Partners:	
	• Behavioral interventions for prevention of cancer • Counseling regarding cancer risk		standards framework for PC for GP's in the UK • Infrastructure support • Marketing strategy		
HCP: All Other:	• basic knowledge of cancer; screening programs; skills in life style behavior modification • System: change management; knowledge of services available • Knowledge of impact of values/cultures • Clinical: listening; communication and relational; how to make a referral; connect to helpers; narrative • Lifestyle and risk behaviors; risk assessment of family situations	• Web based national platform (tools, courses, resources) • Community of practice • Inter-active methods • Web based • Q and A format • Pamphlets (fast facts) • 1-800-Helplines • On demand grand rounds	Direct: • Inventory of existing programs and initiatives re PSO • Use of pilot and demonstration projects following principles and evaluation • Just in Time Education Indirect: • Change management • Infrastructure support • Marketing plan	• CAGPO – Canadian Association of GPs in Oncology • CFPC and its provincial partners • EFPPEC • EPEC • CAPCA • CME / CPD / CE deans of Canadian medical schools • Rotman Business School re Change Management • Licensing bodies • Professional colleges • Occupational health	Indicators: • Patient: Provider: # of hits on web; # calls to 1-800# • Organization: • System: Monitoring processes: • Monitor why/issue called helpline for • Satisfaction survey of providers with information provided • Note problem of diversity of group

Target Group:	Educational :		Implementation:		Evaluation and Monitoring:
	Content:	Methods:	Strategies:	Partners:	
	• Reflective practice • Teaching • Organization • Patients as partners in care, interprofessional relationships, person-centred Challenge: How to fit in to busy practice			• Employee assistance • School counselors. • Mental health providers • Cancer Society • Senior centers • Religious groups • Community pharmacists • Pharmacy • Interpreters • Funeral homes • Health agencies	

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- Background discussion paper #3: inter-professional relations.
- Background discussion paper #4: clinical education and placements.

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