



**C-Change Cancer Core Competency Program  
University of Pittsburgh Medical Center Final Report  
Cancer Survivorship**

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## **Abstract**

As part of a national effort to address shortages in the cancer workforce, the University of Pittsburgh Medical Center (UPMC) served as one of four grant-funded pilot sites to implement the C-Change Cancer Core Competency Initiative. Each pilot site utilized a rigorous set of competency standards, curriculum design tools, and evaluation methods to create their programs. Specifically, the UPMC Program strengthened primary care giver's knowledge, skills, and attitudes on survivorship issues. The program provided an expert-lead workshop on survivorship issues and orientation to a newly developed survivorship resources toolkit for use in rural and urban clinic settings. As a result of the program, participant confidence in their knowledge and ability to assess and manage issues related to survivorship improved an average of 20%. A webcast of the program offering CME/CEU credit was created and is now available to any health professional. All four pilot sites experienced benefits beyond those derived by the participant including positive effects such as professional development, institutional visibility, and community relations, and are discussed in the companion report.

## **General Introduction & Overview**

In February 2007, C-Change, a 501(c)(3) organization comprised of the top leaders from public, private, and non-profit organizations, embarked on a national validation project to address the Cancer Workforce crisis. Integral to providing cancer care across the continuum from prevention to survivorship is having a workforce that is quantitatively robust enough *and* qualitatively competent to address the needs of our communities locally, nationally and globally.

In collaboration with a multidisciplinary expert panel, C-Change defined a set of core competencies in cancer care targeting the non-oncology workforce. To achieve the greatest possible uptake of the cancer core competencies in the health care, public health, and academic settings, C-Change released a Request for Proposals (RFP), soliciting proposals from organizations that supported educational offerings to Tier 2 professionals. Tier 2 professionals include licensed, registered, or certified members of health professions who have not specialized in cancer yet whose scope of practice includes face-to-face contact with patients and their families along the continuum of cancer care. (Smith & Lichtveld, 2007)

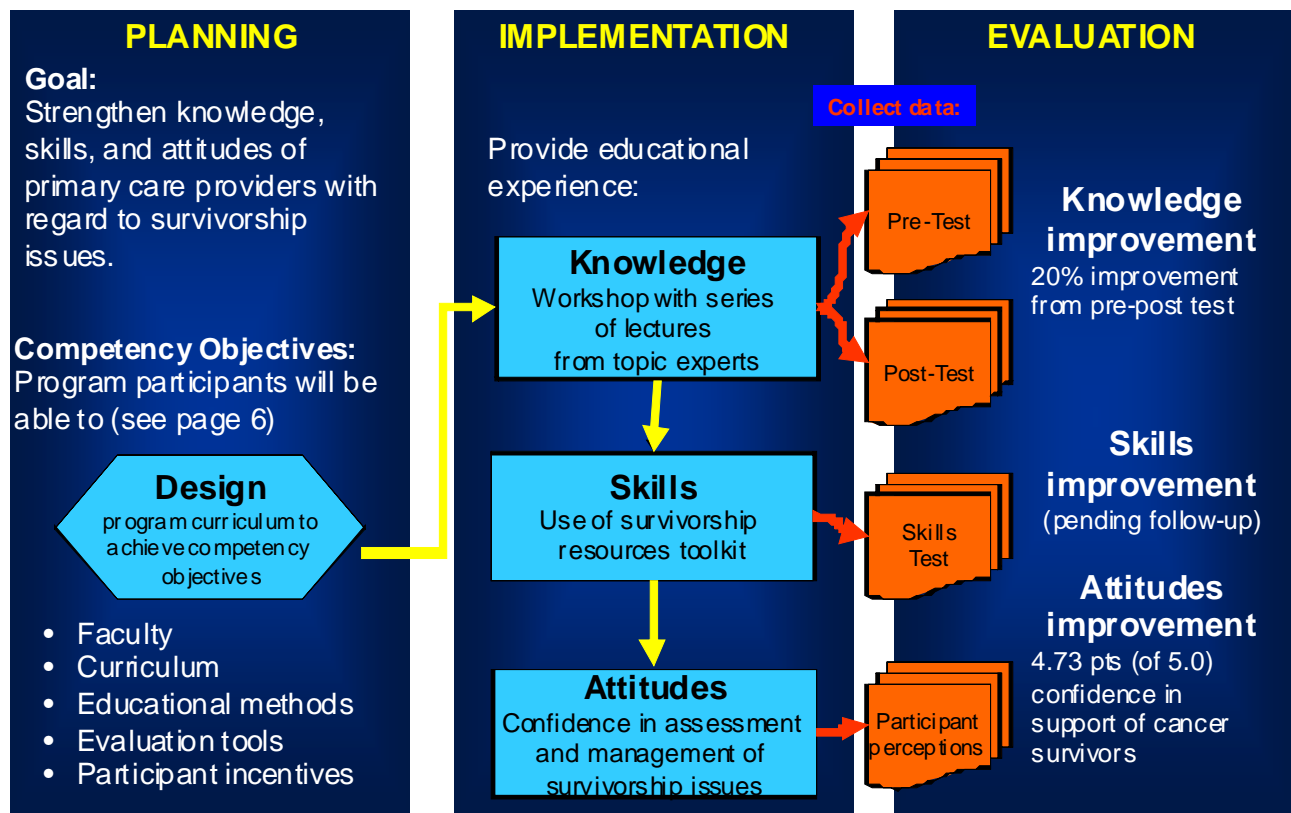
The scientifically robust methodology deployed in the development of the competencies enabled pilot testing and validation in a fashion that assured the broadest utility across the non-oncology disciplines. The findings and lessons learned will inform the final set of competencies and will be shared with those who can take the next steps towards dissemination and implementation. In addition to the University of Pittsburgh Medical Centers, Pittsburgh, PA, the three pilot sites that were selected included the Audrain Medical Center, Mexico, MO; the California University of Pennsylvania School of Social Work, California, PA; and the Marshall University School of Medicine, Huntington, WV.

Figure 1 illustrates the Cancer Core Competency Program Development Process, which includes three primary phases: Planning, Implementation, and Evaluation. In the Planning Phase, pilot sites defined program goals – to improve the competency of a target professional population on a specific cancer topic. With specific competency objectives in mind, they were able to identify the most appropriate array of educational interventions to achieve the desired knowledge and skills defined by the competency statements. Planning efforts also included the development of curriculum materials and evaluation tools to assess the impact of the educational intervention. The Implementation Phase entailed providing the educational experience for program participants and gathering evaluation data. During the Evaluation Phase the data were analyzed to assess changes in knowledge, skills, and attitudes, and ultimately, achievement of the competency goals.

## **Site Specific Background and Rationale**

As the population in the United States ages, there is an increase in the need for health services for chronic diseases such as cancer. At the same time, health care professions face serious shortages in their workforces creating challenges for our society. Cancer survivors often receive care from primary care providers, particularly once their cancer treatments have ended and they no longer need specialized oncology care or desire to follow-up with physicians closer to home. Thus, it is important that primary care providers have the education and tools they need to provide for the unique needs of cancer survivors.

# Cancer Core Competency Program Development Process University of Pittsburgh Medical Center – Pittsburgh, PA



**Figure 1: UPMC Program Development Process**

The University of Pittsburgh Medical Center (UPMC) Cancer Centers is one of the largest cancer care delivery networks in the country, consisting of 43 locations in twelve counties throughout western Pennsylvania, Ohio, and West Virginia. This unique hub-and-satellite network brings the most advanced medical, surgical, and radiation oncologic care to a large proportion of cancer patients in a 100+ mile radius of Pittsburgh, Pennsylvania. The Hillman Cancer Center, located in Pittsburgh, is the flagship for clinical care and the academic and research headquarters for the University of Pittsburgh Cancer Institute (UPCI), a National Cancer Institute (NCI) designated Comprehensive Cancer Center. In 2006, over 36,000 new patients were seen and treated at the Hillman Cancer Center or one of the community/ network locations. This integrated model for dissemination of state of the art care and access to clinical research is particularly important for this region. This largely rural region has an unusually large proportion of elderly cancer patients with difficulties in traveling large distances, and many economically disadvantaged and underserved patients.

The Hillman Cancer Center provides an integration of ambulatory diagnosis, treatment, prevention, and care combined with a large facility for performing innovative translational and clinical cancer research. More than eighty employed clinical oncologists are able to collaborate seamlessly with internationally renowned experts at the UPMC and UPCI to draw upon the full resources available. Any patient diagnosed with cancer can access care for his or her particular type and stage of cancer from specialists who have expertise in treating cancers and provide the full range of therapies, including innovative clinical trials. The comprehensive care that patients receive within the UPMC Cancer Centers Network also includes critical support services such as cancer education and screening, nutrition and genetic counseling,

psychological support, and interaction with our oncology social workers. A newly-developed Healthy Patient Cohort Registry (HPCR) will provide valuable information about the community population which will help steer survivorship efforts.

Some of the major limitations to clinical care and dissemination models are often the following: 1) once cancer patients complete their active treatment, they no longer return to a cancer center routinely, and rely mainly on primary care physicians and other health professionals for ongoing overall care; 2) patients receive insufficient attention in attending to the various physical and emotional consequences of cancer and its treatment; 3) there is a need to develop the health professional infrastructure and competencies to optimize quality of life of the cancer survivors and to return them, as much as possible, to a normal lifestyle, ability to work, and interact effectively with family and community; and 4) there are insufficient processes in place to effectively and comprehensively monitor for the development of new, second primary cancers. Therefore, UPMC Cancer Centers aims to extend an integrated approach to comprehensive cancer care to improve all of the needed multidisciplinary efforts, to enhance substantially the quality and duration of cancer patient survivorship.

This project's content was based on the Cancer Core Competencies as defined by C-Change. This program was directed at Tier 2 caregivers (health professionals with generalized knowledge of cancer who manage cancer patients throughout the continuum of care). Cancer survivorship issues were chosen because tier 2 caregivers will care for much of the oncology population once their initial oncology care is completed.

## **Methods**

This program was coordinated through the efforts of three individuals with advanced degrees in nursing, education, and public health. At the beginning of the funding period, the grantees met weekly to develop logic models (Appendix A), validation templates (Appendix B), and evaluation tools (Appendix C). The logic model provided the framework for implementing and evaluating the program and was designed to reflect all of the activities of the program, short-term, and long-term outcomes. The validation template was prepared to provide an outline of the program goals, target audience, educational objectives for each speaker, and the program content. These tools were reviewed by C-Change and were revised to reflect comments and suggestions.

Program faculty members were chosen from international, national, and regional experts in the fields of cancer survivorship. These experts all represented the University of Pittsburgh and/or the UPMC. The C-Change core competency definitions for survivorship (Smith & Lichtveld, 2007) were the foundation for the speakers' content; speakers received competency materials so that they could be included in their presentations. The program was scheduled to be held in two areas: New Castle, Pennsylvania, a rural community one hour north of the city of Pittsburgh, and the Hillman Cancer Center in Pittsburgh, Pennsylvania, the hub for the UPMC Cancer Centers. The Lawrence County Cancer Coalition provided marketing assistance to promote the New Castle program. Plans for web casting to create enduring content were made as a way to disseminate this important information remotely in an ongoing manner.

The program contents were submitted and approved by the University of Pittsburgh Quality Improvement Review Committee, which is under the jurisdiction of the University of Pittsburgh Institutional Review Board.

Recruitment of participants for the New Castle program was unsuccessful and therefore the session, originally scheduled for Saturday, October 6, 2007, was cancelled.

On Saturday, October 20, 2007, a program was held at the Hillman Cancer Center entitled: *Supporting the Continuum for Cancer Survivors: The Role of the Community Practitioner*. The stated objectives upon completion of the program were:

### **Program Objectives**

- Define cancer survivorship
- Manage continuing and late effects of cancer and its treatment
- Describe the surveillance recommendations for the detection of recurrence and second primary cancers
- Provide ongoing health services that meet age and gender recommendations
- Provide support to cancer survivors and their families as they cope with daily living, including lifestyle, employment, school, sexual relationships, fertility issues, etc.
- Advocate for pain and symptom management throughout the course of cancer survivorship
- Assist patients and families in navigating the health care system following cancer treatment

The following program topics were designed to address specific competency statements:

### **Competency Statements**

- Cancer surveillance in the cancer survivor  
Competency: Describe the surveillance recommendations for the detection of recurrence and second primary cancers
- The personal impact of cancer  
Competency: Recognize the importance of survivorship in a long-term cancer care plan at the conclusion of active treatment
- The role of rehabilitation in cancer survivorship  
Competency: Refer survivors to rehabilitation services
- Issues of childhood cancer survivors  
Competency: Provide support for cancer survivors and their families and caregivers as they cope with daily living including lifestyle, employment, school, sexual relationships, fertility issues, and personal intimacy”, and “Provide ongoing health services that meet age and gender recommendations
- The role of nutrition in cancer survivorship  
Competency: Recognize the importance of survivorship in a long-term cancer care plan at the conclusion of active treatment”, and “Provide support for cancer survivors and their families and caregivers as they cope with daily living including lifestyle, employment, school, sexual relationships, fertility issues, and personal intimacy
- Pain and other symptoms after cancer treatment  
Competency: Manage continuing and late effects of cancer and cancer treatment

Faculty included a physical medicine and rehabilitation physician, physician-epidemiologist, pediatric nurse practitioner, oncology nurse educator, naturopathic physician, and a psychologist. These individuals received an overview of the C-Change competency statements for guidance in preparing their presentations. The program began with an overview of the C-Change Cancer Core Competency Program, followed by a presentation from a cancer survivor titled “From the Eyes of a Cancer Survivor”. Continuing Education Credit was provided to

physicians, nurses, and social workers completing the program once pre-tests, post-tests and course evaluations were completed. As care of cancer survivors is not a local issue, all lectures from this program were recorded and are being made available as an archived webcast. Participants of this format learn at their convenience and are eligible for both continuing education credit and to receive a toolkit (Appendix C). These participants are required to complete the same pre-test, post-test and evaluations as attendees at the live presentation. There is no cost for participants to access this format. The program is available at <http://cme.health.pitt.edu> (refer to “All Modules” tab).

## **Results**

Eleven participants including physicians, nurses, social workers, and a dietician attended the on-site program. A total number of 44 instructional hours were accumulated. This number is calculated by multiplying the number of hours of participation in the program by the number of people taught. The total number of instructional hours not only indicates the investment made in the program but also the potential impact of the program. The webcast provides the opportunity to accrue additional instructional hours since this enduring content remains available on the UPMC website and more people will participate after the initial program date. Instructional hours in this program illustrate the depth of the program investment per participant as well as the number of participants reached with its content.

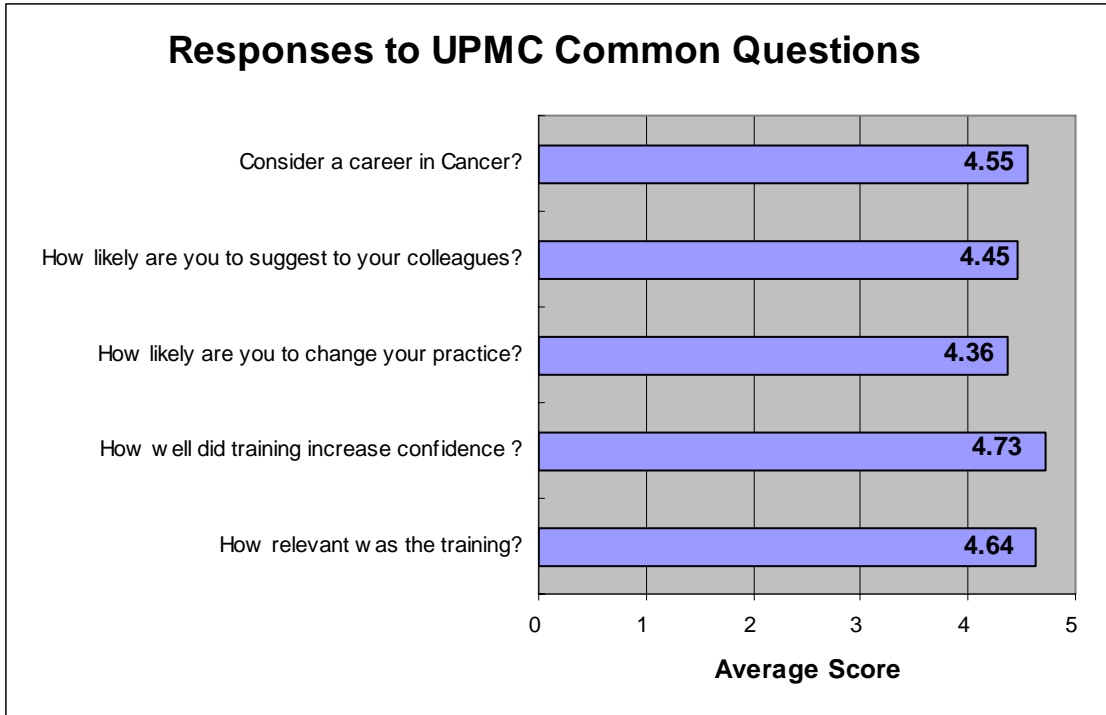
Participants were asked the question, “What is the approximate percentage of your patient population who has been diagnosed with cancer at some time?” The participant responses ranged evenly from 5% to 100% of the patient population indicating varying needs for cancer competency with regard to survivorship issues.

Two of the short-term outcomes were reached with those who participated in the program. Scores on the post-test (Table 1) showed improved knowledge of the definition of cancer survivorship; increased confidence in the participants’ ability to refer patients to state, local and national resources to assist them with issues related to cancer survivorship; increased confidence in the ability to manage continuing and late effects of cancer and its treatment; increased confidence in the ability to articulate surveillance recommendations for detecting recurrent and second primary cancers; increased confidence in the ability to provide or recommend ongoing health services that meet age and gender recommendations; increased confidence in the ability to provide support to cancer survivors and their families as they cope with daily living, including lifestyle, employment, school, sexual relationships, fertility issues; increased confidence in the ability to manage/advocate for the management of pain and other symptoms throughout the course of cancer survivorship and; increased confidence in the ability to assist patients and their families in navigating the health care system following cancer treatment.

The greatest improvement in post-test scores were seen in the following two questions: “I am confident in my ability to articulate the surveillance recommendations for the detection of recurrence and second primary cancers” with a 32% change from pre to post-test; and “I am confident in my ability to provide or recommend ongoing health services that meet age and gender recommendations” with a 25% change.

**Table 1: UPMC Pre/Post Data**

UPMC Cancer Centers Pre/Post Data Multiple Choice Questions n=11 Students		Pre-Test Level of Agreement (of 55)	Post-Test Level of Agreement (of 55)	Absolute Change	Percent Change %
1	Confident in my knowledge of the definition of cancer survivorship	46	48	2	4.35%
2	Confident in my ability to refer patients and families to state, local, and national resources and services to assist them with issues related to cancer survivorship	41	50	9	21.95%
3	Confident in my ability to manage the continuing and late effects of cancer and its treatment	36	41	5	13.89%
4	Confident in my ability to articulate the surveillance recommendations for the detection of recurrence and second primary cancers	34	45	11	32.35%
5	Confident in my ability to provide or recommend ongoing health services that meet age and gender recommendations	36	45	9	25.00%
6	Confident in my ability to provide support to cancer survivors and their families as they cope with daily living, including lifestyle, employment, school, sexual relationships, fertility issues, etc.	40	49	9	22.50%
7	Confident in my ability to manage/advocate for the management of pain and other symptoms throughout the course of cancer survivorship	37	43	6	16.22%
8	Confident in my ability to assist patients and families in navigating the health care system following cancer treatment	39	48	9	23.08%
	<b>Average:</b>	38.63	46.13	7.5	
	<b>Average Percent Agreement</b>	70.23%	83.86%		19.92%



**Figure 2: UPMC Common Question Data**

Each pilot site utilized five questions that were common across pilot sites. These questions were developed by the C-Change team; pilot sites tailored the questions to reflect site specific training content and were listed at the end of each post-test. The questions allowed for aggregated assessment across sites of the relevance of the training, increases in learner confidence to provide cancer care, learner intentions to change practice, learner intentions to suggest the training to colleagues, and level of learner knowledge of the shortages in the cancer workforce. Learner attitudes and intentions are antecedents of behavior, therefore, these measures served as predictive indicators of longer term outcomes, such as changes in practice. Respondents were asked to rank each of the domains using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Figure 2 displays responses to the common questions. Responses to the five common questions indicated that all participants agreed or strongly agreed that the training was relevant to their current health care practices; the training increased their confidence to provide cancer care in their practices. Eighty-two percent answered that they were likely to change their practice as a result of attending this training (two respondents were undecided). Ninety-one percent answered that they were likely to recommend to a colleague that they take a training course based upon the C-Change core competencies (one respondent was undecided). Eighty-nine percent responded that the course would encourage them to consider a career in cancer care (one respondent was undecided).

Program evaluations were very good with participants scoring the teaching methods, organization of the program, and overall quality of the program highly. Follow-up phone calls to assess toolkit usage are pending.

Two participants further commented as to the program's usefulness:

- "(This is a) very interesting and comprehensive approach to (cancer survivorship issues.) (This information) needs to be presented to others at Hillman Cancer Center. We're so busy trying to get patient through treatment that survivorship gets neglected."
- "Because my current patient population is < 5-10% cancer survivors or newly diagnosed with cancer coming for C/S re: fertility preservation, it is difficult to assess how my practice will change based on info today except to say that I am much more informed on acute/sub acute / chronic sequella & resources available for these sequella."

## **Discussion and Recommendations**

Post-tests and program evaluations received from participants suggested benefit was gained from attending this program. The two post-test questions showing the greatest change represent some of the most important content of the program. Since attendance was low, a more thorough evaluation of the program will be available after new participants take part in the program via web casting. UPMC has excellent support for programs such as these as the facilities are state-of-the-art.

## **Unintended Benefits**

The cancer core competencies along with the development of the logic model and validation template provided a rigorous method for curriculum design further ensuring that the competencies were integrated into the curriculum and presented to program participants. In addition, this framework will be translated to future educational cancer projects. This program may be utilized nationally in the future for Graduate Medical Education in survivorship.

## **Lessons Learned**

Several lessons were learned throughout this process. If time had allowed, a thorough needs assessment of the medical professionals in this area could have helped to determine the level of interest in this topic as well as the best geographic locations in which to hold the programs. This type of assessment would also have provided information regarding a willingness and readiness to learn prior to marketing efforts. The field of cancer survivorship is growing exponentially and there is a tremendous demand to keep up with the growth. This insight supports the reasoning for an educational series on survivorship issues. There is a great need to learn about cancer survivorship issues in the non-oncology medical community. However, there has been no formal determination if cancer survivorship issues are an important educational need to the non-oncology community. Oncology professionals within the UPMC system can benefit from viewing the webcast of the program. Marketing efforts are underway to reach oncology and non-oncology providers.

The web-based program will be aggressively marketed to primary care providers throughout Western Pennsylvania utilizing mailings, telephone, and email communication with health centers and community health organizations. Through the Pennsylvania Cancer Control Consortium (PAC3) and C-Change, this program will also be marketed to statewide and national audiences. Participants who utilize this method of education will also be required to take a pre

and post-test and complete the course evaluation in order to receive Continuing Education Credit. Upon completion of the course, these participants will be mailed a survivorship toolkit. The resources contained in the toolkit will support clinical practice.

Utilizing web casting provides a unique opportunity to continue to market the program regionally and nationally. Understandably, many health care providers are unable to attend live programs held on weekends even though this time provides less interruption of office and clinic schedules. The ability to view an important program such as this one, at a time that is convenient to the health provider will be well-received especially with the added bonus of earning Continuing Education Credit.

### **Issues Remaining/Next Steps**

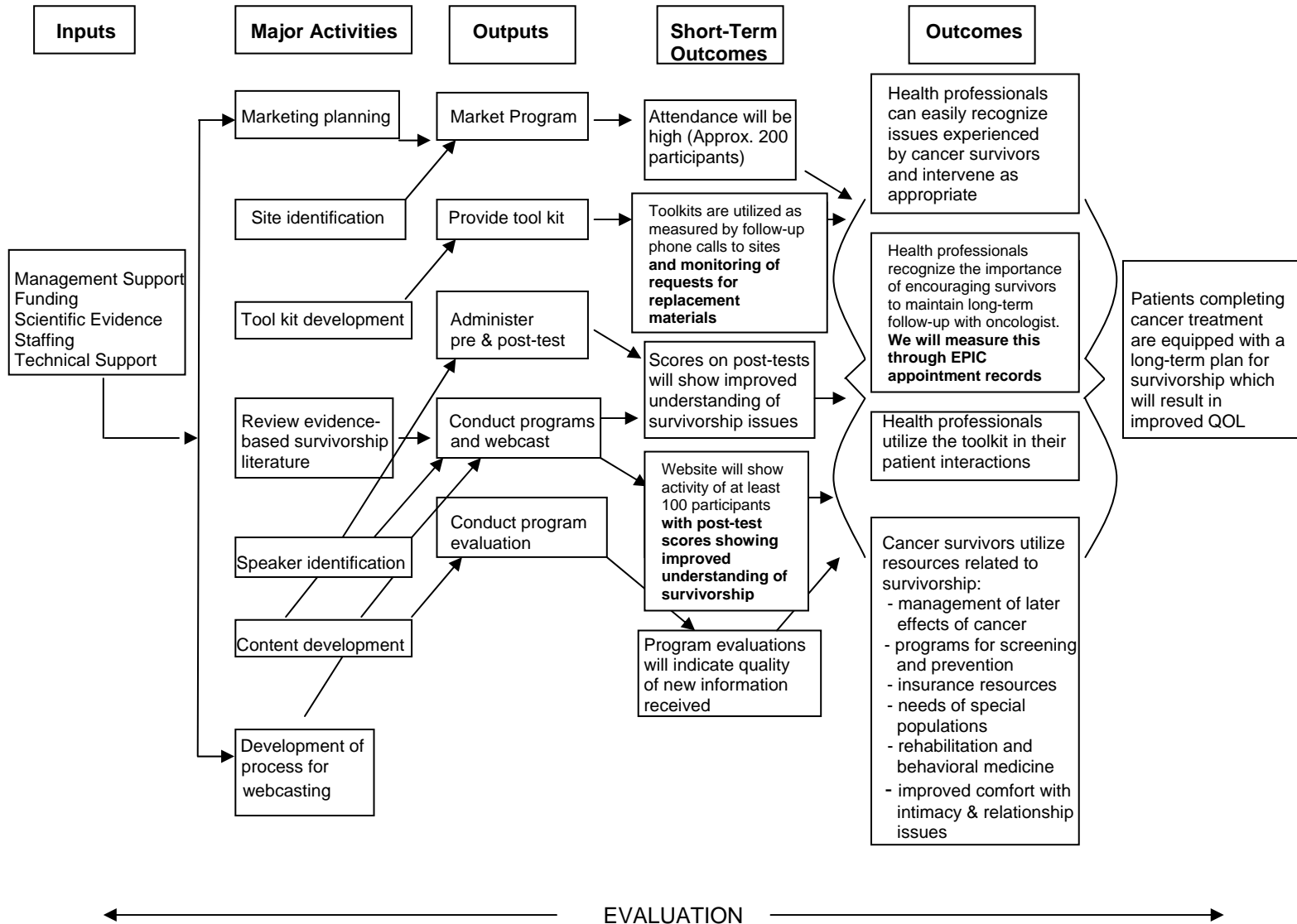
This project will be strengthened by soliciting peer review from three sources: The course faculty as stakeholders in this endeavor; medical oncologists at UPMC Cancer Centers, both from the hub and the network and; the Association of American Medical Colleges. Funding will be sought for the peer review, updates and revisions to the webcast, and for development of evaluations tools for peer reviewers and future participants (community health care providers) in this program. The activities to date are the beginning of an ongoing effort to educate community physicians and health care providers in the issues facing cancer survivors.

#### Reference:

Smith A P, Lichtveld MY. A competency-based approach to expanding the cancer care workforce, *Nursing Economics*: 2007: 25(2); 110-118.

## Appendix A

### CANCER CORE COMPETENCY PROGRAM – UPMC SURVIVORSHIP LOGIC MODEL



## Appendix B

<b>Project Name:</b>	Cancer Core Competency Programs – Survivorship	
<b>Domain:</b>	Continuum of Care	
<b>Sub-Domain:</b>	Survivorship	
<b>Competencies:</b>	<p>Define cancer survivorship</p> <p>Assess that resources for cancer services and insurance coverage are consistent with current recommendations</p> <p>Assist patients and families in navigating the health care system following cancer treatment</p> <p>Provide ongoing health services that meet age and gender recommendations</p> <p>Manage continuing and late effects of cancer and cancer treatment</p> <p>Describe the surveillance recommendations for the detection of recurrence and second primary cancers</p> <p>Refer survivors to rehabilitation services</p> <p>Provide support for cancer survivors and their families and caregivers as they cope with daily living, including lifestyle, employment, school, sexual relationships, fertility issues, and personal intimacy</p> <p>Advocate for pain and symptom management throughout the course of survivorship</p>	
<b>Learner Characteristics:</b>	<p>Primary care physicians and nurses</p> <p>Mid-level practitioners</p> <p>Genetic counselors</p> <p>Parish nurses</p> <p>School nurses</p> <p>Gynecologists and gynecologic nurses</p> <p>Any other health professionals who care for individuals with cancer or with an interest in cancer survivorship issues</p>	<p>Psychologists</p> <p>Social workers</p> <p>Insurance case managers</p> <p>Health educators</p> <p>Rehabilitation physicians</p> <p>Physical and occupational therapists</p>
<b>Learner Preparation:</b>	(none)	

<u>Instructional Activities/ Speaker</u>	<u>Evaluation Strategies</u>	<u>Indicators/Educational Objective</u>	<u>Notes to the Instructors/ Content</u>
Introduction: Program overview Pre-test	Observational and interactive	Define cancer survivorship	
Survivor Commentary Jo Anne Boyd Linda Evans	Observational	Define cancer survivorship – a survivors view	
Emmanuelle Taoli	Observational	List surveillance recommendations for the early detection of cancer recurrence or second primary cancers and identify appropriate referral options for management	Genetic risk factors for family members – who is at risk and how to guide them Issues in age, gender, and special populations A. Risk factors for recurrence and second primaries in different groups B. Group-specific surveillance plans a. The elderly b. Pregnancy
Kay Lowmaster Ellen Ormond	Observational	List local and regional resources available for services, insurance coverage, and support for both patients and their families and be able to direct them to these resources Have an improved comfort level in discussing intimacy and relationship issues with cancer survivors	Resources for survivors and their families A. Support systems – the known and the untapped B. Support groups – local options for referral Financial issues in survivorship A. Insurability – the role of the insurance case manager B. Employability – job re-training opportunities thru BVR C. Where to turn – aid programs for financial and medical assistance Local resources Effects of cancer and its treatment on personal relationships A. Infertility issues B. Sexuality – libido, impotence C. Intimacy impactors – disfiguring surgeries, bowel and urinary ostomies, tracheostomies, mastectomy, limb amputation D. Fatigue and personal relationships

Remedial Activities:	Resources and email access to speakers will be made available to participants if further communication is required.		
Enhancement Activities:	Toolkit of resources will be provided along with information to keep contents current and replenished.		
<b><u>Instructional Activities/ Speaker</u></b>	<b><u>Evaluation Strategies</u></b>	<b><u>Indicators/Educational Objective</u></b>	<b><u>Notes to the Instructors/ Content</u></b>
Rebecca Garrett	Observational	Recognize the role and availability of rehabilitation services for these patients	The role of rehabilitation A. How will your patient benefit from a rehab referral B. Rehab options for cancer survivors in your area
Aimee Kemmerer	Observational	Provide health services specific to age, gender and any other special population-related variables	A. Children as cancer survivors (special concerns for school nurses) B. Other special populations
Linda Evans John Laird	Observational	Identify and be able to manage ongoing and late effects of cancer and its treatment	Pain and other symptoms after cancer treatment A. Residual pain after treatment B. Issues in long-term narcotic use C. Neurological damage – the impact of neuropathies on lifestyle and safety D. Cognitive dysfunction or “chemo brain” E. Nutritional deficiencies or cancer cachexia
Closure: Overview of Toolkit contents Post test, Evaluation	Interactive	Establish a long term cancer care plan for the patient who has concluded cancer treatment with assistance of the contents of the “toolkit”	Resources for survivors and their families A. Local – Regional – National resources B. How, when and why to access resources (guiding the patient/ family to navigate the Options)

## Appendix C

### Tools for Caring for the Cancer Survivor - Tool Kit Contents

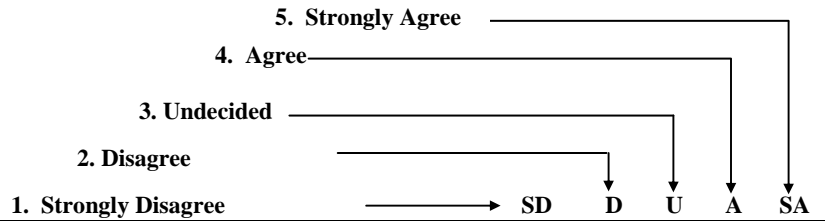
#### Sections and Inclusions:

- Fertility
- Sexuality and Cancer (for Men) – American Cancer Society
- Sexuality and Cancer (for Women) – American Cancer Society
- Fertile Hope – [www.fertilehope.org](http://www.fertilehope.org)
- Financial
- Financial Health Matters – Leukemia & Lymphoma Society
- Financial Assistance and Other Resources for People with Cancer – National Cancer Institute
- Insurance
- National Coalition for Cancer Survivors Health Insurance for Cancer Survivorship
- A Consumers Guide for Getting and Keeping Health Insurance in Pennsylvania – A White Paper from Georgetown University Health Policy Institute
- Childhood Cancers
- Long-Term Follow-Up Guidelines for Survivors of Childhood, Adolescent and Young Adult Cancers – Children’s Oncology Group
- National Cancer Institute Resources
- Taking Time – Support for People with Cancer
- Facing Forward – When Someone You Love has Completed cancer Treatment
- Facing Forward – Life After Cancer Treatment
- Facing Forward Series – Ways You Can Make a Difference in Cancer
- Medication Assistance
- Directory of Pharmaceutical Manufacturers’ Patient Assistance Programs
- Nutrition
- For Cancer Survivors – [www.aicr.org](http://www.aicr.org)
- Nutrition Guidelines for Cancer and Cancer Prevention – J. Laird, ND
- Patient Resources – J. Laird, ND
- Patient Advocate Foundation ([www.patientadvocate.org](http://www.patientadvocate.org))
- Complimentary and Alternative Medicine
- <http://nccam.nih.gov>
- Evaluate Internet Info
- How to Evaluate Health Information on the Internet – National Cancer Institute Fact Sheet
- Survivorship
- Quality of Care for Cancer Survivors: The Case for Comprehensive Cancer Care – A White Paper of the National Coalition for Cancer Survivorship
- Cure (magazine) – Cancer Updates, Research and Education ([www.curetoday.com](http://www.curetoday.com))

# Appendix D

Please take a few minutes to complete this course evaluation tool. Your comments are important to us. Please mark your choice.

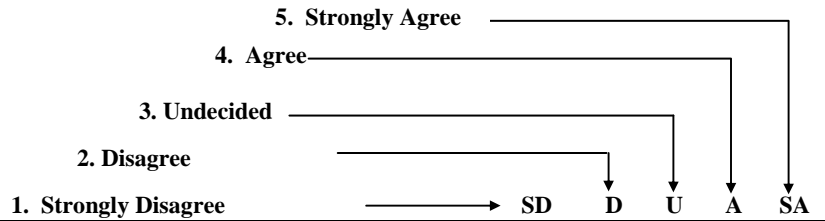
Please write additional comments at the end of this form.



I am confident in my knowledge of the definition of cancer survivorship					
I am confident in my ability to refer my patients and families to state, local and national resources and services to assist them with issues related to cancer survivorship					
I am confident in my ability to manage the continuing and late effects of cancer and its treatment					
I am confident in my ability to articulate the surveillance recommendations for the detection of recurrence and second primary cancers					
I am confident in my ability to provide or recommend ongoing health services that meet age and gender recommendations					
I am confident in my ability to provide support to cancer survivors and their families as they cope with daily living, including lifestyle, employment, school, sexual relationships, fertility issues, etc.					
I am confident in my ability to manage/advocate for the management of pain and other symptoms throughout the course of cancer survivorship					
I am confident in my ability to assist patients and families in navigating the health care system following cancer treatment					
Joanne Boyd was effective in her presentation: <i>From the Eyes of the Cancer Survivor</i>					
Emanuela Taioli was effective in her presentation: <i>Cancer Surveillance in the Cancer Survivor</i>					
Ellen Ormond was effective in her presentation: <i>The Personal Impact of Cancer</i>					
Rebecca Garrett was effective in her presentation: <i>The Role of Rehabilitation</i>					
John Laird was effective in his presentation: <i>The Role of Nutrition</i>					
Eileen Milakovic was effective in her presentation: <i>Pain and Other Symptoms after Cancer Treatment</i>					

Please take a few minutes to complete this course evaluation tool. Your comments are important to us. Please mark your choice.

Please write additional comments at the end of this form.



	SD	D	U	A	SA
How relevant was the training to your current health care practice?					
How well did the training increase your confidence to provide cancer care in your practice?					
How likely are you to change your practice as a result of attending this training (based upon the C-Change competencies)?					
How likely are you to suggest to your colleagues that they take a training course based upon the C-Change competencies.					
Based on your experience, to what extent would this course encourage you to consider a career in cancer care?					
Prior to taking this course, how aware were you of the need for the primary care providers to become involved in cancer care?					
How would you rate the teaching methods used? (Are they consistent with your needs as an adult learner?)					
How would you rate the degree which information was presented in an unbiased manner, i.e., information was presented in a scientifically balanced, rigorous manner, free of commercial bias?					
How would you rate your satisfaction with the overall quality of the program?					
How would you rate the program's organization?					
How would you rate the location?					
How would you rate the facilities?					

What is the approximate percentage of your patient population who have been diagnosed with cancer at some time? \_\_\_\_\_%

Discipline: (MD, nurse, SW, etc. Please specify): \_\_\_\_\_

What other suggestions/ comments do you have related to this program?