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THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Medicine
Division of Continuing Professional Development



BC Cancer Agency

CARE + RESEARCH

An agency of the Provincial Health Services Authority

CANCER CARE OUTREACH PROGRAM ON EDUCATION (CCOPE)

2012 - 2016 FINAL REPORT



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The UBC Division of Continuing Professional Development

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CCOPE FOUR YEAR EXECUTIVE SUMMARY

INTRODUCTION

The Cancer Care Outreach Program on Education initiative, hereafter referred to as CCOPE, was created following the UBC Division of Continuing Professional Development's (UBC CPD) province-wide Cancer Screening Needs Assessment completed in 2008-2009 in partnership with the BC Cancer Agency (BCCA) Screening Group. Stemming from data collected on learning needs and recommendations from the needs assessment, CCOPE was initially formed as a partnership between UBC CPD, the Family Practice Oncology Network (FPON), and the BCCA's Screening Group, and then continued as a joint partnership between UBC CPD and FPON.

CCOPE aims to provide BC family physicians with a better understanding of their role and best practices across the cancer care continuum. To achieve this, the CCOPE initiative has developed and implemented four case-based educational modules covering screening, staging, diagnosis, and follow-up care of breast, prostate, colorectal, and advanced cancers.

Over the past four years, over 800 physicians and other allied health care professionals have participated in a total of 90 community-based workshops across the province of BC. Of the workshops, there were 29 on the topic of breast cancer care, 30 on prostate cancer care, 18 on colorectal cancer care, and 13 on advanced cancers care. This report summarizes the reach of the CCOPE program over the past four years and outlines proposed next steps.

EDUCATIONAL DEVELOPMENT

In order to develop impactful education, each module development began with a review of the findings of the BC Cancer Screening Needs Assessment coupled with a targeted needs assessment, literature review, and environmental scan for each tumour group (i.e. breast, prostate, colorectal, and advanced cancers). Topics considered in the environmental scan and literature review included 1) risk factors, 2) screening, 3) diagnosing and staging, 4) treatment, and 5) post-treatment follow-up. The cases for each module were developed under the guidance of subject matter experts including medical and radiation oncologists, gastroenterologists, urologists, community-based family physicians interested in cancer care, general practitioners in oncology (GPOs), and continuing medical education experts (see [Appendix 1](#) for Steering Committee and Working Group members). Initial CCOPE workshops (2012 and 2013) were accredited for up to 2.0 Mainpro M1/MOC Section 1 study credits. In 2014, after feedback from participants and expansion of the content, workshops were extended in duration to 3 hours and a 1 hour follow-up session was added, allowing for accreditation of up to 4.5 Mainpro C credits. In 2016, the CCOPE workshops are certified for up to 8.0 Mainpro+ group learning credits as per the new Canadian College of Family Physicians of Canada (CFPC) Mainpro+ certification system.

In BC, there are almost 200,000 residents who have had a cancer diagnosis, with many of those individuals (65% of adults and 80% of children) expected to live at least five years post-diagnosis. Individuals who are living post-cancer face a number of unique physical and psychosocial challenges that are critical to understand to ensure consistent, high-quality care across the cancer care continuum. To address the needs of this significant patient population, in 2015 and 2016 all four modules were reviewed and refined to include information and practice pearls on survivorship, highlighting common challenges faced by this group. In addition, prior to any redelivery, content was updated to reflect any changes in clinical practice guidelines.

WORKSHOP CONTENT

The overarching learning objectives established by the CCOPE Steering Committee which guided all content development included:

- Describe the role of the primary care physician across the cancer care continuum
- Apply current guidelines and evidence-based recommendations for cancer screening
- Access relevant resources to support patient care (*particularly in the context of primary care*)
- Be familiar with the diagnostic procedures for cancer
- Recognize the main treatment options for cancer and their potential side-effects
- Empower the primary care physician in the ongoing management and follow-up of cancer patients

Specific learning objectives for each module are listed below.

Prostate Cancer Care Module

- Be aware of the current concerns regarding risk factors associated with prostate cancer
- Consider and apply current screening recommendations including PSA testing, DRE as well as diagnostic procedures
- Be aware of risk stratification, be able to interpret results and consults for the patient, and be aware of the Gleason score
- Recognize the appropriate treatment options for prostate cancer and their potential side effects
- Be familiar with the current guidelines regarding active surveillance
- Apply current recommendations regarding post-treatment monitoring, including radical prostatectomy and radiation treatment

Breast Cancer Care Module

- Identify the factors that increase and decrease the risk of breast cancer
- Be familiar with the probability of developing breast cancer in Canada
- Apply the recommendation for hereditary testing for breast cancer
- Apply the recommendations for breast cancer screening

- Describe the process of diagnosing breast cancer
- Discuss the clinical implications of the pathology of breast cancer and the staging of breast cancer
- Describe the appropriate therapeutic approaches for different types of breast cancer and their potential side effects
- Describe the goals of follow-up after stage I-III (i.e. non metastatic) breast cancer
- Discuss the elements and frequency of recommended follow-up
- Identify high risk versus average risk populations
- Consider physical and psychosocial aspects of breast cancer care, utilizing appropriate resources

Colorectal Cancer Care Module

- Identify risk factors associated with colorectal cancer and describe colorectal cancer risk stratification
- Describe and distinguish the available screening options, including the associated benefits and potential risks
- Define the preparation requirements for a colonoscopy
- Interpret and extract the relevant information from a pathology report of polyps and describe the potential implications and treatment options for various polyp types
- Describe appropriate re-screening following a colonoscopy
- Discuss the pre and post-operative tests required for staging and the clinical implications of the staging of colorectal cancer
- Describe the guidelines regarding post-treatment follow-up of colorectal cancer patients
- Access and utilize resources to support care in family practice along the colorectal cancer continuum
- Specify a plan for integrating what was learned into your practice

Advanced Cancers Care Module

- Describe the role of the primary care physician along the advanced cancers care continuum and recognize how this relates to the roles of other healthcare providers, including specialists
- Employ effective techniques for disclosing an advanced cancer diagnosis and discussing the prognosis with patients and their families
- Describe common treatment options and their expected side effects
- Develop a palliative approach to care based on the four pillars of palliative care, with consideration of prognosis and patient perspective
- Access available resources for palliative care
- Specify a plan for integrating what is learned at the workshop into practice

FORMAT

The first iteration of the CCOPE workshops (2012 and 2013) were two hours in duration and were delivered to a small group of family physicians and other PCPs, where appropriate, in an informal environment to promote discussion. Participants were sent pre-reading materials one to two weeks before the workshop to create a flipped classroom environment. A flipped classroom is a pedagogical model of learning that reverses the traditional educational approach in that instructional content is delivered outside of the classroom, typically online, and the more interactive and applied components of learning are completed in-person. At the conclusion of the workshops, participants completed a Commitment to Change form to encourage a structured plan for applying what was learned into practice.

In 2014, when the existing three CCOPE modules (prostate, breast, and colorectal cancer) were redelivered and the advanced cancers module developed, the workshops were extended to three hours in duration and included a one hour follow-up session. In the new format, participants were sent a pre-workshop needs assessment along with the pre-readings to determine their goals and specific learning needs for the workshop. At the completion of the workshop, participants once again completed a Commitment to Change exercise to create an action plan. Approximately two months following the workshop, participants were invited to attend a 1 hour follow-up session where they could discuss outstanding questions with a medical or radiation oncologist via teleconference. Once again, to determine their specific learning needs, participants were asked to complete a brief needs assessment one to two weeks prior to the session and were given their completed Commitment to Change form to remind them of their practice goals. At the completion of the follow-up session, participants completed a Reflective Exercise which allowed them to reflect on any changes they made in their practice as a result of the information learned at the workshop.

In 2015 and 2016, as with previous iterations, three of the modules (prostate, colorectal, and advanced) were delivered using the workshop materials previously developed, with the additions mentioned above. A new format was piloted for the redelivery of the breast cancer module, where the screening information was removed from the workshop content and translated into a 45 minute online module, which participants completed prior to attending the in-person workshop. The in-person breast cancer care workshop therefore covered diagnosis, referral, treatment and ongoing management of breast cancer. Participants also completed a brief online needs assessment to determine their specific learning needs.

COMMUNITY AND FACILITATOR IDENTIFICATION

BC communities were identified using incidence data and community interest in order to achieve maximum reach in both rural and urban communities across the province. Workshop facilitators were General Practitioners in Oncology (GPOs) or community-based physicians with a special interest in cancer care. Potential facilitators were invited to facilitate the workshops and given the option of choosing a specific cancer module based on their preference and the value they believed it would bring

to their community. Upon acceptance of the invitation, they were provided with the facilitator syllabus, suggested answers to each case with clinical recommendations, a guide to workshop delivery, and tips for effective small group facilitation. Facilitator training was provided to all new facilitators.

COMMUNICATION ACTIVITIES

Close collaboration with our partnering organizations and UBC CPD’s local networks throughout the province helped to raise awareness amongst family physicians of upcoming community workshops within their vicinity. In order to create awareness for the program and to engage participants, the CCOPE workshops were promoted through various avenues including FPON newsletters, the BCCA website, the BCMJ journal and website, the UBC CPD website, local CME Coordinators, relevant Divisions, email blasts, flyers, postcards, and faxes.

WORKSHOP IMPLEMENTATION AND REACH

A total of 803 participants in different communities across BC attended 74 CCOPE community-based workshops in the last three years. Of those 74 workshops, 42 had follow-up sessions scheduled approximately two months after the workshop. There was an average of 11 participants at each community workshop and 7 at the follow-up sessions. See the table below for a more comprehensive breakdown of attendance by cancer type and community. Please refer to the annual reports for detailed evaluation information.

Breast Cancer				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Kitimat	3	Nov 22 2011	-	-
Vancouver	14	Nov 22, 2011	-	-
Port Alberni	8	Nov 23, 2011	-	-
Parksville	4	Nov 24, 2011	-	-
Vanderhoof	16	Dec 08, 2011	-	-
Fort St. John	6	Dec 08, 2011	-	-
Nanaimo	6	Dec 14, 2011	-	-
Williams Lake	14	Jan 18, 2012	-	-
Trail	9	Jan 19, 2012	-	-
White Rock	17	Feb 01 , 2012	-	-
Castlegar	14	Feb 02, 2012	-	-
Dawson Creek	10	Mar 28, 2012	-	-
Cranbrook	17	May 22 2013	-	-
Kelowna	7	Apr 17, 2013	-	-
Penticton	11	Jul 10, 2013	-	-
Smithers	14	Apr 10, 2013	-	-

Victoria	10	Jul 10, 2013	-	-
Sechelt	14	Oct 8, 2014	Dec 3, 2014	11
Surrey	12	Sep 24, 2014	Nov 19, 2014	9
Vernon	9	Oct 28, 2014	Jan 13, 2015	7
Victoria	14	Sep 24, 2014	Nov 5, 2014	8
Nanaimo	6	Feb 11, 2016	Apr 5, 2016	2
Vancouver	14	Feb 24, 2016	Apr 13, 2016	8
Total	250		Total	45

Prostate Cancer				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Salmon Arm	11		-	-
Kelowna	10		-	-
Victoria	15		-	-
Vancouver	15		-	-
Surrey	15		-	-
Kamloops	9		-	-
West Vancouver	10		-	-
White Rock	13		-	-
Ladysmith	12		-	-
New Westminster	5		-	-
Prince George	13		-	-
Vancouver	14		-	-
Vanderhoof	12		-	-
Nanaimo	9	Dec 3, 2014	Feb 4, 2015	6
Smithers	10	Jan 19, 2015	Mar 16, 2015	6
Williams Lake	8	Oct 9, 2014	Nov 24, 2014	3
Victoria	10	Feb 2, 2016	Mar 23, 2016	6
Cranbrook	7	Feb 18, 2016	Apr 20, 2016	6
Kitimat	2	Mar 20, 2016	-	-
Port Alberni	17	Apr 21, 2016	Jun 30, 2016	15
Total	217		Total	42

Colorectal cancer				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Burnaby	13	Nov 26, 2013	Jan 21, 2014	11
Creston	9	Jan 21, 2014	Mar 11, 2014	5
Dawson Creek	16	Nov 6, 2013	Jan 29, 2014	14
Kelowna	14	Nov 21, 2013	Jan 16, 2014	12

Powell River	16	Nov 19, 2013	Jan 21, 2014	10
Vancouver	15	Nov 13, 2013	Jan 28, 2014	16
Vancouver (Post Grad Review Conference)	10	Feb 28, 2013	-	-
Vernon	13	Nov 27, 2013	Feb 5, 2014	10
Victoria	13	Nov 26, 2013	Jan 28, 2014	6
White Rock	16	Nov 6, 2013	Jan 8, 2014	8
Abbotsford	12	Dec 2, 2014	Jan 27, 2015	10
Cranbrook	11	Oct 21, 2014	Dec 9, 2014	8
Kelowna	8	Nov 12, 2014	Jan 21, 2015	5
Port Alberni	12	Nov 20, 2014	Jan 22, 2015	8
Prince George	8	Oct 21, 2014	Jan 20, 2015	5
Vancouver	16	Oct 29, 2014	Jan 14, 2015	16
Sechelt	8	Feb 17, 2016	Apr 26, 2016	6
Vanderhoof	11	Apr 12, 2016	May 31, 2016	6
Total	221		Total	156

Advanced Cancers				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Castlegar	7	Feb 12, 2015	Apr 9, 2015	4
Dawson Creek	7	Jan 21, 2015	Mar 19, 2015	4
Kamloops	4	Mar 3, 2015	Apr 21, 2015	2
Powell River	14	Jan 22, 2015	Mar 6, 2015	4
Vancouver	16	Dec 4, 2014	Feb 19, 2015	10
Vancouver (Post- Grad Review Conference)	12	Feb 25, 2015	-	N/A
Vanderhoof	12	Jan 21, 2015	Mar 18, 2015	5
Victoria	8	Oct 29, 2014	Jan 21, 2015	3
White Rock	12	Dec 4, 2014	Feb 5, 2015	10
Smithers	6	Feb 15, 2016	Apr 18, 2016	7
Victoria	9	Apr 14, 2016	Jun 9, 2016	4
Fort St. John	8	Apr 26, 2016	Jun 15, 2016	2
Williams Lake	7	May 10, 2016	Jun 14, 2016	8
Total	115		Total	58
Overall Total	803			260

CCOPE COLLABORATION AND KNOWLEDGE TRANSLATION

To help achieve the goal of enhancing best practices across the cancer care continuum in family practice, the CCOPE initiative has collaborated with various partners over the last three years to expand the dissemination and reach of this program. Course materials from the CCOPE modules has been adapted and shared with partners to provide educational opportunities to expanded groups of family physicians. Partners include the Family Practice Oncology Network (FPON), the British Columbia College of Family Physicians (BCCFP), the Elk Valley CME Group, and the Post Graduate Review in Family Medicine Conference.

Event	Date	Module	#Attendees
48 th Annual Postgraduate Review in Family Medicine Conference, Vancouver	Feb 28 th , 2013	Colorectal Cancer Workshop	10
BCCFP CME Day, Castlegar	May 25 th , 2013	N/A	~ 50
FPO CME Day, Vancouver	Nov 2 nd , 2013	Breast and Prostate Cancer Workshops	~100
Elk Valley CME Group	Oct 23 rd , 2013	Breast Cancer Workshop	15
49 th Annual Postgraduate Review in Family Medicine Conference, Vancouver	Feb 26 th , 2014	Colorectal Cancer Workshop	15
FPO CME Day, Vancouver	Nov 1, 2014	Advanced Cancers (2x workshops)	118
FPO CME Day, Vancouver	Nov 1, 2014	Colorectal Cancer (2x workshops)	53
50 th Annual Postgraduate Review in Family Medicine Conference, Vancouver	Feb 25, 2015	Advanced Cancers Workshop	12
FPO CME Day, Vancouver	Nov 21, 2016	Advanced Breast Cancer Workshop	31
FPO CME Day, Vancouver	Nov 11, 2016	Advanced Pancreatic Cancer Workshop	TBD
52 nd Post Graduate Review Conference in Family Medicine	February 23 rd -25 th	Breast and Advanced Cancer Workshops	TBD

NEXT STEPS

Looking forward, CCOPE hopes to continue its partnership with FPON as their role in the BC Cancer Agency grows and expands.

CCOPE 2012

NEEDS ASSESSMENT AND ENVIRONMENTAL SCAN

UBC CPD conducted a brief, targeted needs assessment to complement the existing BC Cancer Screening Needs Assessment in order to determine current learning needs and develop content for the small group learning sessions. An environmental scan of the published and non-published literature to identify specific knowledge and clinical gaps in cancer care for breast and prostate cancers was completed and existing BCCA programs were canvassed and available BC-based data reviewed to identify care gaps where an educational intervention would be useful.

The results of the needs assessment and environmental scan (uncovering information that was not gathered in the needs assessment, such as topics other than cancer screening) were used in the development of the breast and prostate cancer modules to specifically address the identified learning needs.

Highlights from the Breast Cancer Environmental Scan

The following summarizes highlights from the breast cancer needs assessment and environment scan based on specific themes from the literature that general practitioners may need to be aware of across the cancer care continuum.

Risk Factors

- Strong and moderate risk factors (e.g. family history, age)
 - Being aware of the different risk factors associated with breast cancer and their levels of risk, especially the moderate and strong risk factors are important for general practitioners to know in their role as health advocates and in their communications with patients about preventative health behaviours

Screening

- Guidelines (e.g. upper age limit for screening, GPAC guideline developments)
 - Results from the BC Cancer Screening Needs Assessment indicate a need to enhance general practitioners' understanding of screening practices and recommendations:
 - at least 62% of respondents continue screening beyond 79 years
 - 30% indicated a need for better educational material about breast screening to give to their patients
 - 23% needed clearer follow-up recommendations for patients with positive screening results
 - 19% needed clearer screening guidelines for breast cancer (UBC CPD, 2010: 14-15)
 - To ensure the recommendations of the new GPAC guidelines are understood and implemented appropriately, these need to be relayed to general practitioners in a timely manner once they are

released. Depending on the timing of the GPAC breast cancer guidelines, the CCOPE workshops may present an opportunity to do so

- Role of general practitioners in the screening process
 - BC's Screening Mammography Program participating rates are lower than the National First Ministers' Meeting (FMM) performance target (PHSA, 2010a). Research has shown that Canadian women, aged between 50 to 69 years, who receive regular care from general practitioners are more likely to participate in screening mammography at the recommended intervals (Poole et al., 2010; Grady, 1992)
 - Clear follow-up recommendations for patients with positive screening results was also a recommendation from the BC Cancer Screening Needs Assessment report
- Target screening messages towards low screening groups
 - Recruitment and retention into the SMP program of certain segments within the BC screening population are lower than the overall population. These include culturally diverse groups (First Nations, East/South-East Asian women), rural women, those without a physician and of low income groups (SMP, 2010)
 - Family physicians need education on how to better target these under-screened groups
- Be aware of local screening technology resources (e.g. advantages & disadvantages, mobile screening vans, decision aids)
 - Ensuring that general practitioners are aware of the available local screening technology resources (e.g. digital mammography, breast ultrasound, magnetic resonance imaging (MRI)) and the advantages and disadvantages of each is important. Being aware of other available resources, such as the schedule of mobile van visits and decision aids to support physicians and patients in their decision-making are also key support strategies for general practitioners

Diagnosis & Staging

- Role of general practitioners in the diagnostic pathway
 - Symptom recognition & referral processes
 - General practitioners play a vital role in the symptom detection to diagnostic phase of the cancer care continuum, as they are the primary health care provider that patients interact with during this phase
 - General practitioners' understanding of prompt recognition of the warning signs are important
 - General practitioners' understanding of diagnostic procedures (benign & malignant) are important
 - General practitioners should be aware of the most appropriate tests and/or specialists needed for diagnostic evaluations. Furthermore, the role and responsibilities of general practitioners within the diagnostic pathway needs to be clearly understood. As part of the Breast Health Action Plan, the clinical pathway is currently undergoing a process of streamlining and standardization. Relevant implications for general practitioners need to be relayed
- Be aware of the staging process and treatment implications
 - General practitioners need to be aware of the staging process for breast cancer and the pre-operative and post-operative investigational tools that can be used to determine the stage and thereby provide a proxy to determine a prognosis and guide treatment options

Treatment

- Understand appropriate treatment approaches for different types of breast cancer and the potential side effects
 - Numerous studies have shown that cancer patients continue to rely on their general practitioners to help guide them through the information and treatment options presented to them by oncology specialists

To help guide patients, general practitioners need to understand appropriate treatment approaches and the potential side effects so that they can help their patients and distinguish these from other co-morbidity symptoms that patients may present with
- Understand role of general practitioners in the treatment pathway

Post-Treatment Follow-up

- Understand treatment follow-up guidelines, including the frequency of follow-up examinations and length of follow-up time recommendations
- Understand the role of general practitioners in the post-treatment follow-up phase, so that the roles and responsibilities of oncologists and general practitioners are clearly defined
- Be familiar with resources to support cancer care (e.g. survivorship plans)

Highlights from the Prostate Cancer Environmental Scan

The following summarizes highlights from the prostate cancer needs assessment and environmental scan based on specific themes from the literature that general practitioners may need to be aware of across the cancer care continuum.

Risk Factors

- Being aware of the different risk factors associated with prostate cancer and their implications for surveillance and treatment. These are important for general practitioners to know as health advocates and communicators with and for their patients about preventative health behaviours

Screening

- The role of PSA in prostate cancer screening
- Results from the BC Cancer Screening Needs Assessment indicate a need to enhance general practitioners' understanding of PSA testing practices and recommendations:
 - Only 71% of physicians are comfortable explaining the pros and cons of prostate cancer screening. A gender difference in overall agreement levels in the level of comfort physicians have in explaining the pros and cons of prostate screening was also evident (male 80% vs. female 59%)
 - At least 67% of respondents continue screening beyond 79 years
 - Over half (51%) needed clearer screening guidelines for prostate cancer
 - 47% indicated a need for better educational material about prostate screening to give to their patients
 - 44% needed clearer follow-up recommendations for patients with positive screening results (UBC CPD, 2010)

- The CCOPE workshops may present an opportunity to ensure that the recommendations of the BCCA's Genitourinary Tumour Group and the Vancouver Prostate Center are clearly understood by workshop participants. It may also help to increase familiarity with the interpretation of PSA test results. Male patients also need to be well informed about the risks and benefits of early prostate cancer diagnosis and being aware of available decision aids might help with this regard

Diagnosis & Staging

- General practitioners play a vital role in the symptom detection to diagnostic phase of the cancer care continuum, as they are the primary health care provider that patients interact with if they present with any symptoms and to ensure that early detection occurs as per the BCCA management guidelines.
 - General practitioners need to be aware of the staging process for prostate cancer and the pre-operative and post-operative investigational tools that can be used to determine the stage and thereby provide a proxy to determine a prognosis and guide treatment options

Treatment

- Understand appropriate treatment approaches for different types of prostate cancer and the potential side effects
 - Numerous studies have shown that cancer patients continue to rely on their general practitioners to help guide them through the information and treatment options presented to them by urologists and oncology specialists (Sussman & Baldwin, 2010)
 - Family physicians can, for instance, assist men and their partners to gain a realistic understanding of the risks of side effects of the various treatment options
- Understand role of general practitioners in the treatment pathway

Post-Treatment Follow-up

- Understanding treatment follow-up guidelines, including the concept of biochemical relapse are vital. Being aware of possible post-treatment side-effects with which patients may present

PROSTATE AND BREAST CANCER WORKSHOP DEVELOPMENT

The breast and prostate workshop cases were created under the guidance of content experts, including medical and radiation oncologists, community-based family physicians interested in cancer care, family physicians that completed a FPON preceptor program in oncology, i.e. GPOs, and continuing education experts (see [Appendix 1](#) for Steering Committee and Working Group members). The workshops were accredited for up to 2.0 Mainpro M1/MOC Section1 study credits and the case-based workshop content was designed to allow physicians to actively learn about optimal care for cancer patients.

Overarching learning objectives were established by the CCOPE Steering Committee to guide the content development of the breast and prostate workshops. They were:

- Describe the role of the primary care physician across the cancer care continuum
- Apply current guidelines & evidence-based recommendations for cancer screening
- Access relevant resources to support patient care (*particularly in the context of primary care*)
- Be familiar with the diagnostic procedures for cancer
- Recognize the main treatment options for cancer and their potential side-effects
- Empower the primary care physician in the ongoing management and follow-up of cancer patients

Three distinct cases were developed for the breast cancer workshop to address the spectrum of cancer care:

- Case 1: Ms. George - Risk factors & Screening
- Case 2: Ms. Daly - Diagnosis, Staging & Treatment
- Case 3: Ms. Fraser - Post-treatment Follow-up

Each of these cases had specific learning objectives for participants to achieve at the end of the workshop, after discussion. Due to the two hour workshop timeframe, workshop facilitators were asked to select two of the three cases to discuss during the workshop.

A single case with multiple stages was scripted for the prostate cancer workshop. This case was based on a patient (Mr. Proh), with various case scenarios that advance the patient from having low risk factors for prostate cancer to having developed prostate cancer.

Both the breast and prostate cancer workshop syllabuses shared the following characteristics:

- Discussion questions were developed to encourage discussion among workshop participants
 - Each question included a ‘clinical recommendation/advice/answer’ for the patient that the workshop facilitator could provide to participants
 - Following the clinical recommendations for each discussion question, ‘ADDITIONAL NOTES’ were provided for the workshop facilitator to refer to in the event of request for further clarification about a response to a discussion question
- Prior to the respective workshops, participants were sent a few pre-reading articles. This ‘light’ reading before the workshop was intended to highlight the spectrum of cancer care from risk factors to post-treatment follow-up
- Additionally, the workshop syllabus included supplementary materials (e.g. guidelines, referral forms, etc.) that workshop participants could take and refer to in their respective practices after the workshop

WORKSHOP IMPLEMENTATION

Twelve CCOPE breast cancer workshops were delivered. There were 121 registrants who signed up for the breast cancer workshops, resulting in an average of 10 registrants per workshop. The registration numbers per breast cancer workshop community are provided in Table 3a below.

Table 3a: CCOPE Breast Cancer Registration Numbers per Community Workshop

Community	# of registrants	Workshop date
Kitimat	3	Nov 22 2011
Vancouver	15	Nov 22, 2011
Port Alberni	8	Nov 23, 2011
Parksville	4	Nov 24, 2011
Vanderhoof	16	Dec 08, 2011
Fort St. John	6	Dec 08, 2011
Nanaimo	6	Dec 14, 2011
Williams Lake	14	Jan 18, 2012
Trail	9	Jan 19, 2012
White Rock	17	Feb 01, 2012
Castlegar	14	Feb 02, 2012
Dawson Creek	10	Mar 28, 2012
Total	122	

Eight prostate cancer workshops were delivered in May and June 2012. There were 76 registrants who signed up for the prostate cancer workshops, resulting in an average of 10 registrants per workshop. The registration numbers per prostate cancer workshop community are provided in Table 3b below.

Table 3b: CCOPE Prostate Cancer Registration Numbers per Community Workshop

Community	# of registrants	Workshop date
Salmon Arm	9	May 10, 2012
Kelowna	5	May 15, 2012
Victoria	13	May 16, 2012
Vancouver	9	June 5, 2012
Surrey	16	June 12, 2012
West Vancouver	8	June 12, 2012
Kamloops	9	June 20, 2012
White Rock	7	June 20, 2012
Total	76	

WORKSHOP EVALUATION RESULTS

Breast Cancer Workshops

In total 122 participants attended the eleven breast cancer community workshops; 100 of them (response rate 82%) completed the on-site workshop evaluation questionnaire. Over half of the participants (51%) indicated they had been in practice for 20 years or more (see [Appendix 2](#)).

Feedback on the workshops has been overwhelmingly positive, with more than half the participants rating the workshops as excellent (see [Appendix 2](#)). In the workshop evaluation questionnaire, participants were asked to report about their learning from the workshop and their general perceptions of the workshop. As a result of the workshop:

- Most of the participants felt more confident in working with breast cancer patients; and
- Participants rated the small group, case-based workshop format 4 or 5 on a 5-point scale (see Table 4)

Table 4: Participant perceptions on the session and self-perceived learning *

Participant Statements	%
As a result of this workshop, I feel more confident in working with breast cancer patients	97%
This small group, case-based discussion was an effective way to learn about the role of family physicians across the cancer care continuum	96%

**Aggregates of rating scales 4 & 5 were reported (4 = Somewhat Agree; 5 = Strongly Agree).*

Table 5 indicates that participants felt they gained a greater understanding of the breast cancer topics covered in the workshop syllabus. In particular, participants reported clearer comprehension in:

- Clinical implication of the pathology and staging of cancer
- Main treatment options for cancer; and
- Elements and frequency of follow-up for cancer

Table 5: Participant self-perceived knowledge increase*

**On a Likert scale, where 1 means 'Very Little' and 5 means 'A Great Deal' the aggregates of rating scales 4 & 5 are provided below:*

Knowledge about the following topics	Before Workshop	After Workshop	Percent Increase
Cancer screening guidelines	54%	96%	42%
The referral process for cancer	67%	92%	25%
The clinical implication of the pathology and staging of cancer	20%	84%	64%
Main treatment options for cancer	36%	88%	52%
Elements and frequency of follow-up for cancer	40%	91%	51%
Role of the family physician in the ongoing management and follow-up of cancer patients	48%	89%	41%
Resources to support patient care	28%	73%	45%

Workshop participants provided a variety of key pearls they learned as a result of the breast cancer workshop. Frequently mentioned pearls included:

- Oncotype diagnosis (e.g. its availability, better understanding of its role)
- Estrogen receptors (better understanding and testing implications - ER+, HER2)
- Appropriate follow-up procedures (e.g. modes and frequency)
- Appropriate usage of tamoxifen (e.g. duration of usage, interaction with other drugs & side effects, compatibility issues with selective serotonin reuptake inhibitors [SSRIs])
- Better understanding of pathology reports (e.g. implications for treatment)
- Indications for hereditary cancer screening/genetic testing
- Better understanding of risk factors

Increased confidence was an aspect of the workshop participants commented would impact how they approach their practice. This included improved cancer discussions with patients, counselling of risks/controversies, explaining treatment options/plans, and reviewing diagnosis with patients. Other comments were on more focused follow-up with patients after treatment (e.g. developing better processes following adjuvant therapy, more frequent testing/check-ups)

Participants identified the most helpful aspects of the workshop as the review of a pathology report and the overall workshop format. In terms of workshop format, participants' comments suggested the small group nature of the workshop allowed for interactive discussions (e.g. question and answer) between participants and the facilitator, enhancing the learning experience.

Prostate Cancer Workshops

A total of 76 participants attended the eleven breast cancer community workshops; 60 of them (response rate 80%) completed the on-site workshop evaluation questionnaire. The majority of participants (76%) indicated they had been in practice for 20 years or more (see [Appendix 2](#)).

Feedback on the workshops has been overwhelmingly positive, with nearly half the participants rating the workshops as excellent (see [Appendix 2](#)). In the workshop evaluation questionnaire, participants were asked to report on their learning from the workshop and their general perceptions of the workshop. As a result of the workshop, most participants:

- Felt more confident in working with prostate cancer patients; and
- Rated the small group, case-based workshop format as 4 or 5 on a 5-point scale (see Table 6).

Table 6: Participant perceptions on the session and self-perceived learning *

Participant Statements	Percent
As a result of this workshop, I feel more confident in working with breast cancer patients	93%
This small group, case-based discussion was an effective way to learn about the role of	91%

family physicians across the cancer care continuum

**Aggregates of rating scales 4 & 5 were reported (4 = Somewhat Agree; 5 = Strongly Agree).*

Table 7 indicates that participants felt that they have gained a greater understanding of the prostate cancer topics covered in the workshop syllabus. In particular, participants reported clearer comprehension in areas such as:

- Clinical implications of the pathology and staging of cancer
- Main treatment options for cancer; and
- Elements and frequency of follow-up for cancer.

Table 7: Participant self-perceived knowledge increase*

On a Likert scale, where 1 means 'Very Little' and 5 means 'A Great Deal' the aggregates of rating scales 4 & 5 are provided below:

Knowledge about the following topics	Before Workshop	After Workshop	Percent Increase
Cancer screening guidelines	47%	91%	44%
The referral process for cancer	62%	87%	25%
The clinical implication of the pathology and staging of cancer	15%	96%	81%
Main treatment options for cancer	51%	93%	42%
Elements and frequency of follow-up for cancer	31%	90%	59%
Role of the family physician in the ongoing management and follow-up of cancer patients	35%	89%	54%
Resources to support patient care	24%	73%	49%

Workshop participants provided a variety of key pearls they learned as a result of the prostate cancer workshop. Frequently mentioned pearls included:

- Better understanding PSA screening and risk factors
- Improved understanding of staging and treatment
- Appropriate follow-up procedures (e.g. modes and frequency)
- Better understanding of the Gleason scores
- Better understanding of pathology reports (e.g. implications for treatment)
- Better understanding of follow-up post-treatment

As with the breast cancer workshops, participants felt that the prostate cancer workshop gave them greater confidence to approach this topic in their practice. This included being more selective when it

comes to prostate cancer screening, providing more information to their patients regarding screening, and greater comfort discussing results with patients and supporting their treatment choices.

Participants identified the most helpful aspects of the workshop as the broad scope of topics and the workshop format. In terms of workshop format, participant's comments suggested the small group nature of the workshop allowed for interactive discussions (e.g. question and answer) between participants and the facilitator, enhancing the learning experience.

CCOPE 2013

INTRODUCTION

In 2013, CCOPE further expanded its educational reach with the enhancement and redelivery of prostate and cancer workshops, and the development and implementation of a new colorectal cancer workshop series. Below reports the development, implementation, and workshop evaluation results of CCOPE 2013.

PROSTATE & BREAST CANCER WORKSHOP REDELIVERY

The 2013 the prostate and breast cancer workshops were redelivered with some notable updates and improvements. The workshops were designed to encourage discussion of screening, diagnosis, referral, treatment, and ongoing management of cancer. Workshop participants were provided with pre-reading material before the workshop. The two-hour interactive workshops used case discussions to help family physicians understand their roles across the cancer care continuum and were accredited for 2.0 Mainpro M1 and MOC Section 1 credits. A local General Practitioner in Oncology (GPO) or family physician with experience in oncology care facilitated the discussion and guided participants through at least two workshop cases.

Facilitators and participants were provided with a comprehensive syllabus with detailed case scenarios and supplementary resources. UBC CPD used data from the first workshop series to make improvements to the usability of the syllabus: (i) tabs were added to the syllabus to ease navigation; (ii) clinical recommendations and suggested case scenario answers provided in the facilitator version of the syllabus were added to the back of the participant syllabus, allowing participants to focus on engaging in discussion rather than note taking; and iii) the content, resources and pre-readings in the syllabi were updated. The prostate cancer syllabus was streamlined to allow for more interactivity and case discussion during the two hour workshop. Further information on PSA (such as PSA doubling time and velocity) were also provided. Mammogram screening recommendations were updated in the breast cancer syllabus.

WORKSHOP IMPLEMENTATION

Ten breast and prostate CCOPE workshops were delivered to BC communities in the spring/summer of 2013. The CCOPE workshops included five breast cancer and five prostate cancer workshops. A total of 115 participants attended the CCOPE workshops, resulting in an average of 12 attendees per workshop. The attendee numbers per community is provided in Table 8.

Table 8: CCOPE Community Workshop Attendee Numbers

Breast cancer		
Community	# of Attendees	Workshop date
Cranbrook	17	May 22 2013
Kelowna	7	Apr 17, 2013
Penticton	11	Jul 10, 2013
Smithers	14	Apr 10, 2013
Victoria	10	Jul 10, 2013
Total	59	

Prostate cancer		
Community	# of Attendees	Workshop date
Ladysmith	12	Jun 25, 2013
Prince George	13	Jun 26, 2013
New Westminster	5	Apr 23, 2013
Vancouver	14	Jun 18, 2013
Vanderhoof	12	Jun 19, 2013
Total	56	

WORKSHOP EVALUATION RESULTS

Breast Cancer Workshops

Fifty-nine participants attended the five breast cancer community workshops; 42 of them completed the on-site workshop evaluation questionnaire (71% response rate).

In the workshop evaluation survey, participants were asked to rate their self-perceived knowledge levels along the breast cancer continuum before and after the workshop using a 5-point Likert scale (1-very little knowledge, 5- a great deal of knowledge; see [Appendix 3](#)).

Paired t-tests demonstrated a significant increase in participants' self-perceived knowledge for all learning objectives along the breast cancer continuum ($p < 0.001$; see Table 9).

Table 9: Participant self-perceived knowledge levels* along the breast cancer continuum before and after the workshop.

Learning Objective	Response Average - Before	n _{before}	Response Average - After	n _{after}	p-value
1. Breast cancer screening guidelines	3.8	39	4.2	41	p<0.001
2. Referral process for breast cancer	3.6	39	4.2	41	p<0.001
3. Clinical implications of the pathology and staging of breast cancer	3.0	39	4.0	41	p<0.001
4. Main treatment options for breast cancer	3.1	38	4.1	40	p<0.001
5. Elements and frequency of follow-up for breast cancer	3.3	38	4.2	40	p<0.001
6. Role of family physicians in the ongoing management and follow-up of breast cancer patients	3.4	39	4.3	41	p<0.001
7. Resources to support patient care	3.3	37	4.0	39	p<0.001

**On a Likert scale, where 1 means 'Very Little' and 5 means 'A Great Deal' of knowledge.*

Feedback on the workshops has been overwhelmingly positive (see [Appendix 3](#)), with more than half the participants rating the workshops as excellent. In the workshop evaluation questionnaire, participants were asked to report their learning from the workshop and their general perceptions of the workshop. As a result of the workshop participants:

- Felt more confident working with breast cancer patients; and
- Perceived the small group, case-based workshop format as effective (Table 10).

Table 10: Participant perceptions on the session and self-perceived learning*

Participant Statements	%
As a result of this workshop, I feel more confident in working with breast cancer patients	93%
This small group, case-based discussion was an effective way to learn about the role of family physicians across the cancer care continuum	95%

**Aggregates of rating scales 4 & 5 were reported (4 = Somewhat Agree; 5 = Strongly Agree).*

Workshop participants provided a variety of key pearls they learned as a result of the breast cancer workshop. The most frequently mentioned included:

- Oncotype diagnosis (e.g. its availability, better understanding of its role)
- Estrogen receptors (better understanding and testing implications - ER+, HER2)

- Appropriate follow-up procedures (e.g. modes and frequency)
- Appropriate usage of tamoxifen (e.g. duration of usage, interaction with other drugs & side effects, compatibility issues with SSRIs)
- Better understanding of pathology reports (e.g. implications for treatment)
- Indications for hereditary cancer screening/genetic testing
- Better understanding of risk factors

Workshop participants commented that they had increased confidence in breast cancer care, and that this would impact how they approach their practice. This included engaging in better discussions about cancer with patients, improved counselling of risks/controversies, explaining treatment options/plans, and reviewing the diagnosis with patients. Other comments were on more focused follow-up with patients after treatment (e.g. developing better processes following adjuvant therapy, more frequent testing/check-ups).

When asked about the most helpful aspects of the workshop, the two most frequent responses were reviewing a pathology report and the workshop format. In terms of workshop format, comments suggested the small group nature of the workshop allowed for interactive discussions between participants and the facilitator, enhancing the learning experience.

Prostate Cancer Workshops

Fifty-six participants attended the prostate cancer community workshops; 48 of them completed the on-site workshop evaluation questionnaire (86% response rate).

In the workshop evaluation survey, participants were asked to rate their self-perceived knowledge levels along the prostate cancer continuum before and after the workshop using a 5-point Likert scale (1-very little knowledge, 5-a great deal of knowledge).

There was a significant increase in participants' knowledge along the prostate cancer continuum ($p < 0.001$; see Table 11)

Table 11: Participant self-perceived knowledge levels* along the prostate cancer continuum before and after the workshop.

Learning Objective	Response Average - Before	n _{before}	Response Average - After	n _{after}	p-value
1. Prostate cancer screening recommendations	3.3	48	4.4	48	$p < 0.001$
2. Referral process for prostate cancer	3.3	48	4.2	47	$p < 0.001$
3. Clinical implications of the pathology and staging of prostate cancer	2.7	48	4.2	48	$p < 0.001$
4. Main treatment options for prostate cancer	3.1	48	4.4	48	$p < 0.001$

5. Elements and frequency of follow-up for prostate cancer	2.7	47	4.3	48	p<0.001
6. Role of family physicians in the ongoing management and follow-up of prostate cancer patients	3.1	46	4.2	48	p<0.001
7. Resources to support patient care	2.8	47	3.9	48	p<0.001

**On a Likert scale, where 1 means 'Very Little' and 5 means 'A Great Deal' of knowledge.*

Feedback on the workshops has been overwhelmingly positive, with more than half the participants rating the workshops as excellent. In the workshop evaluation questionnaire, participants were asked to report about their learning from the workshop and their general perceptions of the workshop. As a result of the workshop:

- Most of the participants felt more confident in working with prostate cancer patients; and
- Participants perceived the small group, case-based workshop format as effective (see Table 12)

Table 12: Participant perceptions on the session and self-perceived learning *

Participant Statements	%
As a result of this workshop, I feel more confident in working with prostate cancer patients	85%
This small group, case-based discussion was an effective way to learn about the role of family physicians across the cancer care continuum	94%

**Aggregates of rating scales 4 & 5 were reported (4 = Somewhat Agree; 5 = Strongly Agree).*

Workshop participants provided a variety of key pearls they learned as a result of the prostate cancer workshop. Frequently mentioned pearls included:

- Screening (e.g. how to estimate relative risk/identify high risk patients)
- PSA (e.g. individualization, pros and cons, interpretation, PSA velocity, PSA ratios, timing of retesting, when to refer, how long it takes for PSA to fall after treatment)
- Better understanding of the Gleason score and staging criteria
- Better understanding of treatment options and their side effects
- Monitoring and ongoing management of patients

COLORECTAL CANCER WORKSHOP DEVELOPMENT & DELIVERY

The CCOPE Steering Committee identified colorectal cancer as the next topic to be delivered through the CCOPE initiative. Colorectal cancer is the second leading cause of cancer death in BC. Currently, only

37% of eligible British Columbians are screened for colorectal cancer and there are treatment and follow-up inconsistencies (FPON, 2012). As such, there is an opportunity to support the practice improvement of family physicians in areas such as colorectal cancer care screening, communication about the referral process, effective use of community and oncology resources, and follow-up care of patients.

LITERATURE REVIEW & ENVIRONMENTAL SCAN

In order to develop a comprehensive education program for colorectal cancer care, a literature review and environmental scan were conducted, with a focus on the educational implications for family physicians. The findings were used to inform curriculum development and content design, ensuring material would be based on current recommendations and best practices and meet the needs of family physicians.

Literature Review Highlights

Risk Factors

Within the scope of risk factors for colorectal cancer, there is a need to support family physicians to:

- Be familiar with how to advise their patients in taking steps to address risk factors that influence the development of colorectal cancer (i.e. diet and exercise)
- Identify the risk factors associated with colorectal cancer and the risk classification factors associated with high, moderate, and average risk patients
- Be able to discuss a personalized screening schedule for those at high to moderate risk of developing colorectal cancer

Screening

Screening is a critical step for early detection of colorectal cancer and family physicians play an important role in providing screening recommendations and tests. Additionally, many of the educational activities and initiatives identified in the environmental scan had a focus on screening and specifically a comparison of the efficacy between gFOBT and the FIT. These areas indicate a need to support family physicians to:

- Describe the provincial screening guidelines for the average risk population
- Demonstrate familiarity with the recommended screening procedures for patients (including FIT and gFOBT)
- Be familiar with the ColonCheck program, if the program is available within their local communities
 - Demonstrate understanding of the referral process including how, who and when to refer to a specialist (surgeon or gastroenterologist)

- Describe the patient referral process for the BCCA Hereditary Cancer Program
 - Extrapolate the signs and/or symptoms of colorectal cancer when patients present to the family physician
 - Understand how to assess the other medical conditions to which the presenting symptoms may be attributed

Diagnosing, Staging and Treatment

Recognizing the primary responsibility for diagnosis and treatment of colorectal cancer resides in the specialists' domain, family physicians are in the position of having to answer patients' questions and maintain effective communication with specialists during the diagnosis, staging, and treatment phases of colorectal cancer. As such, there is a need to support family physicians to:

- Describe the diagnostic tests and procedures that may be performed to investigate abnormal results, including the pre-operative imaging tests required for staging (as these can be ordered by family physicians)
- Describe the meaning of each stage (as this information is used as a proxy to determine prognosis and guide treatment decisions)
- Distinguish the treatment options for different stages of colorectal cancer, and their associated side effects
- Be familiar with the resources available, including support for patients (and family physicians)

Post-Treatment Follow-up

The literature review identified that family physicians have an important role in the management of patients following treatment. This suggests a need to support family physicians to:

- Be familiar with the treatment follow-up guidelines, including the frequency of follow-up examinations
- Demonstrate understanding of family physician and specialist roles during the follow-up phase, so that the roles and responsibilities are clearly understood

Environmental Scan Highlights

A broad range of CME activities and resources were found, provided by medical universities, cancer agencies, and organizations in Canada and the US, to support the role of family physicians in colorectal cancer care, particularly in the form of screening guidelines and online resources. Commonly, the available education support for family physicians emphasized:

- Screening or follow-up part of the continuum of care
- Comparisons between the gFOBT and the FIT and that more details on the FIT for family physicians can aid the FIT to become a widespread approach to screening
- The need be familiar with the treatment process to aid patient consultation and to ensure a smooth transition from treatment to follow-up care

WORKSHOP CONTENT & FORMAT

The colorectal cancer workshops were designed by the Colorectal Cancer Workshop Working Group (see [Appendix 1](#) for member list). This group used the results of the literature review and environmental scan, along with their experience and expertise, to design participatory workshops on best practices and new recommendations for colorectal cancer care in primary care, from screening to post-treatment follow-up.

Learning Objectives & Cases

Specific learning objectives for the colorectal cancer workshop were developed based on the findings from the literature review and expertise of the group. Three cases scenarios were developed to span the spectrum of cancer care:

- Case 1: Mrs. Mary Wells - Risk Factors & Screening
- Case 2: Mr. Peter Polyp - Colonoscopy, Polyps & Re-Screening
- Case 3: Mr. Bill Murray - Diagnosis, Staging, Treatment & Post-Treatment Follow-up

Learning objectives and the cases that address each learning objective are detailed in Table 13.

Table 13: Colorectal Cancer Learning Objectives

Learning Objectives	Case		
	1	2	3
1. Identify risk factors associated with colorectal cancer and describe CRC risk stratification	√		√
2. Describe and distinguish the available screening options, including the associated benefits and potential risks	√		
3. Define the preparation requirements for a colonoscopy		√	
4. Interpret and extract the relevant information from a pathology report of polyps and describe the potential implications and treatment options for various polyp types		√	√
5. Describe appropriate re-screening following a colonoscopy		√	
6. Discuss the pre and post-operative tests required for staging and the clinical implications of the staging of colorectal cancer			√
7. Describe the guidelines regarding post-treatment follow-up of CRC patients.			√
8. Access and utilize resources to support care in family practice along the colon cancer continuum	√	√	√

9. Specify a plan for integrating what was learned into your practice	Commitment to change
10. Appraise/evaluate the impact of the workshop on your practice	F/u session
11. Access local and expert knowledge to address outstanding questions	F/u session

Colorectal cancer workshops had a similar format to the breast and prostate cancer workshops. Each workshop lasted for two hours and was delivered to a small group of 10-15 family physicians (and other healthcare professionals where appropriate) in an informal environment to promote discussion on the cancer care cases. Participants received pre-reading articles one to two weeks before the workshop to familiarize themselves with discussions on colorectal cancer care. At the end of the workshop, participants completed a 'Commitment to Change' form, which helped participants to create a structured plan for applying what they learned in the workshop to their practice.

One new component to the workshop format was the addition of a one hour follow-up session (offered in-person or by teleconference) taking place approximately two months after the workshop. A specialist (either a medical oncologist or a gastroenterologist) called in to the session to provide their perspective and participants are able to ask outstanding questions. This was also an opportunity for participants to share how they had applied what they learned in the workshop to their practice. The workshop and follow-up session were accredited for Mainpro-C credits.

WORKSHOP IMPLEMENTATION

Ten colorectal CCOPE workshops were delivered to BC communities in the fall/winter of 2013/2014. Follow-up sessions took place approximately 2 months after the workshops, except at the 49th Annual Post Graduate Review in Family Medicine Conference where a 3 hour long workshop session took place. A total of 135 participants attended the colorectal CCOPE workshops, resulting in an average of 14 attendees per workshop. The attendee numbers per community is provided in Table 14 below.

Table 14: CCOPE Colorectal Workshops: Attendee Numbers & Dates

Community	Workshop Date	# of Attendees	Follow-up Session Date	# of Attendees
Burnaby	Nov 26, 2013	13	Jan 21, 2014	11
Creston	Jan 21, 2014	9	Mar 11, 2014	5
Dawson Creek	Nov 6, 2013	16	Jan 29, 2014	14
Kelowna	Nov 21, 2013	14	Jan 16, 2014	12
Powell River	Nov 19, 2013	16	Jan 21, 2014	10
Vancouver	Nov 13, 2013	15	Jan 28, 2014	16
Vancouver (Post Grad Review Conference)	Feb 28, 2013	10	N/A	-
Vernon	Nov 27, 2013	13	Feb 5, 2014	10

Victoria	Nov 26, 2013	13	Jan 28, 2014	6
White Rock	Nov 6, 2013	16	Jan 8, 2014	8
	Total	135	Total	92

WORKSHOP EVALUATION RESULTS

Participants were asked to rate their level of confidence along the colorectal cancer continuum before and after the workshop using a 5-point Likert scale (1-Very low confidence, 5- Very high confidence).

There was a significant increase in participant’s confidence levels along the colorectal cancer continuum ($p<0.001$; see Table 15). In particular, participants reported greater confidence in the latter stages along the continuum (see [Appendix 3](#)), including:

- Guidelines regarding post-treatment follow-up of colorectal cancer patients
- Steps required following poor bowel preparation and incomplete colonoscopy
- Pre- and post-operative tests required for staging and the clinical implications of the staging of colorectal cancer

Table 15: Participant rated confidence levels* along the colorectal cancer continuum before and after the workshop

Learning Objective	Response Average - Before	n _{before}	Response Average - After	n _{after}	p-value
1. Risk factors associated with colorectal cancer	3.8	100	4.4	120	p<0.001
2. Screening options for colorectal cancer, including the associated benefits and potential risks	4.0	101	4.4	119	p<0.001
3. Screening guidelines for colorectal cancer	3.8	101	4.5	121	p<0.001
4. When to refer for a colonoscopy	4.0	101	4.6	118	p<0.001
5. Preparation requirements for a colonoscopy	3.5	101	4.1	118	p<0.001
6. Steps required following poor bowel preparation or incomplete colonoscopy	3.0	99	4.3	119	p<0.001
7. Interpreting a pathology report of polyps	3.4	101	4.2	118	p<0.001
8. Re-screening following a colonoscopy	3.4	101	4.4	118	p<0.001
9. Pre and post-operative tests required for staging and the clinical implications of the	3.0	101	4.2	118	p<0.001

staging of colorectal cancer

10. Guidelines regarding post-treatment follow-up of CRC patients	3.0	101	4.3	117	p<0.001
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**On a Likert scale, where 1 means 'Very Low' and 5 means 'Very High' level of confidence.*

Participants reported an increase in the understanding of their role across the colorectal care continuum as a result of attending the workshop and follow-up session (Figure 1) and a greater awareness of the available resources for colorectal cancer care (Figure 2).

Figure 1. I have a clear understanding of my role across the colorectal cancer care continuum

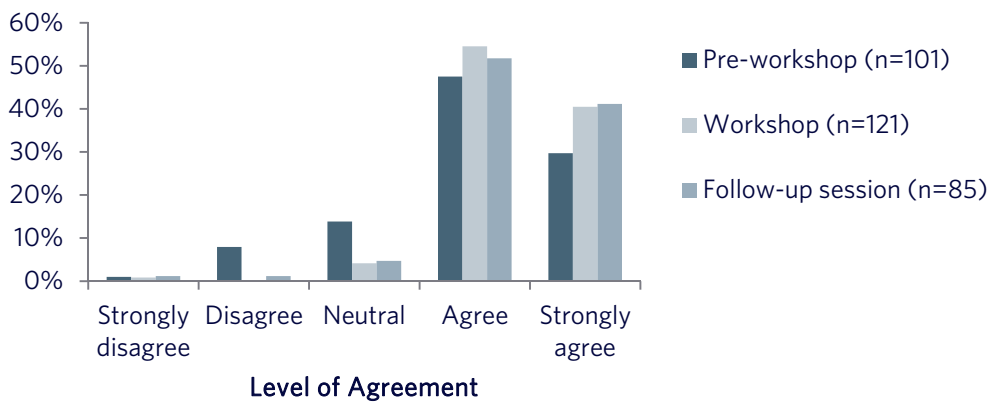
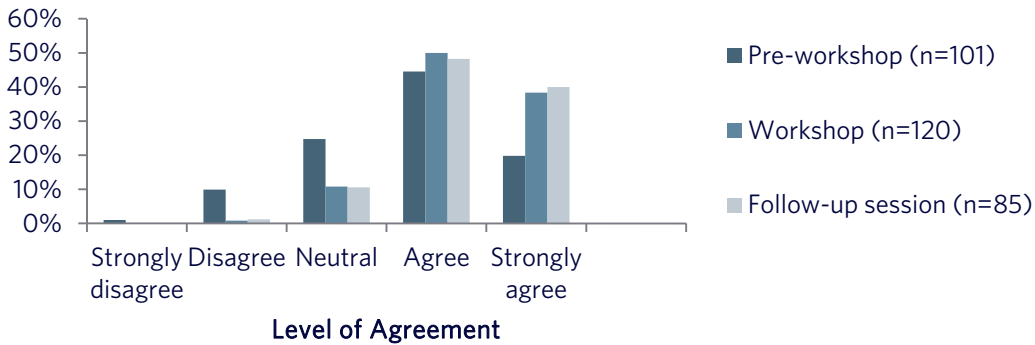


Figure 2. I am aware of available resources for colorectal cancer care (such as GPOs in the community, GPAC guidelines, BC Cancer Agency, patient resources)

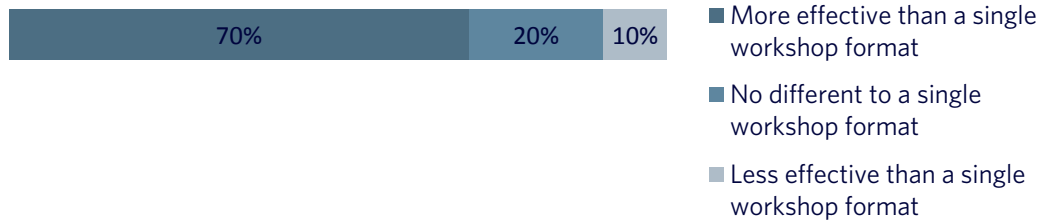


Feedback on the workshops has been overwhelmingly positive, with more than two thirds of participants rating the workshops and close to a half rating the follow-up session as excellent.

The majority of participants thought the workshop and follow-up session format was more effective than a single workshop (Figure 3). Reasons provided included:

- It gives opportunity to use the knowledge from the first session in clinical practice and then feedback on this at the follow-up session - with added benefit of expert opinion
- Time to digest and to review
- "Cements" the knowledge. Allows discussion of cases in offices at second visit

Figure 3. Workshop format: Do you think this "workshop and follow-up session" CME format is: (n=83)



After the follow-up session, participants described what specific changes, if any, they had implemented in their practice as a result of this program. Comments included:

- Resetting frequency of testing interventions on EMR. Screen vs. symptomatic, FIT vs. colonoscopy. More thorough discussion with patients surrounding - easier to get buy in as well
- Changed from gFOBT to FIT tests
- Already screening all eligible patient/population, will utilize community nurse and her ability in informing patient after testing positive
- More appropriate screening and referrals for colonoscopies
- Decreased referrals for colonoscopy
- Will be more informed about how soon to re-refer for scopes I now (finally!) know the differences between polyp histology

CCOPE COLLABORATION AND KNOWLEDGE TRANSLATION

Based on CCOPE’s goal of enhancing best practices across the cancer care continuum in family practice, the team has collaborated with various partners and participated in dissemination activities to expand the reach of CCOPE (see Table 16). CCOPE course materials have been shared with partners to offer education opportunities to expanded groups of family physicians. This includes the BCCFP CME Day, FPO CME day, Elk Valley CME group, Post Graduate Review Conference, and Manitoba Cancer Care.

Table 16: CCOPE Collaboration and Knowledge Translation

Event	Date	# Attendees
BCCFP CME Day, Castlegar	May 25, 2013	~50
FPO CME Day, Vancouver	Nov 2, 2013	~100
Elk Valley CME Group	Oct 23, 2013	15

In addition, results of the CCOPE project have been disseminated at various medical education conferences including the Canadian Conference on Medical Education, the Family Medicine Forum, and the Centre of Health Education Scholarship.

CCOPE 2014

INTRODUCTION

In the fall and winter of 2014, CCOPE expanded its educational reach with the redelivery of the breast, colorectal, and prostate cancer care workshops in addition to the development and implementation of a new advanced cancers workshop series.

BREAST, COLORECTAL & PROSTATE CANCER WORKSHOP REDELIVERY

The breast, colorectal and prostate workshops were redelivered using the workshop material previously developed for the 2013/2014 workshops, with some notable updates and improvements.

The workshops were designed to encourage discussion on the screening, diagnosis, referral, treatment and ongoing management of cancer. Workshop participants are asked to complete pre-reading material before the workshop to create a flipped classroom environment. Based on feedback from the previous workshop series, and the amount of content included in the syllabi, the two-hour interactive workshops were extended to three hours and all three cancer modules were Mainpro C accredited. Case-based scenarios were used to help family physicians work through the disease progression and better understand their roles across the cancer care continuum. Workshops were facilitated by a local General Practitioner in Oncology (GPO) or family physician with experience in oncology care. Their role was to lead the discussion and guide participants through at least two of the cases included in the workshop syllabus.

Facilitators were invited to take part in a training session to provide them with an overview of the cases, workshop procedures, and tips for facilitation. The training session also provided an opportunity to ask the case authors questions prior to the workshop. At the workshop, facilitators and participants were given a comprehensive syllabus which detailed each case scenario and included important supplementary resources. UBC CPD used the data from the previous workshop series to make improvements to the usability of the syllabi: (i) electronic versions of the syllabi with hyperlinked supplementary material were created to increase accessibility; (ii) information about FPON, including the names of local GPO's and contact details of BCCA's Regional Cancer Centres were inserted at the front of the syllabi; and (iii) the content, resources and pre-readings in the syllabi were updated. For example, the breast cancer syllabus included updated mammogram screening recommendations and the prostate cancer syllabus had pathology reports and additional images, such as bone scans to aid comprehension of the material.

A final change to the workshop format was the addition of a one hour follow-up session taking place at least two months following the initial workshop. This session was added to provide participants with the opportunity to ask any outstanding questions to the workshop facilitator and an oncology specialist who

joined the session via teleconference. Further, it allowed participants to reflect on how they applied the workshop material in their practice and reconnect with their fellow workshop participants.

WORKSHOP IMPLEMENTATION

Thirteen CCOPE workshops and follow-up sessions were redelivered to BC communities in 2014/2015. The workshops delivered included four breast, six colorectal, and three prostate cancer workshops. A total of 146 participants attended the workshops and 102 attended the follow-up sessions, resulting in an average of ~11 attendees per workshop and ~7 per follow-up session. The attendee numbers per community are provided in Table 17.

Table 17: CCOPE Community Workshop Attendee Numbers

Breast cancer				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Sechelt	14	Oct 8, 2014	Dec 3, 2014	11
Surrey	12	Sep 24, 2014	Nov 19, 2014	9
Vernon	9	Oct 28, 2014	Jan 13, 2015	7
Victoria	14	Sep 24, 2014	Nov 5, 2014	8
Total	49		Total	35
Colorectal cancer				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Abbotsford	12	Dec 2, 2014	Jan 27, 2015	10
Cranbrook	11	Oct 21, 2014	Dec 9, 2014	8
Kelowna	8	Nov 12, 2014	Jan 21, 2015	5
Port Alberni	12	Nov 20, 2014	Jan 22, 2015	8
Prince George	8	Oct 21, 2014	Jan 20, 2015	5
Vancouver	16	Oct 29, 2014	Jan 14, 2015	16
Total	67		Total	52
Prostate cancer				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Nanaimo	9	Dec 3, 2014	Feb 4, 2015	6
Smithers	10	Jan 19, 2015	Mar 16, 2015	6
Williams Lake	8	Oct 9, 2014	Nov 24, 2014	3
Total	27		Total	15

WORKSHOP EVALUATION RESULTS

Breast Cancer Workshops

Forty-nine participants attended the four breast cancer community workshops; 33 of them completed the pre-workshop survey (67% response rate), and 43 of them completed the on-site workshop evaluation questionnaire (88% response rate).

In the workshop evaluation survey, participants were asked to rate their level of confidence regarding different topics along the breast cancer continuum using a 5-point Likert scale (1-Very low, 5- Very high) (see [Appendix 4](#)).

Table 18 indicates that participants felt they gained greater confidence along the breast cancer continuum topics as a result of the workshop. In particular, participants reported increased confidence in areas such as:

- Clinical implication of the pathology and staging of breast cancer
- GPAC guidelines regarding post-treatment follow-up
- Referral process for breast cancer

The results also seem to suggest that participants were already confident in their knowledge of the main treatment options, as well as the elements and frequency of follow-up for breast cancer.

Table 18: Participant self-reported confidence levels* along the breast cancer continuum before and after the workshop

Learning Objectives	Response Average - Before	n _{before}	Response Average - After	n _{after}	p-value
1. Breast cancer screening guidelines	78%	33	98%	43	20%
2. Referral process for breast cancer	48%	33	95%	42	47%
3. Clinical implications of the pathology and staging of breast cancer	11%	33	72%	43	61%
4. Main treatment options for breast cancer	70%	33	75%	41	5%
5. Elements and frequency of follow-up for breast cancer	76%	33	88%	43	12%
6. Role of family physicians in the ongoing management and follow-up of breast cancer patients	61%	33	91%	43	30%

8. GPAC guidelines regarding post-treatment follow-up of breast cancer patients	36%	33	86%	43	50%
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**On a Likert scale, where 1 means a 'Very low' and 5 means a 'Very high' level of confidence. The aggregates of rating scales 4 & 5 are provided.*

While both workshops and follow-up sessions were well received, the workshops were viewed more favourably, with half of the participants rating the workshops as excellent compared to two-fifths awarding the same rating to the follow-up sessions. In particular, participants perceived the small group, case-based workshop format as effective (see Table 19).

Table 19: Participant perceptions of the CCOPE breast cancer program*

Participant Perceptions	Workshops (n=43)	Follow-Up Sessions (n=32)
Overall rating	95%	91%
Relevance to practice	95%	84%
Session format	86%	85%

**Aggregates of rating scales 4 & 5 were reported (4 = Above Average; 5 = Excellent).*

Workshop participants provided a variety of key pearls they learned as a result of the breast cancer workshop. The most frequently mentioned pearls included:

- Screening mammography guidelines (i.e. rationale, better understanding of the risks and benefits which will help conversation with patients, high vs. average risk, target towards low screening groups)
- Greater connections with local expertise and resources (i.e. learned that local surgeon had both an interest and expertise in breast cancer surgery – I used to always refer [elsewhere])
- Estrogen receptors (i.e. better understanding and testing implications: ER+, HER2)
- Pathology reports (i.e. significance of histopathology and how it can be used to treat breast cancer, staging summary, how to 'read' a pathology report)
- Follow-up procedures (i.e. guidelines, importance of encouraging patients to adhere to follow-up recommendations, support from GPO's)
- Appropriate usage of tamoxifen (i.e. risks and side effects, awareness that hormonal/adjuvant therapy is often harder to tolerate for the patient than chemotherapy, but more effective in treatment)
- Indications for hereditary cancer screening/genetic testing

Participants offered several comments about ways the workshop would impact how they approach their practice. This included using the BCCA website, guidelines and counselling resources more frequently, engaging in better discussions with patients who are reluctant to go for screening mammograms, improved counselling of risks/controversies, increased proactive management of high risk patients, explaining treatment options/plans and reviewing diagnosis with patients. Other comments described

more focused follow-up with patients after treatment (e.g. developing better processes following adjuvant therapy, more frequent testing/check-ups). A few quotes are provided below:

- Having increased knowledge of the entire cancer care continuum allows me to feel more comfortable in discussions with my patients – helping them in their decision-making processes, discussing various treatment options, complications etc
- Better able to explain staging and prognosis to patients based on pathology report findings
- Improved clarity regarding general practitioner’s role and post-treatment follow-up rubric

Colorectal Cancer Workshops

Sixty-seven participants attended the six colorectal cancer community workshops; 40 completed the pre-workshop survey (61% response rate), 63 the on-site workshop evaluation questionnaire (94% response rate) and 52 the follow-session survey (100% response rate).

The results from the onsite workshop evaluation show that the workshops met all of their learning objectives. In particular, participants’ confidence in the following aspects of colorectal cancer care increased:

- Knowledge of the guidelines regarding post-treatment follow-up of colorectal cancer patients (mean score = 4.3 out of 5, proportion who “agree” or “strongly agree” = 92%)
- Pre and post-operative tests required for staging and the clinical implications of the staging of colorectal cancer (mean score = 4.3, 95%)
- Steps required following poor bowel preparation or incomplete colonoscopy (mean score = 4.5, 96%)

Participants were asked to rate their level of agreement with several statements prior to the workshop, immediately after the workshop and follow-up session. The results indicate that the workshop and follow-up session, greatly increased participants’:

- Awareness of available resources for colorectal cancer care
- Confidence in providing their patients with care and information regarding colorectal cancer based on provincial guidelines/recommendations and best practice approaches to care; and
- Understanding of their role across the colorectal cancer care continuum (see Table 20)

Table 20: Participant perceptions of the CCOPE colorectal cancer program*

Participant Perceptions	Pre-Workshops (n=39)	Workshops (n=63)	Follow-Up Sessions (n=52)
Resource awareness	41%	99%	96%
Confidence	49%	99%	90%

Role clarity

64%

98%

88%

**Aggregates of rating scales 4 & 5 are reported (4 = Agree; 5 = Strongly Agree).*

Again, the effects were more pronounced after the workshop than the follow-up session, indicating that the workshop was more effective in helping participants obtain greater role-clarity and confidence. A possible reason for this could be that the workshops were more structured and the follow-up sessions were more open-ended and tailored towards addressing outstanding participant questions.

The most effective elements participants noted from the workshop and follow-up session included the interactive nature and discussions with colleagues and other experts (e.g. surgeons and oncologists). Workshop participants note that they learned more about the following:

- Screening (i.e. greater understanding of when to order a FIT, ordering frequency, when it is appropriate to order a colonoscopy and better discussions with patients)
- Polyps (i.e. different types and the implications for malignancy, rationale, better understanding of the risks and benefits which will help conversation with patients)
- Pathology reports (i.e. better able to assess)
- Post-treatment (i.e. greater understanding of guidelines)

Participants offered a variety of comments about ways the workshop would impact their practice. These included reviewing eligible patient charts on each visit to see whether a FIT test had been ordered, making sure to tick the right box on the requisition form for a FIT test, using information from BCCA's website, interpreting colonoscopy results more vigorously and better organization of follow-ups by using EMR recall notes. A few quotes are provided below:

- Reduce frequency of FIT to every two years, not annually
- Scrutinize more vigorously before sending [patients] for a colonoscopy
- Ensure timely follow-up for repeat colonoscopy as recommended
- Be thorough, be aware, ask about family history

Prostate Cancer Workshops

Twenty-seven participants attended the prostate cancer community workshops; 10 completed the pre-workshop survey (37% response rate), 24 the on-site workshop evaluation questionnaire (89% response rate), and 23 the follow-session survey (85% response rate).

In the pre and post workshop evaluation surveys, participants were asked to rate their levels of confidence along the prostate cancer continuum using a 5-point Likert scale (1-Very low, 5- Very high).

There was a great increase in participants' confidence levels along the prostate cancer continuum (see Table 21), particularly regarding the:

- Clinical implications of the pathology and staging of prostate cancer

- Role of family physicians in the ongoing management and follow-up of prostate cancer patients
- Elements and frequency of follow-up for prostate cancer

Table 21: Participant confidence levels* along the prostate cancer continuum before and after the workshop

	Response Average - Before	n _{before}	Response Average - After	n _{after}	p-value
1. Prostate cancer screening recommendations	40%	10	79%	24	39%
2. Referral process for prostate cancer	60%	10	100%	24	40%
3. Clinical implications of the pathology and staging of prostate cancer	20%	10	96%	24	76%
4. Main treatment options for prostate cancer	60%	10	92%	24	32%
5. Elements and frequency of follow-up for prostate cancer	20%	10	87%	24	67%
6. Role of family physicians in the ongoing management and follow-up of prostate cancer patients	20%	10	88%	24	68%
7. Resources to support patient care	30%	10	71%	24	41%

**On a Likert scale, where 1 means 'Very low' and 5 means a 'Very high' level of confidence. The aggregates of rating scales 4 & 5 are provided.*

Feedback on the workshops was positive, with more than two-fifths of the participants rating the workshops as excellent. Participants valued the case-based discussions with colleagues. Some of the comments provided by participants included:

- *I liked the small group, informal format allowing questions as needed, group interaction*
- *Reviewing age specific PSA. Treatment options and side effects*
- *Able to ask questions and the 'bottom line' approach of the speaker. Very open and honest about the controversies and he demonstrated expertise in a practical way*
- *To clarify any questions or uncertainties. It was good to hear from the urologist as to what is relevant in day-to-day practice*

Participants were asked to rate their level of agreement with several statements prior to the workshops and immediately after the workshops and follow-up sessions. The results indicate that the CCOPE prostate cancer program, particularly the workshops, greatly increased participants’:

- Confidence in providing their patients with care and information regarding prostate cancer
- Role clarity across the prostate cancer care continuum; and
- Awareness of available resources for prostate cancer care (see Table 22)

Again, the increased level of confidence in their role as a family physician was the most pronounced effect of the program.

Table 22: Participant perceptions of the CCOPE prostate cancer program*

Participant Perceptions	Pre-Workshops (n=10)	Workshops (n=24)	Follow-Up Sessions (n=23)
Resource awareness	50%	92%	91%
Confidence	N/A	75%	69%
Role clarity	40%	87%	52%

**Aggregates of rating scales 4 & 5 are reported (4 = Agree; 5 = Strongly Agree).*

ADVANCED CANCERS WORKSHOP DEVELOPMENT & DELIVERY

In 2011 the total number of cancer deaths in BC was 8,767 (BCCA, 2013a) representing a mortality rate of 191.9 (per 100,000) (BCCA, 2013b). Given this data, the CCOPE Steering Committee identified that patients diagnosed with advanced cancers and the family physicians caring for them need specialized support, including addressing care gaps that have been identified for patients with incurable cancers at various points along the continuum of care. From this, the advanced cancers module was developed and delivered through the CCOPE initiative.

LITERATURE REVIEW & ENVIRONMENTAL SCAN

In order to develop a comprehensive education program for advanced cancer care, a literature review and environmental scan were conducted with a focus on the educational implications for family physicians. The findings were used to inform curriculum development and content design, and to ensure that material would be based on current recommendations and best practices, and meet the needs of family physicians.

Literature Review Highlights

Communication Between Family Physicians and Oncologists

There is a need for family physicians to understand their roles and responsibilities along the advanced cancer care continuum and throughout cancer survivorship. It is also important for family physicians to be aware of the roles and responsibilities of other local health care providers, including specialists, for better coordination of care.

Advanced Cancer Diagnosis

There is a need to support family physicians' understanding of possible cancer risk factors and symptoms in order for tests to be ordered as soon as possible for a better chance of earlier diagnosis.

At the time of diagnosis, family physicians have an important role in communicating with patients about diagnosis and options for treatment and care. Family physicians need support when delivering bad news and providing emotional support at the time of diagnosis.

Treatment and Side-Effects

There is a need for family physicians to be able to advise patients on common treatments for advanced cancers, in addition to the side effects and how to manage them.

Palliative Care

Family physicians need to be aware that palliative care is important throughout the cancer care continuum and of how they can support their patients' expectations and choices through this time. Family physicians need to establish the goals of care with the patient and clarify their role. Family physicians' roles include pain and symptom management support, coordinating access to local resources, and emotional support. Family physicians also need to recognize that they may require emotional support when dealing with death.

Cultural Considerations

Family physicians need to be aware of cultural differences relating to cancer screening, knowledge, and how individuals deal with illness and death, as these differences can affect interactions with patients and their families. In addition, knowledge of cancer resources in languages other than English and health care providers that speak other languages would be valuable resources for family physicians to make available to their patients.

Environmental Scan Highlights

A large number of Canadian educational opportunities on palliative care and end-of-life issues were found to be predominantly in the form of conferences and palliative care association meetings.

Topics covered were wide-ranging and included: emotional/spiritual care, clinical/medical issues (such as treatment, pain management, and case studies), ethical issues (such as euthanasia), alternative therapies (such as acupuncture and mind-body therapies), communication skills, research, and patient engagement.

Other than the GPAC guidelines that focus on palliative care for patients with incurable cancer or advanced diseases, there seems to be a lack of education on general advanced cancer information applicable to various advanced cancers. This is likely due to the fact that cancer education is often focused on specific types of cancers. Thus, family physicians wishing to learn about advanced cancers would need to enroll in education designed for specific cancers. The proposed UBC CPD CCOPE module is a good option for filling this gap.

Recommendations for Family Physician Education on Advanced Cancers

Based on the literature review and environmental scan, several themes were identified and specific recommendations made for the educational needs of family physicians for CPD on advanced cancers.

These recommendations include family physicians' need to:

- Understand their roles and responsibilities, as well as those of other health care providers, along the cancer care continuum from diagnosis to end of life
- Be aware of common signs and risk factors of cancer so they can direct their patients to appropriate testing and diagnosis as early as possible
- Understand how to give a diagnosis of advanced cancer and have skills to help with delivering bad news
- Understand that palliative care and survivorship are important from the time of diagnosis through to end-of-life
- Be aware of treatments for cancers, their common side-effects, and how to manage them
- Coordinate palliative care with patients and the healthcare team, including being familiar with common treatment and pain management options, providing emotional support, and knowing the signs of approaching end of life
- Understand that they are one of the main emotional supports for their patients and know how to support patients during this time, as well as manage their own emotional responses
- Be aware of resources so they can make referrals as necessary, including to palliative care, help with end of life issues, and resources in other languages
- Be aware of cultural differences and how they can affect diagnosis and screening, treatment, care, and experience of illness and death for patients and their families

WORKSHOP CONTENT & FORMAT

The advanced cancers workshop was designed by the Advanced Cancers Working Group (see [Appendix 1](#) for member list). The group used the results of the literature review and environmental scan, along with

their expertise, to design participatory workshops on best practices and new recommendations for advanced cancer care in primary care, from screening to post treatment follow-up.

Learning Objectives & Cases

Specific learning objectives for the advanced cancers workshop were developed based on the findings from the literature review and expertise of the group. Three case scenarios were developed to span the spectrum of advanced cancer care from diagnosis to end of life:

- Case 1: Mr Larry Goodman – Pancreatic Cancer
- Case 2: Ms Jenny Dalewood – Breast Cancer
- Case 3: Mr Walter Olsen – Lung Cancer

Learning objectives and the cases that address each learning objective are detailed in Table 23.

Table 23: Advanced Cancers Learning Objectives

Learning Objective	Case		
	1	2	3
1. Describe the role of the primary care physician along the advanced cancer care continuum and recognize how this relates to the roles of other healthcare providers, including specialists		✓	
2. Employ effective techniques for disclosing an advanced cancer diagnosis and discussing the prognosis with patients and their families	✓		
3. Describe common treatment options and their expected side effects	✓	✓	✓
4. Develop a palliative approach to care based on the four pillars of palliative care, with consideration of prognosis and patient perspective			✓
5. Access available resources for palliative care	✓	✓	✓
6. Specify a plan for integrating what is learned at the workshop into practice			Commitment to change
7. Appraise/evaluate the impact of the workshop on your practice			F/u session
8. Access local and expert knowledge to address outstanding questions			F/u session

The advanced cancer workshops were conducted in the same format as the breast, colorectal, and prostate cancer workshops. Each workshop was three hours in duration and delivered to a small group of 10-15 family physicians (and other healthcare professionals where appropriate) in an informal environment. Participants received pre-reading articles one to two weeks before the workshop to

familiarize themselves with relevant literature on the topic of advanced cancer care. During the workshop, the facilitator and participants worked through the cases provided in a way that fostered discussion, critical thinking, and problem solving. At the end of the workshop, participants completed a ‘Commitment to Change’ form, which allowed them to create a structured plan for applying what they learned in the workshop into practice.

One hour follow-up sessions (offered in-person or by teleconference) took place approximately two months after the workshop. A specialist (either a palliative care specialist or hospice medical director) called in to the session to provide their perspective and participants were able to ask outstanding questions. This was also an opportunity for participants to share how they applied what they learned in the workshop to their practice. The workshop and follow-up sessions were Mainpro-C accredited.

WORKSHOP IMPLEMENTATION

Nine advanced cancers CCOPE workshops and eight follow-up sessions were delivered to communities across BC. Where possible, follow-up sessions were scheduled approximately two months after the workshops, excluding the 50th Annual Post Graduate Review in Family Medicine Conference, where a two hour long workshop took place. A total of 92 participants attended the advanced cancers CCOPE workshops and 42 the follow-up sessions, resulting in an average of 10 attendees per workshop and 5 per follow-up session. The workshop dates and attendee numbers are provided in Table 24 below.

Table 24: CCOPE Advanced Cancers Workshops: Dates & Attendee Numbers

Advanced cancers				
Community	# of Attendees	Workshop	Follow-up session	# of Attendees
Castlegar	7	Feb 12, 2015	Apr 9, 2015	4
Dawson Creek	7	Jan 21, 2015	Mar 19, 2015	4
Kamloops	4	Mar 3, 2015	Apr 21, 2015	2
Powell River	14	Jan 22, 2015	Mar 6, 2015	4
Vancouver	16	Dec 4, 2014	Feb 19, 2015	10
Vancouver (Post Grad Review Conference)	12	Feb 25, 2015	n/a	n/a
Vanderhoof	12	Jan 21, 2015	Mar 18, 2015	5
Victoria	8	Oct 29, 2014	Jan 21, 2015	3
White Rock	12	Dec 4, 2014	Feb 5, 2015	10
Total	92		Total	37

WORKSHOP EVALUATION RESULTS

Twenty-eight participants completed the pre-workshop survey (30% response rate), 68 completed the on-site workshop evaluation questionnaire (85% response rate), and 32 completed the follow-up session survey (97%).

In the pre and post workshop evaluation surveys, participants were asked to rate their level of confidence regarding various topics along the advanced cancers continuum using a 5-point Likert scale (1-Very low, 5- Very high).

Participants reported an increase in confidence levels along the advanced cancer care spectrum, but especially in the common treatment options for advanced cancers and their expected side effects (Table 25).

Table 25: Participant confidence levels* along the advanced cancers continuum before and after the workshop

	Response Average - Before	n _{before}	Response Average - After	n _{after}	p-value
1. Role of primary care practitioners along the advanced cancers care continuum	32%	28	73%	63	41%
2. Referral process for advanced cancers	32%	28	72%	64	40%
3. Employ effective techniques for disclosing an advanced cancer diagnosis and discussing the prognosis with patients and their families	36%	28	71%	62	35%
4. Common treatment options for advanced cancers and their expected side effects	25%	28	71%	62	46%
5. Palliative approach to care based on the four pillars of palliative care, with consideration of prognosis and patient perspective	28%	28	67%	62	39%
6. Palliative care resources to support patient care	34%	32	77%	31	43%

**On a Likert scale, where 1 means 'Very low' and 5 means a 'Very high' level of confidence. The aggregates of rating scales 4 & 5 are provided.*

Participants were also asked to rate their level of agreement with several statements prior to the workshops and immediately after the workshops and follow-up sessions. A clear, upward progression of participant confidence levels was evident throughout the delivery of the two-part advanced cancers program. The results indicate that the workshops and the follow-up sessions boosted participants':

- Understanding of their role across the advanced cancer care continuum
- Awareness of available resources for advanced cancers and palliative care (such as GPOs in the community, GPAC guidelines, BC Cancer Agency, patient resources)
- Confidence in providing their patients with care and information regarding advanced cancers based on provincial guidelines/recommendations and best practice approaches (Table 26)

Table 26: Participant perceptions of the CCOPE advanced cancers program*

Participant Perceptions	Pre-Workshops (n=28)	Workshops (n=55)	Follow-Up Sessions (n=40)
Resource awareness	29%	84%	88%
Confidence	32%	69%	85%
Role clarity	25%	84%	91%

**Aggregates of rating scales 4 & 5 are reported (4 = Agree; 5 = Strongly Agree).*

Participants also indicated that they had a greater understanding of the GPSC palliative care planning fee (billing code 14063) after the follow-up session. More than two-thirds understood how to use it after the follow-up session (69%, n=16), compared to just over a third prior to the workshop (36%, n=28) (Figure 4). However, increases in usage patterns of this billing code was not evident two months after the workshops (Figure 5). Possible reasons could include not having had any or few patients who required palliative care treatment during this relatively short time frame, being paid via salary or working as a hospitalist.

Figure 4. Knowledge of GPSC billing code 14063 – palliative care planning fee

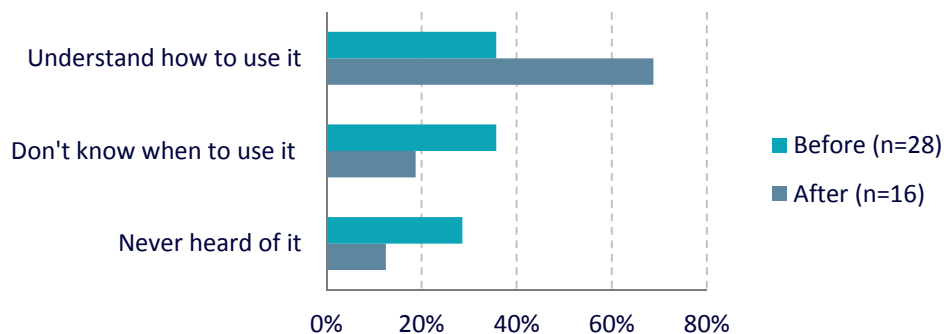
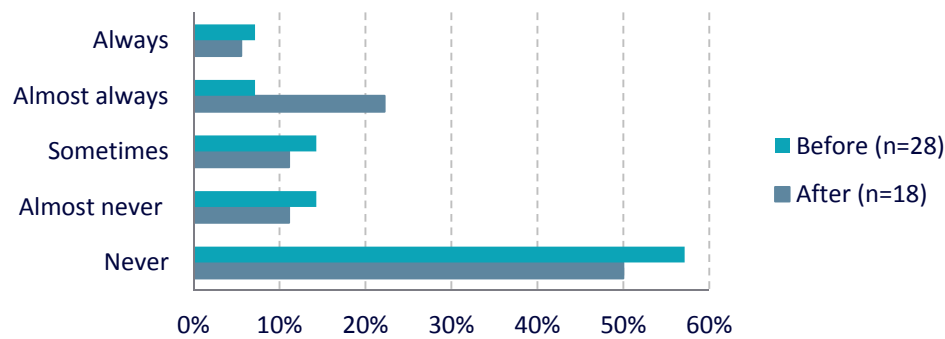


Figure 5. Usage of GPSC billing code 14063 – palliative care planning fee



Workshop participants noted several aspects they learned as a result of the advanced cancers workshops. These included:

- Patient/family communication tools (e.g. SPIKES protocol, My Voice – discuss advance directive early, follow-up with bereaved family after a death)
- GPAC guidelines (e.g. approach)
- Pain management strategies (e.g. celiac plexus block, venting gastronomy)
- Billing (e.g. how to bill for palliative care counselling)
- Referral resources (e.g. increased knowledge of availability); and
- Advance care planning (start early)

Participants offered a variety of comments about ways the workshop would impact their practice. This included increasing the length of appointment times with eligible patients, improving palliative care discussions with patients, using applicable tools more frequently (e.g. the SPIKES protocol, My Voice booklet and the GPAC guidelines). Comments from participants that highlight these learnings are highlighted below:

- Advanced cancer is a journey, everything is not laid out at the time of diagnosis. Bad news can be given as a process, respect the patient's timing
- Have connections with palliative care team early in the process
- Do palliative care planning in advanced. Be open to discussions and discussions with oncologists

Participants were also asked whether the GPAC guidelines on palliative care had a direct impact on their practice. Twenty-two comments were received and around two-thirds of these were positive, including:

- It is a great source of information to deal with a complex health issue
- Part III grief and bereavement, especially the appendices
- Knowing about it and having it available (I have it now stored in Dropbox). Gives me more confidence in this area

Three comments indicated that they did not yet have the opportunity to apply the guidelines since the workshop and four participants indicated that it had not yet have a direct impact on their practice.

CCOPE COLLABORATION AND KNOWLEDGE TRANSLATION

Based on CCOPE’s goal of enhancing best practices across the cancer care continuum in family practice, the team has collaborated with various partners and participated in dissemination activities to expand the reach of CCOPE. CCOPE course materials have been shared with partners to offer education opportunities to expanded groups of family physicians. This includes the FPO CME day and the Post Graduate Review Conference (see Table 27).

Table 27: CCOPE Collaborations and Knowledge Translation

Event	Date	Module	# Attendees
FPO CME Day, Vancouver	Nov 1, 2014	Advanced cancers (2x workshops)	118
FPO CME Day, Vancouver	Nov 1, 2014	Colorectal cancer (2x workshops)	53
Postgraduate Review Conference, Vancouver	Feb 25, 2015	Advanced cancers	12

CCOPE 2015

WORKSHOP REDELIVERY

Three of the modules (prostate, colorectal, and advanced) were delivered using the workshop materials previously developed, with the additions mentioned above. As with previous iterations, the prostate and colorectal cancer workshops were designed to encourage discussion on the screening, diagnosis, referral, treatment, and ongoing management of cancer, where the advanced cancers module promoted discussion on the treatment and pain and symptom management of palliative cancers. Participants were asked to complete pre-readings prior to the workshop to create a flipped classroom environment. A flipped classroom is a pedagogical model of learning that reverses traditional educational approach where the instructional content is delivered outside of the classroom, typically online, and the more interactive components of learning are completed in-person. Participants also completed a brief online needs assessment survey prior to the workshop in order to determine their specific learning needs.

A new format was piloted for the redelivery of the breast cancer module, where the screening information was removed from the workshop content and translated into a 45 minute online module participants completed prior to attending the in-person workshop. The in-person breast cancer care workshop therefore covered diagnosis, referral, treatment, and ongoing management of breast cancer. Participants also completed a brief online needs assessment to determine their specific learning needs.

The prostate, colorectal, and advanced cancers workshops were three hours in duration with a one hour follow-up session scheduled a minimum of six weeks after the workshop. The modules were accredited for up to 4.5 Mainpro C credits. The breast cancer workshop was two hours in duration with a one-hour follow-up session scheduled a minimum of six weeks after the workshop, and was accredited for up to 2.5 Mainpro C credits. As with previous iterations, workshops were facilitated by a local General Practitioner in Oncology (GPO) or family physician with experience in oncology care. Their role was to guide the discussion through the case-based scenarios to help family physicians work through the disease progression and better understand their role across the cancer care continuum. After the workshop, participants were asked to complete a Commitment to Change exercise to encourage an action plan to implement what was learned into their clinical practice. The follow-up sessions were co-facilitated by the GPO and the module content expert via teleconference. In some cases, the follow-up session was co-facilitated by a local expert. Upon completion of the follow-up session participants completed a reflective assessment to determine the impact of the workshop on their practice, and any barriers they encountered while implementing what was learned.

Many of the GPO facilitators have been involved with the CCOPE initiative over the years and therefore are experienced small-group facilitators and were familiar with the module content and workshop procedures. Upon confirmation, first time facilitators were provided the workshop syllabus and a teleconference training session was conducted at least one-month prior to the workshop. The facilitators were also given the opportunity to submit questions to the content authors prior to the

workshop. At the workshop, participants were given a comprehensive syllabus which detailed each case scenario and included important supplementary resources.

WORKSHOP IMPLEMENTATION AND REACH

To date in 2016, 12 CCOPE workshops and 11 follow-up sessions have been delivered to communities across BC. Of the 12 communities engaged, one was hosting CCOPE for the first time. The workshops delivered include four prostate cancer care, four advanced cancer care, two breast cancer care, and two colorectal cancer care workshops. A total of 100 participants attended the workshops and 70 attended the follow-up sessions resulting in an average of eight participants per workshop and six per follow-up session. The attendee numbers per community are provided in Table 1.

Table 1: CCOPE Community Workshop and Follow-up Session Attendee Numbers

Breast Cancer				
Community	Attendees	Workshop	Follow-up session	Attendees
Nanaimo	6	Feb 11, 2016	Apr 5, 2016	2
Vancouver	14	Feb 24, 2016	Apr 13, 2016	8
Total	21		Total	10

Prostate Cancer				
Community	Attendees	Workshop	Follow-up Session	Attendees
Victoria	10	Feb 2, 2016	Mar 23, 2016	6
Cranbrook	7	Feb 18, 2016	Apr 20, 2016	6
Kitimat	2	Mar 20, 2016	N/A	N/A
Port Alberni	17	Apr 21, 2016	Jun 30, 2016	15
Total	36		Total	27

Advanced Cancers				
Community	Attendees	Workshop	Follow-up Session	Attendees
Smithers	6	Feb 15, 2016	Apr 18, 2016	7

Victoria	9	Apr 14, 2016	Jun 9, 2016	4
Fort St. John	8	Apr 26, 2016	Jun 15, 2016	2
Williams Lake	7	May 10, 2016	Jun 14, 2016	8
Total	23		Total	21

Colorectal Cancer				
Community	Attendees	Workshop	Follow-up Session	Attendees
Sechelt	8	Feb 17, 2016	Apr 26, 2016	6
Vanderhoof	11	Apr 12, 2016	May 31, 2016	6
Total	19		Total	12

WORKSHOP EVALUATION RESULTS

Advanced Cancer Care Workshops

A total of 30 participants attended the four Advanced Cancers Workshops; 12 completed the pre-workshop needs assessment (40% response rate), and 26 completed the on-site workshop evaluation (87% response rate). Twenty-one participants attended the follow-up session, and 16 completed the reflective exercise (80% completion rate). All participants rated the overall quality of the workshop as Good or Excellent on a 5-point Likert scale (1- Poor, 5- Excellent), with a mean rating of 4.65/5.

Participants were asked to rate their level of confidence regarding different topics along the advanced cancers continuum using a 5-point Likert scale (1-Very Low, 5-Very High) before and after the workshop (see Table 2 for details).

Table 2: Participant self-reported confidence levels along the advanced cancer continuum before and after the workshop. The aggregates of rating scales 4 & 5 (High and Very High) are provided.

	Before	n _{before}	After	n _{after}	% increase
a) Role of primary care practitioners along the advanced cancers continuum	42%	12	88%	24	66%
b) The referral process for	42%	12	87%	24	45%

advanced cancers

c) Employ effective techniques for disclosing an advanced cancer diagnosis and discussing the prognosis with patients and their families	42%	12	87%	24	45%
d) Common treatment options for advanced cancers and their expected side effects	17%	12	68%	25	51%
e) Palliative approach to care based on the four pillars of palliative care, with consideration of prognosis and patient perspective	25%	12	75%	24	50%
f) Palliative care resources to support patient care	50%	12	88%	24	33%

Participants stated that the level of interaction and discussion was the most effective part of the workshop along with the relevant and practical case studies. Participants indicated the duration of the workshop could be reduced to improve the overall experience.

After the follow-up session, participants indicated the initial workshop allowed them to be better equipped to break bad news, have greater awareness of available resources, and be more comfortable with pain management. Selected quotations are shown below:

- It has helped me to be more equipped to manage patients without needing to necessarily phone oncologist for basic principles
- Changed my approach to information/bad news sharing by starting with supportive environment, asking patient their understanding and ideas so I am better able to communicate my message
- Taking more advantage of palliative care resources + financial help for patients- benefits, compassionate t1, etc.
- Using more hydromorphone compared with morphine especially in the elderly

Participants indicated “time” as a major barrier to implementing change.

Colorectal Cancer Care Workshops

A total of 19 participants attended the two Colorectal Cancer Care Workshops; seven completed the pre-workshop needs assessment (37% response rate), and ten completed the on-site workshop evaluation (53% response rate). Twelve participants attended the follow-up session, and six completed the reflective exercise (50% completion rate). All participants rated the overall quality of the workshop as Good or Excellent on a 5-point Likert scale (1- Poor, 5- Excellent), with the mean rating being 4.70/5 (see [Appendix 5](#) for detailed summaries).

Participants were asked to rate their level of confidence regarding different topics along the colorectal cancer continuum using a 5-point Likert scale (1-Very Low, 5- Very High) before and after the workshop (see Table 3 for details).

Table 3: Participant self-reported confidence levels along the colorectal cancer continuum before and after the workshop. The aggregates of rating scales 4 & 5 (high and very high) are provided.

	Before	n _{before}	After	n _{after}	% increase
a) Risk factors associated with colorectal cancer	43%	7	100%	10	57%
b) Screening options for colorectal cancer, including the associated benefits and potential risks	57%	7	100%	10	43%
c) Screening guidelines for colorectal cancer	81%	7	90%	10	8%
d) When to refer for a colonoscopy	43%	7	100%	10	57%
e) Preparation requirements for a colonoscopy	29%	7	88%	9	59%
f) Steps required following poor bowel preparation or incomplete colonoscopy	28%	7	100%	10	72%
g) Interpreting a pathology report of polyps	58%	7	90%	10	32%
h) Re-screening following a colonoscopy	29%	7	90%	10	61%

i) Pre and post-operative tests required for staging and the clinical implications of the staging of colorectal cancer	29%	7	90%	10	61%
j) Guidelines regarding post-treatment follow-up of CRC patients	29%	7	70%	10	41%

Participants indicated the interaction and discussion, the question and answer format, and working through the case studies as a group were the most effective parts of the workshop. Two participants also expressed appreciating having a local specialist present at the workshop. Participants indicated more cases, videos of scopes, and longer workshop duration would have improved the overall experience.

After the follow-up session, participants indicated they had a better understanding of the role of family practitioners in the diagnosis, treatment, and follow-up care of colorectal cancer, and a better understanding of the screening guidelines. Selected quotations are provided below:

- Much more awareness implementing the screening program
- Changing call-back tasks on EMR to match biopsy specific internal referrals to colonoscopy

When asked to indicate barriers to practice change, participants indicated lack of time and energy, and the multiple screening options.

Prostate Cancer Care Workshops

A total of 35 participants attended the two Colorectal Cancer Care Workshops; 19 completed the pre-workshop needs assessment (54% response rate), and 33 completed the on-site workshop evaluation (94% response rate). Twenty-seven participants attended the follow-up session, and 26 completed the reflective exercise (95% completion rate). More than 80% of participants gave the workshop an overall rating of Good or Excellent on a 5-point Likert scale (1- Poor, 5- Excellent), with a mean rating of 4.24/5 (see [Appendix 5](#) for detailed summaries).

Participants were asked to rate their level of confidence regarding different topics along the prostate cancer continuum using a 5-point Likert scale (1-Very Low, 5- Very High) before and after the workshop. Participants felt they gained greater confidence along the prostate cancer continuum as a result of the workshop (see Table 4 for details).

Table 4: Participant self-reported confidence levels along the prostate cancer continuum before and after the workshop. The aggregates of rating scales 4 & 5 (high and very high) are provided.

	Before	n _{before}	After	n _{after}	% increase
a) The prostate cancer screening recommendations	37%	19	58%	33	21%
b) The referral process for prostate cancer	68%	19	85%	33	17%
c) The clinical implications of the pathology and staging of prostate cancer	21%	19	79%	33	58%
d) Main treatment options for prostate cancer	21%	19	88%	33	67%
e) Elements and frequency of follow-up for prostate cancer	21%	19	79%	33	58%
f) Role of the family physicians in the ongoing management and follow-up of prostate cancer patients	32%	19	70%	33	38%
g) Resources to support patient care	11%	19	64%	33	53%

Participants indicated the interactive nature of the workshop and the discussion and sharing of experiences with colleagues to be most useful. The need for less confusion and better guidelines with regards to PSA screening would have improved the overall experience of the workshop.

Participants indicated that the workshop afforded them a better understanding of the PSA guidelines, to be better equipped to counsel patients and make referrals, and increased awareness of local resources. Selected responses are provided below:

- Improved tracking of PSA trends. More comfortable with active surveillance. Better understanding of shared care with our local solo urologist
- Handouts in EMR for patient to make decision regarding PSA screening
- Consideration of baseline PSA and better equipped to discuss PSA risks/benefits for screening

Majority of participants responded that they have not encountered any specific barriers to implementing change. However, some participants indicated unclear screening guidelines and the controversy surrounding PSA screening as barriers.

Breast Cancer Care Workshops

A total of 21 participants attended the two Breast Cancer workshops; eight completed the pre-workshop needs assessment (38% response rate), and 17 completed the on-site workshop evaluation (81% response rate). Ten participants attended the follow-up session, and nine completed the reflective exercise (90% response rate). All participants rated the overall quality of the workshop as either Good or Excellent on a 5-point Likert scale (1- Poor, 5- Excellent), with a mean rating of 4.82/5 (see [Appendix 5](#) for detailed summaries).

Participants were asked to rate their level of confidence regarding different topics along the prostate cancer continuum using a 5-point Likert scale (1-Very low, 5- Very high) before and after the workshop (see Table 5 for details).

Table 5: Participant self-reported confidence levels along the breast cancer continuum before and after the workshop. The aggregates of rating scales 4 & 5 (High and Very High) are provided.

	Before	n _{before}	After	n _{after}	% increase
a) The breast cancer screening guidelines	48%	8	100%	17	52%
b) The referral process for breast cancer	48%	8	95%	17	47%
c) The clinical implications of the pathology and staging of breast cancer	38%	8	83%	17	45%
d) Main treatment options for breast cancer	63%	8	94%	17	31%
e) Elements and frequency of follow-up for breast cancer	50%	8	94%	17	44%
f) Role of the family physicians in the ongoing management and follow-up of breast cancer	38%	8	88%	17	40%
g) Resources to support patient care	0%	8	77%	17	77%
h) GPAC guidelines regarding post-treatment follow-up of breast cancer patients	13%	8	62%	16	49%

Participants indicated the interaction and discussion with colleagues and the facilitator’s expertise and experience to be the most useful. Participants indicated increasing the duration of the workshop and that a didactic or “educational” component would have been beneficial.

At the follow-up session, participants indicated they had more confidence discussing diagnosis and treatment with patients, increased vigilance in screening, and greater awareness of resources. Selected quotations are provided below:

- It has affected my practice considerably, specifically with regard to heightened surveillance. I see patients that I've never seen before so often I only have one contact with them, so need to make it count
- I have been more likely to use the BCCA website as a resource to reach out to a GPO or oncologist for questions/ clarification in order to educate BRCA patient
- I have entered specific resources in my office setting to accommodate screening, treatment, or post treatment

Time was a common barrier to implementing change into practice.

CCOPE COLLABORATION AND KNOWLEDGE TRANSLATION

CCOPE has collaborated with FPON to further support best practices across the cancer care continuum in family practice. Course materials from the CCOPE modules have been adapted and modified to be included in the annual Family Practice Oncology Continuing Medical Education Day in both 2015 (Advanced Breast Cancer Case), and 2016 (Advanced Pancreatic Cancer Case) to provide educational opportunities to expanded groups of family physicians.

Further, participants received an overall summary of all the participant feedback from the workshops approximately 6 months after attending (see Appendix 6 for detailed summaries).

NEXT STEPS

Looking forward, UBC CPD will continue its partnership the BC Cancer Agency, specifically supporting FPON and the newly formed Patient Experience (previously the Survivorship and Primary Care) as their roles in the Agency grows and expands. Initial discussions are underway and FPON and Patient Experience leadership have recommended that the remaining funds from the redelivery of the CCOPE workshops be allocated to conduct a needs assessment as the data from the 2009 cancer screening study have been well utilized but now are out of date. Additionally, data from the Survivorship and Primary Care Engagement Sessions can be expanded and built upon with this exploratory needs assessment approach. VPs from the BC Cancer Agency (Dr. LeeAnn Martin and Brenda Cantiz) have approved this recommendation to proceed conducting a large scale provincial needs assessment exploring how primary care practitioners would like to be engaged in the provision of cancer care for

their patients. It is recommended that this approach be centered around team-based care, quality and practice improvement with the ultimate goal of improving health. The needs assessment approach will be facilitated by these groups within BCCA and UBC CPD and will be guided by an advisory committee and actioned by a core working group. It is predicted that the needs assessment will commence in early 2017 and will help determine and confirm the strategic primary care oncology directions under the new BCCA president and its executive leadership.

APPENDICES

APPENDIX 1: CCOPE COMMITTEE MEMBERS (2012 TO 2014)

Steering Committee Members

Member	Affiliation
Dr. Bob Bluman	Medical Director, Special Projects, UBC CPD
Dr. Raziya Mia	Clinical Coordinator, FPON Education & GPO, BCCA
Dr. Philip White	Medical Director, FPON & GPAC representative
Ms. Gail Compton	Manager, FPON
Dr. Brenna Lynn	Executive Director, UBC CPD (Chair)
Ms. Jennie Barrows	Education Coordinator, UBC CPD
Mr. Tunde Olatunbosun	Project Manager, UBC CPD
Ms. Tanuja Barker	Researcher, UBC CPD
Ms. Fiona Walks	Vice President Safety, Quality and Supportive Care, BCCA
Ms. Karen Blaine	Provincial Director, Survivorship & Primary Care, BCCA
Ms. Andrea Keeseey	Director, UBC CPD
Dr. Cathy Clelland	Family physician, BCCA, GPSC
Dr. Bruce Hobson	Family Physician, PSP & PDC
Dr. Dan Horvat	Assistant Professor, UNBC
Dr. Graham Taylor	Executive Lead, Quality Improvement and Practice Support, Doctors of BC
Ms. Kaitlin Pelletier	Project Manager, UBC CPD
Ms. Laura Beamish	Researcher, UBC CPD

Breast Cancer Working Group Members

Member	Affiliation
Dr. Bob Bluman	Medical Director, Special Projects, UBC CPD
Dr. Shirley Howdle	GPO & Chair, CME Working Group, BCCA
Ms. Lisa Kan	Interim Director, Strategic Operations, BCCA
Dr. Charmaine Kim-Sing	Clinical Professor, Radiation Oncologist, BCCA
Dr. Josee Lesperance	Family Physician
Dr. Caroline Lohrisch	Medical Oncologist, BCCA
Ms. Laura Sware	Manager, Colon Check, BCCA
Ms. Fiona Walks	Vice President Safety, Quality & Supportive Care, BCCA
Dr. Philip White	Medical Director, FPON & GPAC representative
Dr. Christine Wilson	Medical Director, Screening Mammography Program, BCCA
Dr. Brenna Lynn	Executive Director, UBC CPD (Chair)

Ms. Jennie Barrows	Education Coordinator, UBC CPD
Mr. Tunde Olatunbosun	Project Manager, UBC CPD
Ms. Tanuja Barker	Researcher, UBC CPD

Colorectal Cancer Working Group Members

Member	Affiliation
Dr. Bob Bluman	Medical Director, Special Projects, UBC CPD
Dr. James Gray	Gastroenterologist, Clinical Professor of Medicine, UBC Chair GI Section of BCMA/MSP Guideline and Protocol Advisory Committee, CCOPE Colorectal Cancer Working Group Chair
Dr. Dean Kolodziejczyk	GPO, BCCA
Dr. Howard Lim	Medical Oncologist, BCCA, Program Director, Medical Oncology Residency Training Program, Clinical Assistant Professor, UBC
Dr. Werner Spanghel	Family Physician, Clinical Assistant Professor, UBC College of Medicine, Faculty of Family Practice
Dr. Philip White	Medical Director, FPON & GPAC representative
Dr. Brenna Lynn	Executive Director, UBC CPD (Chair)
Ms. Jennie Barrows	Education Coordinator, UBC CPD
Mr. Tunde Olatunbosun	Project Manager, UBC CPD
Ms. Tanuja Barker	Researcher, UBC CPD

Prostate Cancer Working Group Members

Member	Affiliation
Dr. Bob Bluman	Medical Director, Special Projects, UBC CPD
Dr. Don Cooper	GPO
Dr. Mira Keyes	Clinical Associate Professor, Radiation Oncology UBC, BCCA, Head BCCA Provincial Prostate Brachytherapy Program
Dr. Charmaine Kim-Sing	Clinical Professor, Radiation Oncologist, BCCA
Dr. Bob Newman	GPO & CCOPE Prostate Working Group Chair
Dr. Alan So	Assistant Professor, Urologic Sciences UBC Research Scientist, Vancouver Prostate Centre
Dr. Philip White	Council Chair & Medical Director, FPON; GPAC representative & Family Physician
Dr. Brenna Lynn	Executive Director, UBC CPD (Chair)
Ms. Jennie Barrows	Education Coordinator, UBC CPD
Mr. Tunde Olatunbosun	Project Manager, UBC CPD
Ms. Tanuja Barker	Researcher, UBC CPD

Advanced Cancer Working Group Members

Member	Affiliation
Dr. Douglas McGregor	Family physician. Medical Director, Victoria Hospice, VIHA
Dr. Phil White	Family physician. FPON Chair/Medical Director
Dr. Lilli Kerby	Rural family physician
Dr. Pippa Hawley	Palliative care physician, Internist, BCCA
Dr. Neil Hilliard	Family physician with focus on community palliative care

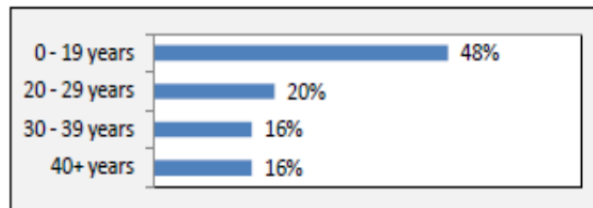
APPENDIX 2: : DETAILED WORKSHOP EVALUATION SUMMARIES 2012

Date:	Nov 22 2011 - Feb 2 2012
Locations:	Castlegar, Fort St John, Kitimat, Parksville, Port Alberni, Nanaimo, Trail, Vancouver, Vanderhoof, White Rock, Williams Lake

Total attended: 111
 Total responded: 90
 Response rate: 81%

Number of years in practice:

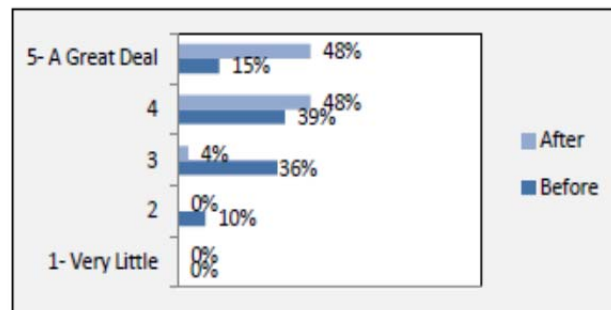
0 - 19 years	39	48%
20 - 29 years	16	20%
30 - 39 years	13	16%
40+ years	13	16%
Total:	81	100%
No response:	10	



1) My knowledge about the following topics BEFORE and AFTER this workshop:

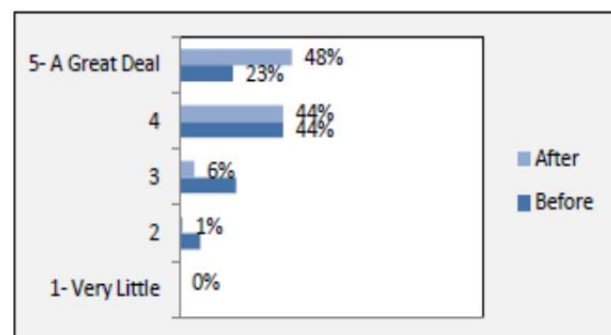
a) Cancer screening guidelines

	Before		After	
1- Very Little	0	0%	0	0%
2	8	10%	0	0%
3	29	36%	3	4%
4	31	39%	38	48%
5- A Great Deal	12	15%	38	48%
Total:	80	100%	79	100%
No response:	10		11	
Weighted Mean:	3.59		4.44	
Mean Difference	0.86			



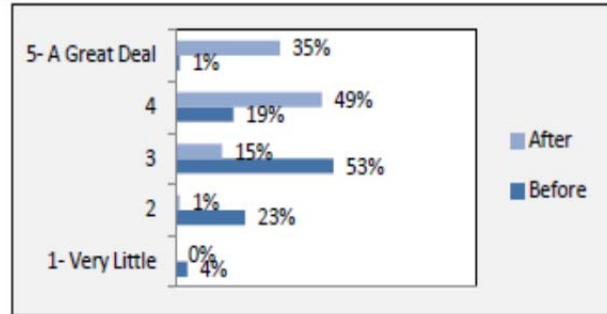
b) The referral process for cancer

	Before		After	
1- Very Little	0	0%	0	0%
2	7	9%	1	1%
3	19	24%	5	6%
4	35	44%	35	44%
5- A Great Deal	18	23%	38	48%
Total:	79	100%	79	100%
No response:	11		11	
Weighted Mean:	3.81		4.39	
Mean Difference	0.58			



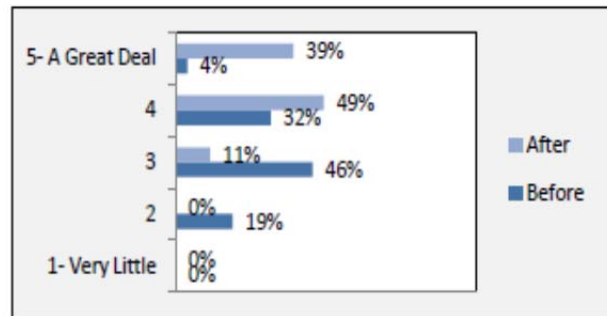
c) The clinical implications of the pathology & staging of cancer

	Before		After	
1- Very Little	3	4%	0	0%
2	18	23%	1	1%
3	41	53%	12	15%
4	15	19%	38	49%
5- A Great Deal	1	1%	27	35%
Total:	78	100%	78	100%
No response:	12		12	
Weighted Mean:	2.91		4.17	
Mean Difference	1.26			



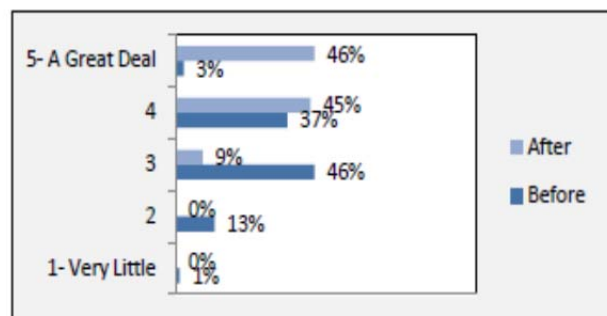
d) Main treatment options for cancer

	Before		After	
1- Very Little	0	0%	0	0%
2	15	19%	0	0%
3	36	46%	9	11%
4	25	32%	39	49%
5- A Great Deal	3	4%	31	39%
Total:	79	100%	79	100%
No response:	11		11	
Weighted Mean:	3.20		4.28	
Mean Difference	1.08			



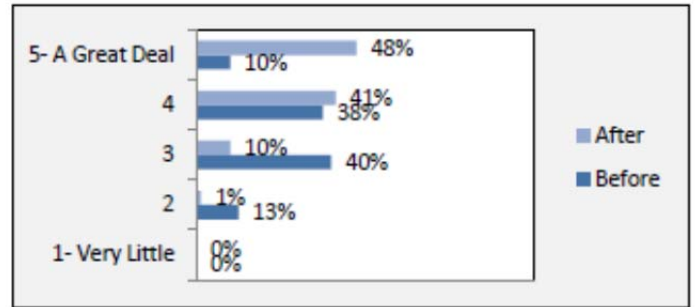
e) Elements and frequency of follow-up

	Before		After	
1- Very Little	1	1%	0	0%
2	10	13%	0	0%
3	36	46%	7	9%
4	29	37%	35	45%
5- A Great Deal	2	3%	36	46%
Total:	78	100%	78	100%
No response:	2		12	
Weighted Mean:	3.27		4.37	
Mean Difference	1.10			



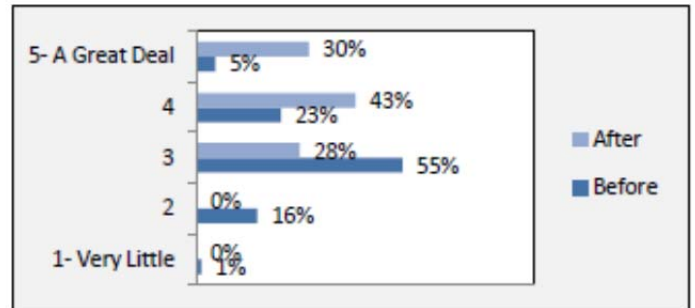
f) Role of the FPs in the ongoing management and follow-up of patients

	Before		After	
1- Very Little	0	0%	0	0%
2	10	13%	1	1%
3	32	40%	8	10%
4	30	38%	33	41%
5- A Great Deal	8	10%	38	48%
Total:	80		80	
No response:	10		10	
Weighted Mean:	3.45		4.35	
Mean Difference	0.90			



g) Resources to support patient care

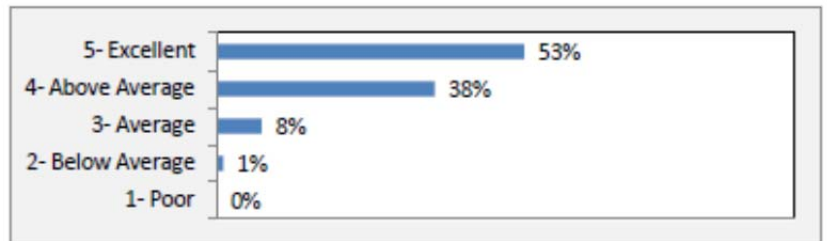
	Before		After	
1- Very Little	1	1%	0	0%
2	13	16%	0	0%
3	44	55%	22	28%
4	18	23%	34	43%
5- A Great Deal	4	5%	24	30%
Total:	80	100%	80	100%
No response:	10		10	
Weighted Mean:	3.14		4.03	
Mean Difference	0.89			



2) Please circle the agreement level that best describes your perception of the workshop:

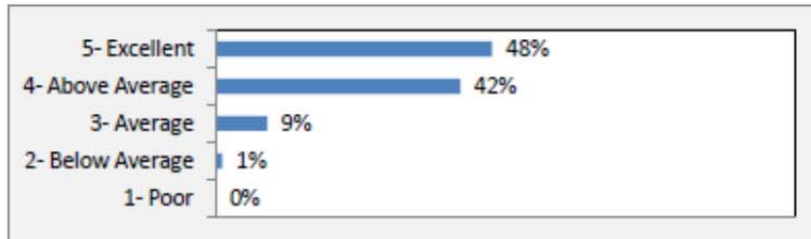
a) Content: Relevance to my practice

1- Poor	0	0%
2- Below Average	1	1%
3- Average	7	8%
4- Above Average	34	38%
5- Excellent	48	53%
Total:	90	100%
No response:	0	
Weighted Mean:	4.43	



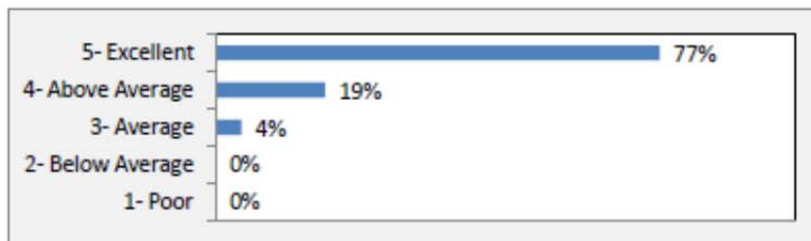
b) Content: Compatibility with my expectations

1- Poor	0	0%
2- Below Average	1	1%
3- Average	8	9%
4- Above Average	38	42%
5- Excellent	43	48%
Total:	90	100%
No response:	0	
Weighted Mean:	4.37	



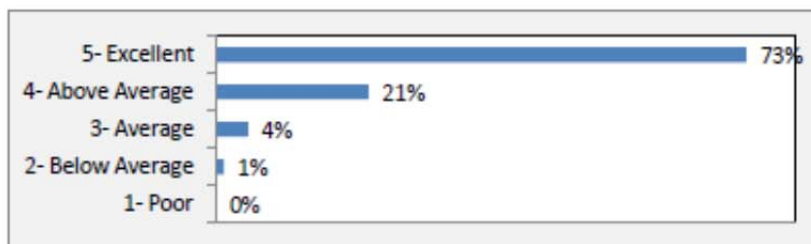
c) Interactivity: Enough opportunities for interaction

1- Poor	0	0%
2- Below Average	0	0%
3- Average	4	4%
4- Above Average	17	19%
5- Excellent	69	77%
Total:	90	100%
No response:	0	
Weighted Mean:	4.72	



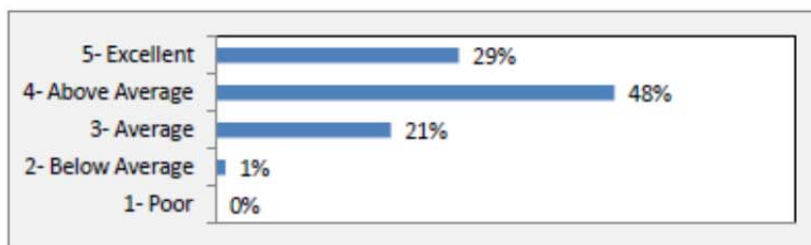
d) Facilitators/presenters: Organized and respectful

1- Poor	0	0%
2- Below Average	1	1%
3- Average	4	4%
4- Above Average	19	21%
5- Excellent	66	73%
Total:	90	100%
No response:	0	
Weighted Mean:	4.67	



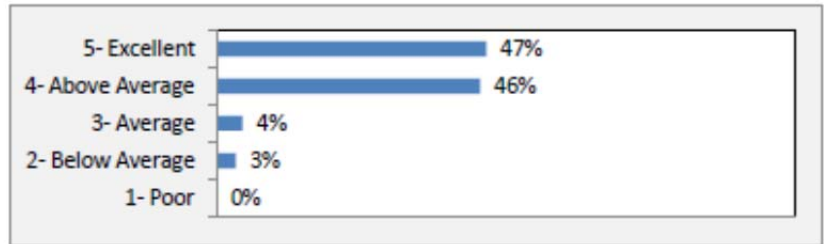
e) Pre-reading and supplementary materials

1- Poor	0	0%
2- Below Average	1	1%
3- Average	18	21%
4- Above Average	41	48%
5- Excellent	25	29%
Total:	85	100%
No response:	5	
Weighted Mean:	4.06	



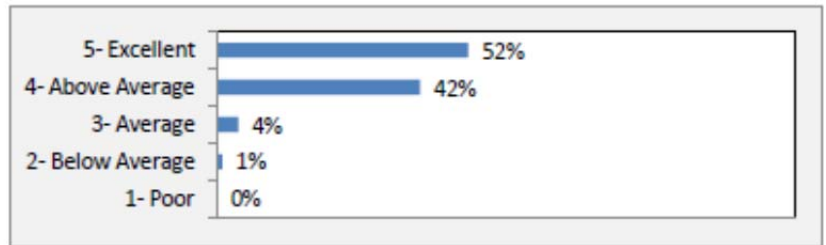
f) Session format

1- Poor	0	0%
2- Below Average	3	3%
3- Average	4	4%
4- Above Average	41	46%
5- Excellent	42	47%
Total:	90	100%
No response:	0	
Weighted Mean:	4.36	



g) Overall rating of the workshop

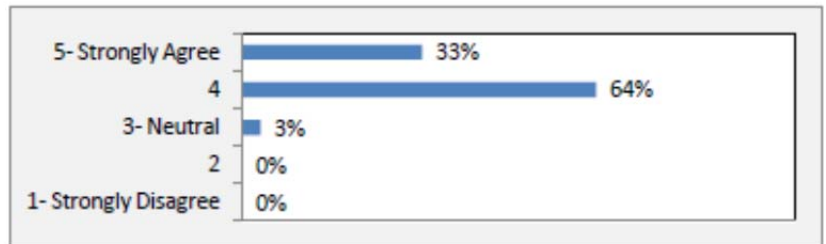
1- Poor	0	0%
2- Below Average	1	1%
3- Average	4	4%
4- Above Average	38	42%
5- Excellent	47	52%
Total:	90	
No response:	0	
Weighted Mean:	4.46	



3) Please circle the agreement level that best describes your perception of the workshop:

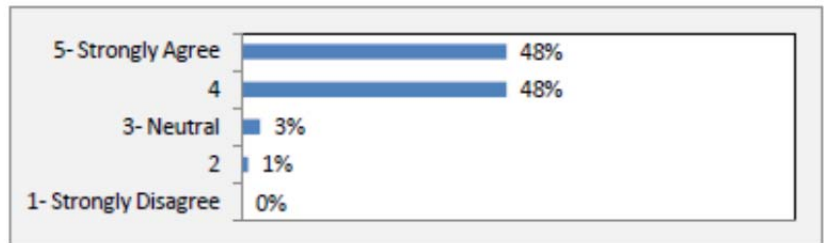
a) As a result of this workshop, I feel more confident in working with cancer patients

1- Strongly Disagree	0	0%
2	0	0%
3- Neutral	3	3%
4	57	64%
5- Strongly Agree	29	33%
Total:	89	
No response:	1	
Weighted Mean:	4.29	



b) This small group, case-based discussion was an effective way to learn about the role of family physicians across the cancer care continuum

1- Strongly Disagree	0	0%
2	1	1%
3- Neutral	3	3%
4	43	48%
5- Strongly Agree	43	48%
Total:	90	
No response:	0	
Weighted Mean:	4.42	



4) What are the key pearls you learned?

- Oncotype dx (e.g. its availability, better understanding of its role)
- Estrogen receptors (better understanding and testing implications - ER+, HER2)
- Appropriate follow-up procedures (e.g. modes and frequency)
- Appropriate usage of tamoxifen (e.g. duration of usage, interaction with other drugs & side effects) compatibility issues with SSRI - selective serotonin reuptake inhibitors
- Better understanding of pathology reports (e.g. implications for treatment)
- Indications for hereditary cancer screening/genetic testing
- Better understanding of risk factors
- Modes & frequency of post cancer follow-up

5) I will do the following differently as a result of attending this workshop

- Engaging in better cancer discussions with patients
- Better counselling of risks/controversies
- Explaining treatment options/plan
- Reviewing diagnosis with patients
- Better follow-up care of breast cancer patients

6) What was the most helpful part of this workshop? Why?

- Workshop format (small group nature of the workshop allowed for interactive discussions)
- Review of a pathology report
- Understanding that I can / should play a much greater role in managing information for my patients with breast cancer

7) What was the least helpful part of this workshop? Why?

- No response
- More pre-workshop reading
- Too short- didn't finish the cases; what we did discuss was excellent.
- It was all good!

8) How could this workshop be improved (e.g. other educational formats)?

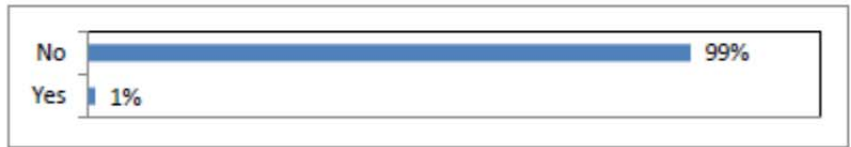
- No- this format was excellent.
- Add 1 hour and a break in the middle.
- Handouts on USB stick
- More pre-reading material

9) Please list any learning objectives not achieved in the session(s) and/or overall program:

- No response
- Well organized and executed.
- Metastatic disease
- I would have liked a decision tree re: tumour size/type.
- The workshop provided a plethora of information which I have to work through after the course

10) Do you feel that there was any industry bias in any of the presentations?

Yes	1	1%
No	84	99%
Total:	85	
No response:	5	



11) Additional Comments (e.g. on facilitator or workshop):

- Excellent, thanks.
- Case study interpretation excellent
- Facilitator accessible, knowledgeable, lively and engaging.

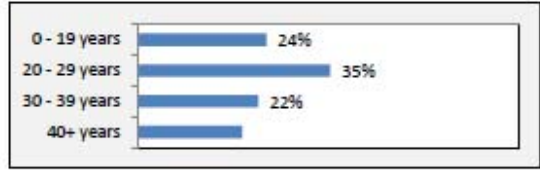
**CANCER CARE OUTREACH PROGRAM ON EDUCATION (CCOPE) PROJECT
Overall Prostate Cancer Workshop Summary Evaluation**

Date:	May 10 - June 20 2012
Locations:	Kamloops, Kelowna, Salmon Arm, Surrey, Vancouver, Victoria West Vancouver, White Rock

Total attended: 95
 Total responded: 76
 Response rate: 80%

Number of years in practice:

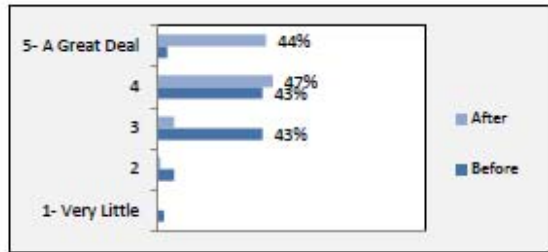
0 - 19 years	16	24%
20 - 29 years	24	35%
30 - 39 years	15	22%
40+ years	13	19%
Total:	68	
No response:	8	



1) My knowledge about the following topics BEFORE and AFTER this workshop:

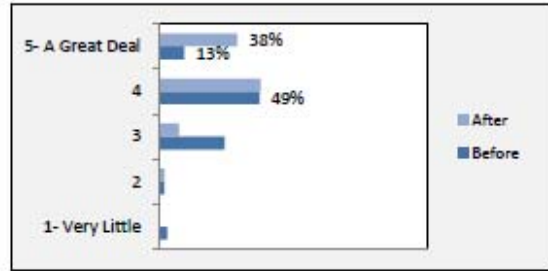
a) Cancer screening recommendations

	Before		After	
1- Very Little	2	3%	0	0%
2	5	7%	1	1%
3	31	43%	5	7%
4	31	43%	34	47%
5- A Great Deal	3	4%	32	44%
Total:	72		72	
No response:	4		4	
Weighted Mean:	3.39		4.35	
Mean Difference	0.96			



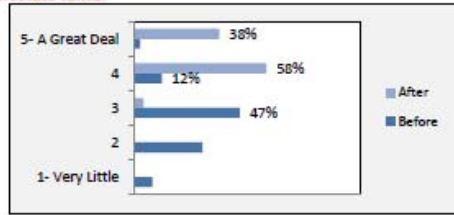
b) The referral process for prostate cancer

	Before		After	
1- Very Little	3	4%	0	0%
2	2	3%	2	3%
3	23	32%	7	10%
4	35	49%	35	49%
5- A Great Deal	9	13%	27	38%
Total:	72		71	
No response:	4		5	
Weighted Mean:	3.63		4.23	
Mean Difference	0.60			



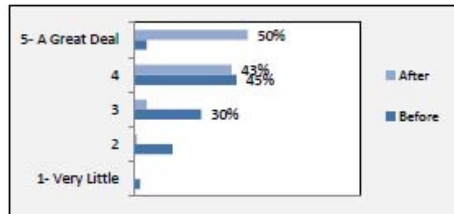
c) The clinical implications of the pathology & staging for prostate cancer

	Before		After	
1- Very Little	6	8%	0	0%
2	22	30%	0	0%
3	34	47%	3	4%
4	9	12%	42	58%
5- A Great Deal	2	3%	27	38%
Total:	73		72	
No response:	3		4	
Weighted Mean:	2.71		4.33	
Mean Difference	1.62			



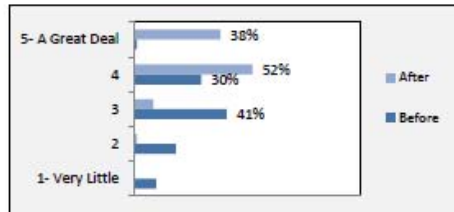
d) Main treatment options for prostate cancer

	Before		After	
1- Very Little	2	3%	0	0%
2	12	17%	1	1%
3	21	30%	4	6%
4	32	45%	30	43%
5- A Great Deal	4	6%	35	50%
Total:	71		70	
No response:	5		6	
Weighted Mean:	3.34		4.41	
Mean Difference	1.08			



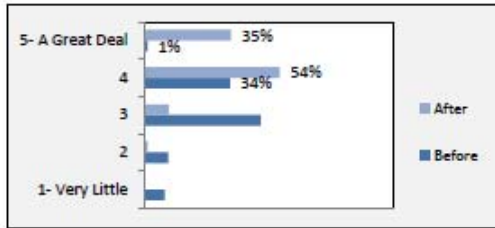
e) Elements and frequency of follow-up

	Before		After	
1- Very Little	7	10%	0	0%
2	13	18%	1	1%
3	29	41%	6	8%
4	21	30%	37	52%
5- A Great Deal	1	1%	27	38%
Total:	71		71	
No response:	5		5	
Weighted Mean:	2.94		4.27	
Mean Difference	1.32			



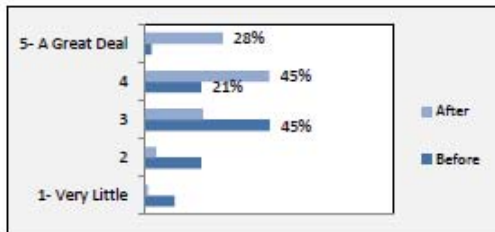
f) Role of the FPs in the ongoing management and follow-up of patients

	Before		After	
1- Very Little	6	8%	0	0%
2	7	10%	1	1%
3	34	47%	7	10%
4	25	34%	39	54%
5- A Great Deal	1	1%	25	35%
Total:	73		72	
No response:	3		4	
Weighted Mean:	3.11		4.22	
Mean Difference	1.11			



g) Resources to support patient care

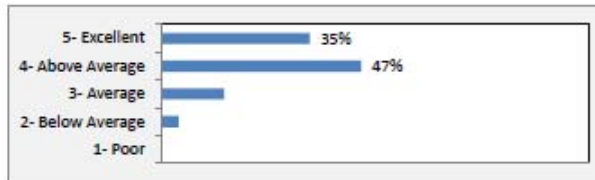
	Before		After	
1- Very Little	8	11%	1	1%
2	15	21%	3	4%
3	33	45%	15	21%
4	15	21%	32	45%
5- A Great Deal	2	3%	20	28%
Total:	73		71	
No response:	3		5	
Weighted Mean:	2.84		3.94	
Mean Difference	1.11			



2) Please circle the agreement level that best describes your perception of the workshop:

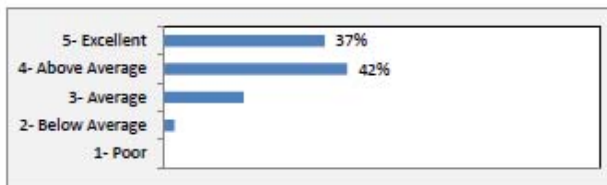
a) Content: Relevance to my practice

1- Poor	0	0%
2- Below Average	3	4%
3- Average	11	15%
4- Above Average	35	47%
5- Excellent	26	35%
Total:	75	
No response:	1	
Weighted Mean:	4.12	



b) Content: Compatibility with my expectations

1- Poor	0	0%
2- Below Average	2	3%
3- Average	14	18%
4- Above Average	32	42%
5- Excellent	28	37%
Total:	76	
No response:	0	
Weighted Mean:	4.13	



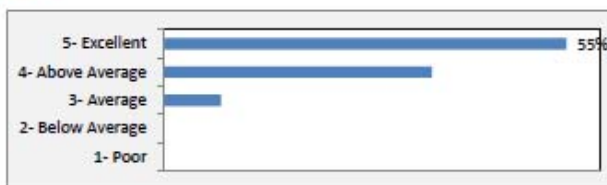
c) Interactivity: Enough opportunities for interaction

1- Poor	0	0%
2- Below Average	0	0%
3- Average	4	5%
4- Above Average	31	41%
5- Excellent	41	54%
Total:	76	
No response:	0	
Weighted Mean:	4.49	



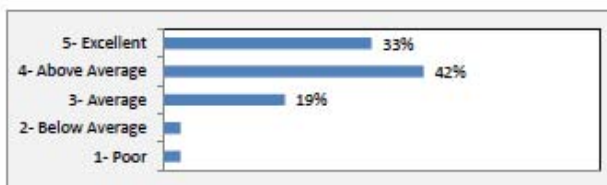
d) Facilitators/presenters: Organized and respectful

1- Poor	0	0%
2- Below Average	0	0%
3- Average	6	8%
4- Above Average	28	37%
5- Excellent	42	55%
Total:	76	
No response:	0	
Weighted Mean:	4.47	



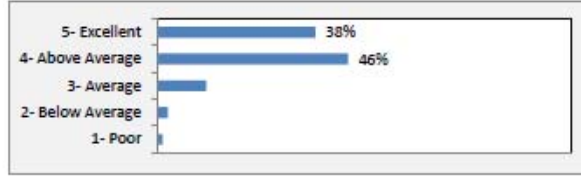
e) Pre-reading and supplementary materials

1- Poor	2	3%
2- Below Average	2	3%
3- Average	14	19%
4- Above Average	30	42%
5- Excellent	24	33%
Total:	72	
No response:	4	
Weighted Mean:	4.00	



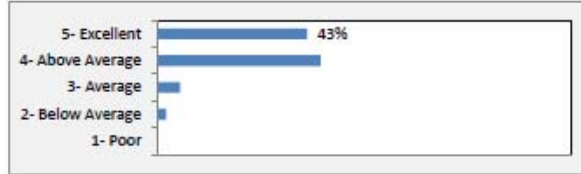
f) Session format

1- Poor	1	1%
2- Below Average	2	3%
3- Average	9	12%
4- Above Average	35	46%
5- Excellent	29	38%
Total:	76	
No response:	0	
Weighted Mean:	4.17	



g) Overall rating of the workshop

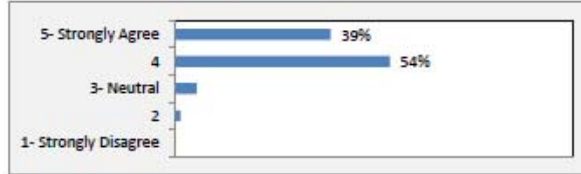
1- Poor	0	0%
2- Below Average	2	3%
3- Average	5	7%
4- Above Average	36	47%
5- Excellent	33	43%
Total:	76	
No response:	0	
Weighted Mean:	4.32	



3) Please circle the agreement level that best describes your perception of the workshop:

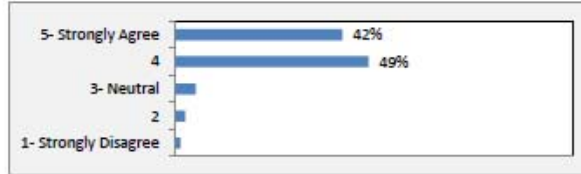
a) As a result of this workshop, I feel more confident in working with cancer patients

1- Strongly Disagree	0	0%
2	1	1%
3- Neutral	4	5%
4	40	54%
5- Strongly Agree	29	39%
Total:	74	
No response:	2	
Weighted Mean:	4.31	



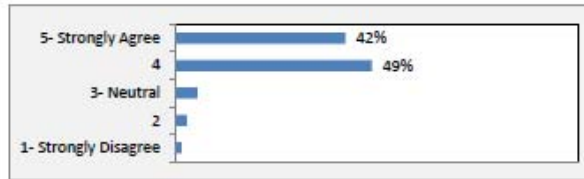
b) This small group, case-based discussion was an effective way to learn about the role of family physicians across the cancer care continuum

1- Strongly Disagree	1	1%
2	2	3%
3- Neutral	4	5%
4	37	49%
5- Strongly Agree	32	42%
Total:	76	
No response:	0	
Weighted Mean:	4.28	



c) The workshop learning objectives were achieved

1- Strongly Disagree	1	1%
2	1	1%
3- Neutral	2	3%
4	38	50%
5- Strongly Agree	34	45%
Total:	76	
No response:	0	
Weighted Mean:	4.36	



4) What are the key pearls you learned?

- Overall approach to prostate cancer management
- Understanding Gleason score better, understanding risk, appreciating PSA age specific median values
- PSA counselling, I have more info; PSA after various treatments
- Follow post prostate cancer past treatment

5) I will do the following differently as a result of attending this workshop

- Feel more confident discussing pro and cons with my patients
- Will be selective in screening
- More intensive screening PSA
- Identify patients who need PSA surveillance and PSA velocity
- More frequent PSA testing offered to pts, as well as DRE
- More comfortable discussing results supporting patient's choices after reviewing treatment options
- Treatment options

6) What was the most helpful part of this workshop? Why?

- All helpful
- All good
- Good overview
- Comprehensive review

- Ability to ask questions of the facilitator
- Group interaction - freer flow of ideas
- Small case discussion - very practical
- Small group format
- Group discussion/interaction.
- Talking to colleagues
- Gives confidence that you're doing the right thing and workshop format allows more Q&A and discussion
- Open discussion forum
- Interacting will fellow physicians on this topic
- Small group case discussion
- The discussion

- Discussion
- Case work & informal round table discussions
- Overview of the whole topic. The syllabus will be a good resource.
- Broad coverage of the topic/understanding risk levels

8) How could this workshop be improved (e.g. other educational formats)?

- Perhaps longer - still had more material to cover
- Maybe have more audiovisual aids
- Pre-reading material could have been provided earlier.

9) Please list any learning objectives not achieved in the session(s) and/or overall program:

- Use of meds to shrink prostate - when?
- Some basic science and research regarding management/new drugs
- Newest therapies and how to access them, approaches to out of country treatments
- Counselling - perhaps show video scenarios with actors "What shall I do/decide on, doctor?"
- Patient resources

APPENDIX 3: DETAILED WORKSHOP EVALUATION SUMMARIES 2013

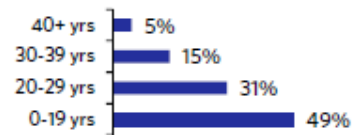
Breast Cancer

CCOPE Breast Cancer Workshops 2013 Evaluation Summary

Dates:	May 22 to July 10, 2013
Communities:	Cranbrook, Kelowna, Penticton, Smithers, Victoria
Participants:	59
Responses:	42
Response rate:	71%

1) Number of years in practice

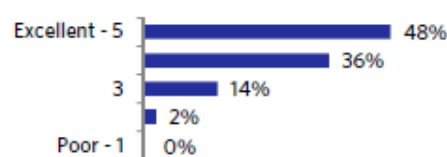
40+ yrs	2	5%
30-39 yrs	6	15%
20-29 yrs	12	31%
0-19 yrs	19	49%
Total Responded	39	
No response	3	



Perceptions of the breast cancer workshops:

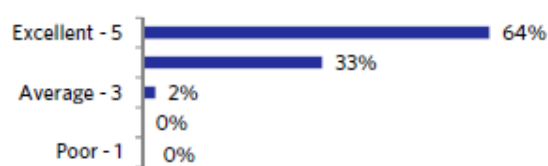
a) Content: Relevance to my practice

Excellent - 5	20	48%
4	15	36%
3	6	14%
2	1	2%
Poor - 1	0	0%
Total	42	
No response	0	
Weighted average	4.29	



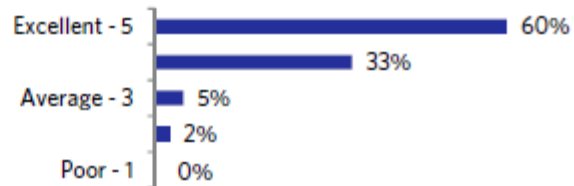
b) Interactivity: Opportunities for interaction

Excellent - 5	27	64%
4	14	33%
Weighted average - 3	1	2%
2	0	0%
Poor - 1	0	0%
Total	42	
No response	0	
Weighted average	4.62	



c) Overall rating of the workshop

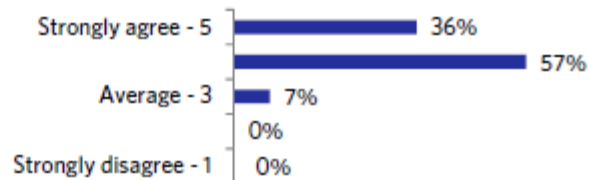
Excellent - 5	25	60%
4	14	33%
Weighted average - 3	2	5%
2	1	2%
Poor - 1	0	0%
Total	42	
No response	0	
Weighted average	4.50	



Rating perceptions of the breast cancer workshops:

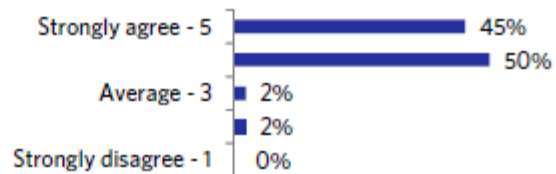
a) Confidence: As a result of this workshop, I feel more confident in working with breast cancer patients

Strongly agree - 5	15	36%
4	24	57%
Weighted average - 3	3	7%
2	0	0%
Strongly disagree - 1	0	0%
Total	42	
No response	0	
Weighted average	4.29	



b) Format: This small group, case-based discussion was an effective way to learn about the role of family physicians across the cancer care continuum

Strongly agree - 5	19	45%
4	21	50%
Weighted average - 3	1	2%
2	1	2%
Strongly disagree - 1	0	0%
Total	42	
No response	0	
Weighted average	4.38	



4. What are the key pearls you learned?

- Screening guideline potential changes. Fast track referral program in our area
- Screening protocol; Follow up of breast cancer patients
- How to interpret histology reports, when to offer patients further screening & when to reassure
- More info about after a patient is diagnosed with breast cancer
- Increased risk breast cancer with two primary relatives / premenopausal
- Aspects of patient flow from time of diagnosis; screening in 40's beneficial;- over 79 refer

5. I will do the following differently in my practice as a result of attending this workshop:

- More confident dealing with breast cancer patients
- Be more knowledgeable when my patients ask me certain questions
- Support patient more as oppose to panicking and offering them further unnecessary invasive tests
- Access more of the breast cancer resources, such as from bcguidelines.
- Look into risk factors for breast cancer and ask for screening mammo
- Identify who needs screening or DI mammogram
- I have a bit more of a handle on what will happen to the patients in different types of cancers
- Better understanding of diagnosis and management
- Able to discuss results & treatment possibilities better
- Incorporate local oncology services more in management / follow-up
- Better post-op follow-up
- Check guidelines re cancer follow-up

6. What was the most helpful part of this workshop? Why?

- Availability of local information from local physicians
- Local - good to meet local docs / resources
- Opportunity for discussion in a small group with expert facilitators
- Interactive case studies
- Case presentation; great to have local facilitator
- Learning about what happens after a patient is diagnosed
- Reading path report and its meaning in terms of treatment and progress
- More knowledge of treatment of breast cancer. This will help to give info to patients before they see the surgeon or oncologist

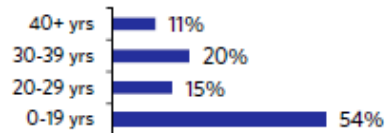
Prostate Cancer

CCOPE Prostate Cancer Workshops 2013 Evaluation Summary

Dates: April 23 to June 25, 2013
Communities: Ladysmith, Prince George, New Westminster, Vancouver, Vanderhoof
Participants: 56
Responses: 48
Response rate: 86%

1) Number of years in practice

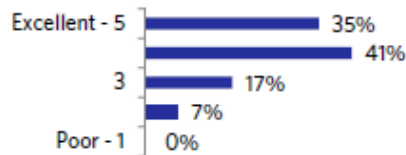
40+ yrs	5	11%
30-39 yrs	9	20%
20-29 yrs	7	15%
0-19 yrs	25	54%
Total Responded	46	
No response	1	



Perceptions of the prostate cancer workshops:

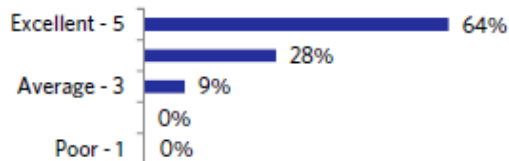
a) Content: Relevance to my practice

Excellent - 5	16	35%
4	19	41%
3	8	17%
2	3	7%
Poor - 1	0	0%
Total	46	
No response	2	
Weighted average	4.04	

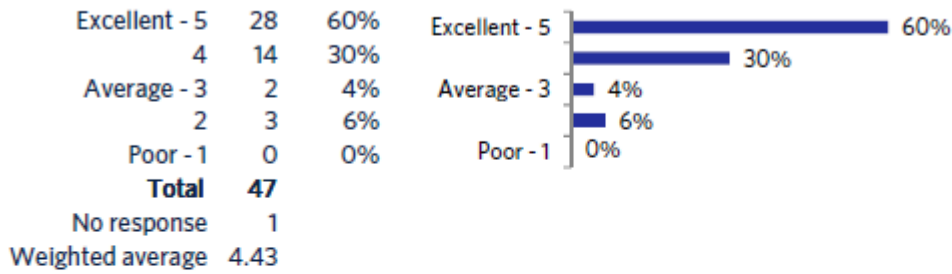


b) Interactivity: Opportunities for interaction

Excellent - 5	30	64%
4	13	28%
Average - 3	4	9%
2	0	0%
Poor - 1	0	0%
Total	47	
No response	1	
Weighted average	4.55	

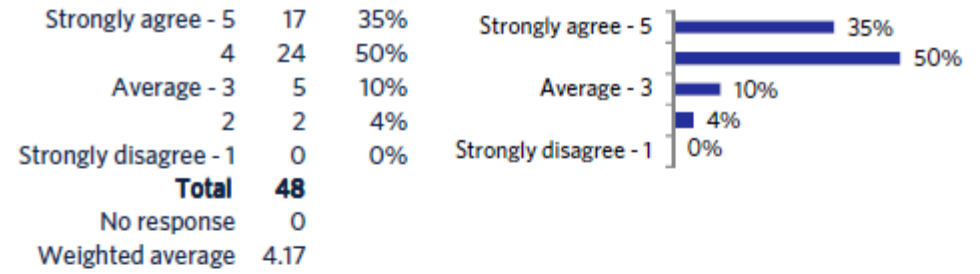


c) Overall rating of the workshop

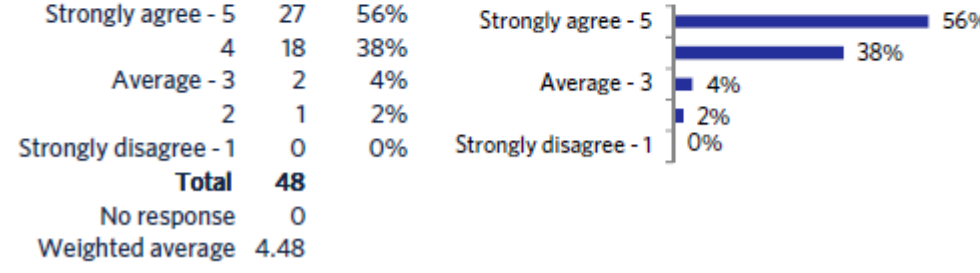


Rating perceptions of the prostate cancer workshops:

a) Confidence: As a result of this workshop, I feel more confident in working with prostate cancer patients



b) Format: This small group, case-based discussion was an effective way to learn about the role of family physicians across the prostate cancer care continuum



4. What are the key pearls you learned?

- Low / mid / high risk cancer differentiation
- Risk assess patients, lifestyle improvements, not everyone with rising PSA has risky cancer, some people with low PSA do have high risk cancer
- Early prostate cancer detection & management
- Controversies of the PSA & DRE
- Frequency of checking PSA; Doubling & velocity time of PSA
- PSA does not tell the truth, the whole truth and nothing but the truth
- How to follow PSA; when to refer; options for therapy
- Gleason scoring, role of anti-androgens
- Treatment options clearer re pros and cons
- Monitoring and treatment options for prostate cancer
- Active surveillance

5. I will do the following differently in my practice as a result of attending this workshop:

- Appropriate PSA screening uses
- Refer more to BCCA guidelines
- PSA age adjusted results; encourage DRE's - annually age 50-70
- Discuss PSA / DRE screening with all men >50
- Will have more informed discussions of screening with my patients
- Proceed with caution in ordering PSA
- Less frequent PSA testing
- More active surveillance (non-compliant pts)
- Early referral
- Regular DRE's - call backs

6. What was the most helpful part of this workshop? Why?

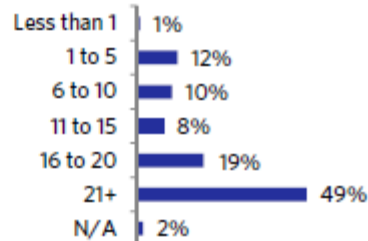
- The discussion around the case & opportunities for questions
- Case study - able to discuss options
- Ability to discuss practical concerns with specialist
- Discussion with multiple practioners to see multiple viewpoints
- The collegial / interactive / "ask anything" format
- Interaction & facilitator, very easy conversation and knowledgeable
- Clarification of current controversy surrounding PSA testing
- Explaining staging & different therapies and follow-up

CCOPE Colorectal Cancer Workshops 2013 Evaluation Summary

Dates: November 6, 2013 to February 28, 2014
Locations: Burnaby, Creston, Dawson Creek, Kelowna, Powell River, Vancouver (2x), Vernon, Victoria, White Rock
Participants: 135
Responses: 122
Response rate: 90%

1) Number of years in practice

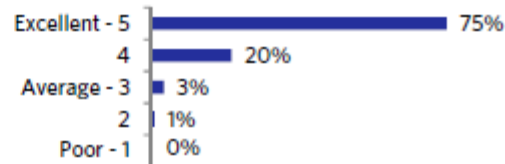
Less than 1	1	1%
1 to 5	14	12%
6 to 10	12	10%
11 to 15	9	8%
16 to 20	23	19%
21+	59	49%
N/A	2	2%
Total	120	
No response	2	



Perceptions of the colorectal cancer workshops:

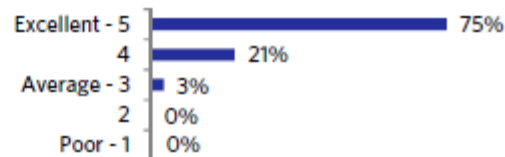
a) Content: Relevance to my practice

Excellent - 5	92	75%
4	25	20%
Average - 3	4	3%
2	1	1%
Poor - 1	0	0%
Total	122	
No response	0	
Weighted average	4.70	



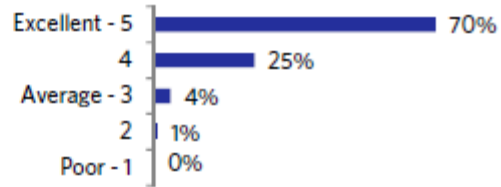
b) Interactivity: Opportunities for interaction

Excellent - 5	92	75%
4	26	21%
Average - 3	4	3%
2	0	0%
Poor - 1	0	0%
Total	122	
No response	0	
Weighted average	4.72	



c) Overall rating of the workshop

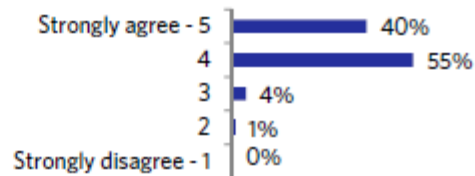
Excellent - 5	84	70%
4	30	25%
Average - 3	5	4%
2	1	1%
Poor - 1	0	0%
Total	120	
No response	2	
Weighted average	4.64	



Rating level of agreement with each topic of the colorectal workshops:

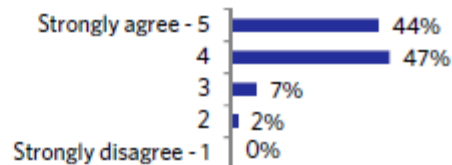
a) Role Clarity: I have a clear understanding of my role across the colorectal cancer care continuum

Strongly agree - 5	49	40%
4	66	55%
3	5	4%
2	1	1%
Strongly disagree - 1	0	0%
Total	121	
No response	1	
Weighted average	4.35	



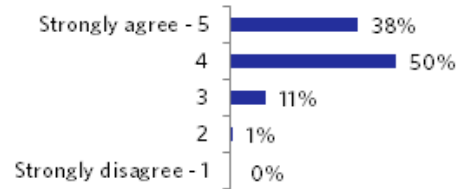
b) Confidence: I am confident that I can provide patients with care and information regarding colorectal cancer that is based on provincial guidelines / recommendations and best practice approaches to care

Strongly agree - 5	53	44%
4	57	47%
3	9	7%
2	2	2%
Strongly disagree - 1	0	0%
Total	121	
No response	1	
Weighted average	4.33	



c) Resource Awareness: I am aware of available resources for colorectal cancer care (such as GPOs in the community, GPAC guidelines, BC Cancer Agency, patient resources)

Strongly agree - 5	46	38%
4	60	50%
3	13	11%
2	1	1%
Strongly disagree - 1	0	0%
Total	120	
No response	2	
Weighted average	4.26	



4) What was the most effective part of this workshop? Why?

- Active discussion of cases. Applying guidelines to participants. Specific to patient scenarios.
- Format of discussion, with excellent answers given separately.
- Open discussion of cases. Helpful to hear from colleagues regarding their issues.
- Round table discussion with local context.
- Clarifying how to screen and who to screen.
- Elucidating the process of this program in the framework of the BC guidelines.
- FIT test most practical.
- Going over guidelines. Clinical pearls.
- Going over new guidelines - very helpful for my practice.
- Practical application of the guidelines
- Review screening: follow-up pending results.
- Reviewing colonoscopy results.
- Screening for average risk of CRC.
- Clinical case discussion - useful to find out how other physicians are practicing.
- Information provided: pre-reading, binder. Opportunity for interaction.
- Understanding efficient path of follow-up for suspected colorectal disease.
- Pre-reading and manual. Facilitated discussion around Q&A's around cases.

APPENDIX 4: DETAILED WORKSHOP SUMMARY 2014



CCOPE Breast Cancer Care Workshop Evaluation Summary

Communities: Sechelt, Surrey, Vernon, Vancouver
Participants: 49
Responses: 43
Response rate: 88%

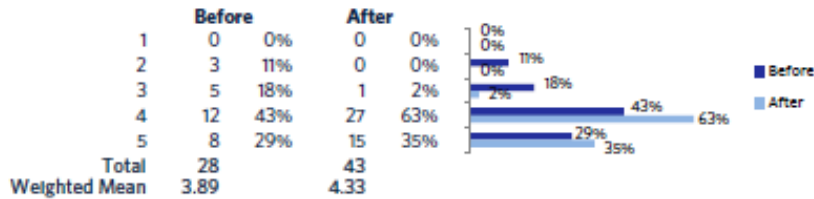
Workshop Evaluation

1. Which cases did you cover?

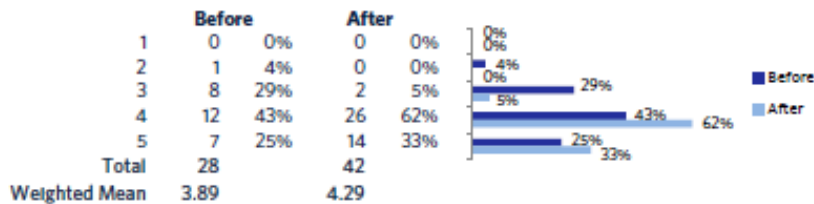


2. Following today's workshop please rate your level of confidence for each of these topics: 1 = Very Low, 5 = Very High

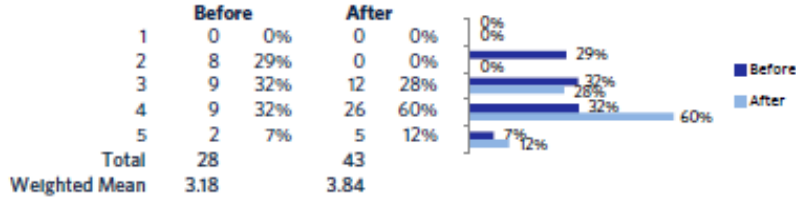
a) The breast cancer screening guidelines



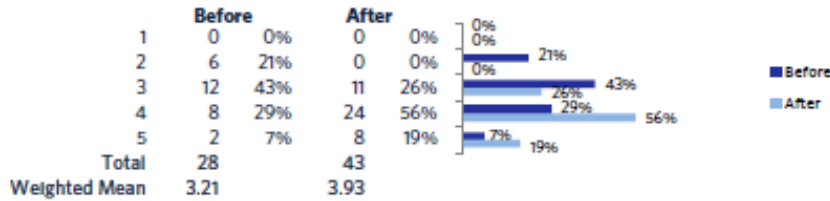
b) The referral process for breast cancer



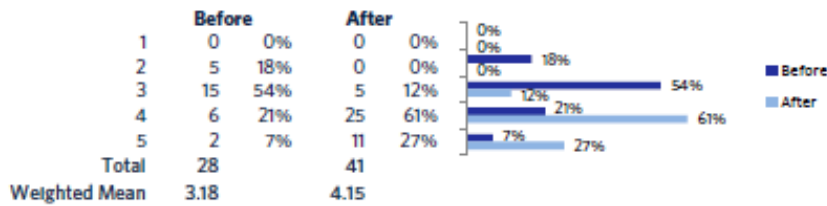
c) The clinical implications of the pathology and staging of breast cancer



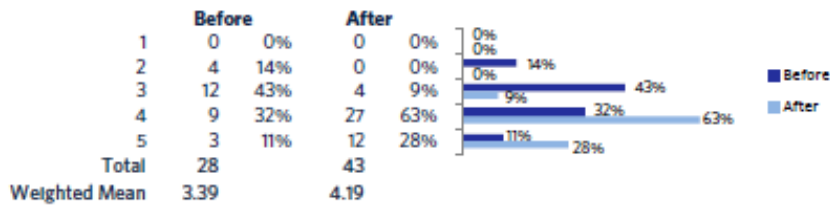
d) Main treatment options for breast cancer



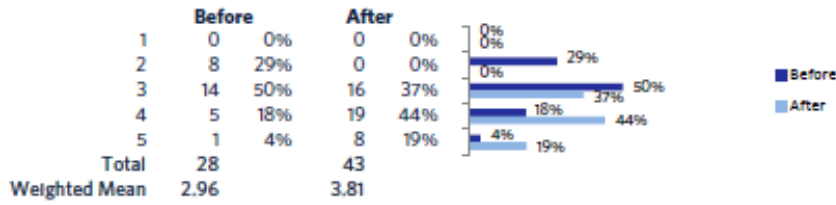
e) Elements and frequency of follow-up for breast cancer



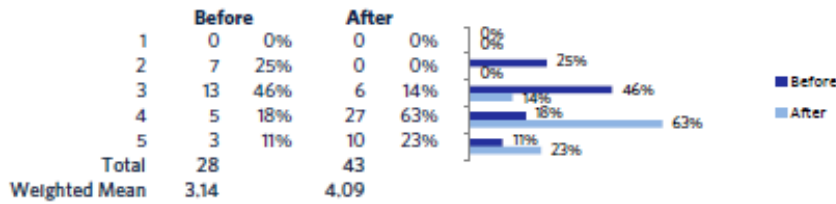
f) Role of the family physicians in the ongoing management and follow-up of breast cancer patients



g) Resources to support patient care

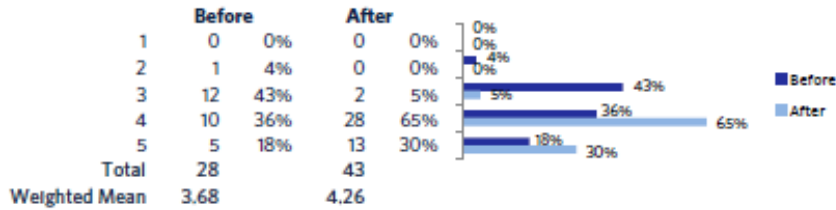


h) GPAC guidelines regarding post-treatment follow-up of breast cancer patients

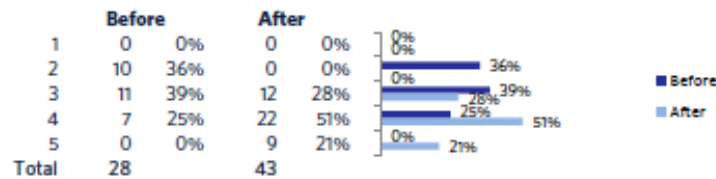


**3. Following today's workshop please rate your level of agreement with these statements:
 1 = Strongly Disagree, 5 = Strongly Agree**

a) Role Clarity: I have a clear understanding of my role across the breast cancer care continuum

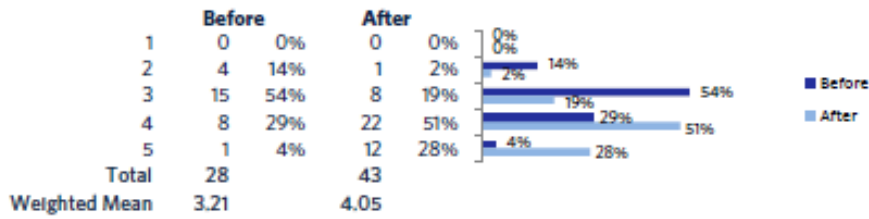


b) Confidence: I am confident that I can provide patients with care and information regarding



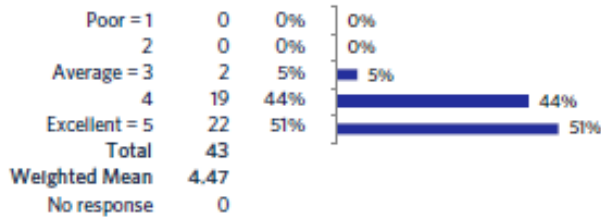
Weighted Mean 2.89 3.93

c) Resource Awareness: I am aware of available resources for breast cancer care (such as GPOs in

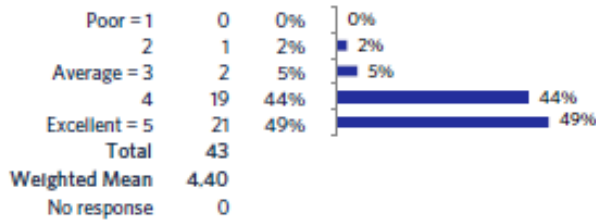


4. Please rate your perceptions of the workshop

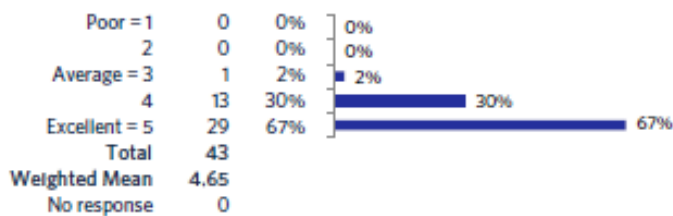
a) Content: Relevance to my practice



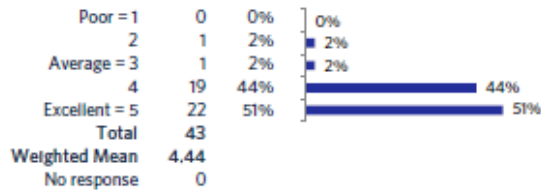
b) Content: Compatibility with my expectations



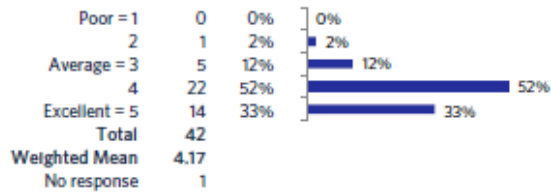
c) Interactivity: Opportunities for interaction



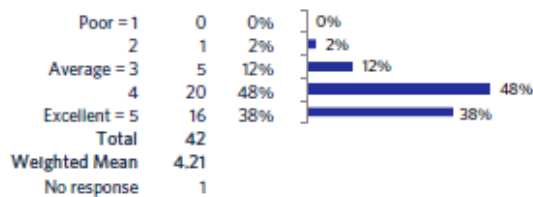
d) Facilitators/presenters: Organized and respectful



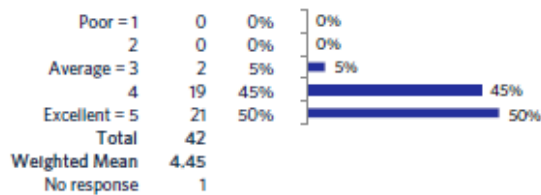
e) Pre-reading and supplementary materials



f) Session format



g) Overall rating of the workshop

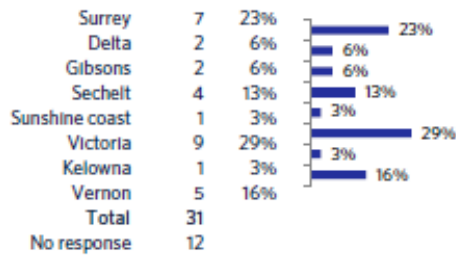


5. What was the most effective part of this workshop? Why?

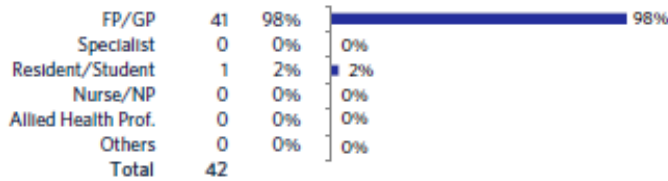
- Updates on screening program. Interactive session on agreement/disagreement of changes.
- Effectiveness of mammogram for early detection of breast cancer.
- Reviewing screening, surgical option, hormonal therapy.
- Logical progression of cases/info. Very knowledgeable facilitator.
- Discussing interpretation of pathology.

Demographics

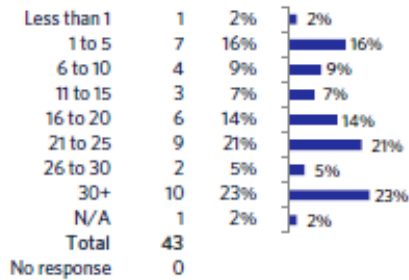
10. In which community do you primarily practice?



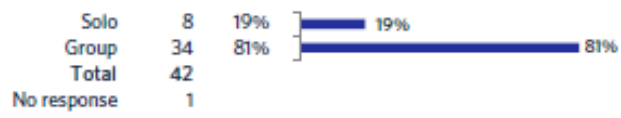
11. I am a:



12. How many years have you been in practice?



13. What type of practice do you work in?

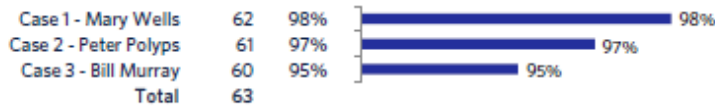


CCOPE Colorectal Cancer Care Workshop Evaluation Summary

Communities: Abbotsford, Cranbrook, Kelowna, Port Alberni, Prince George, and Vancouver
Participants: 67
Responses: 63
Response rate: 94%

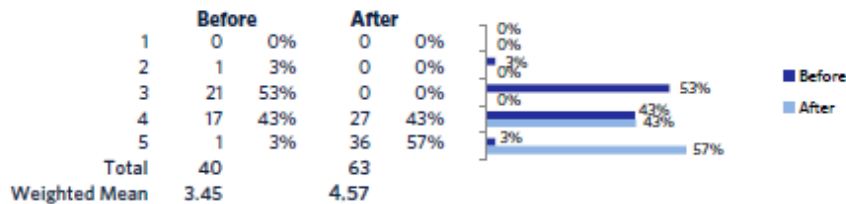
Workshop Evaluation

1. Which cases did you cover?

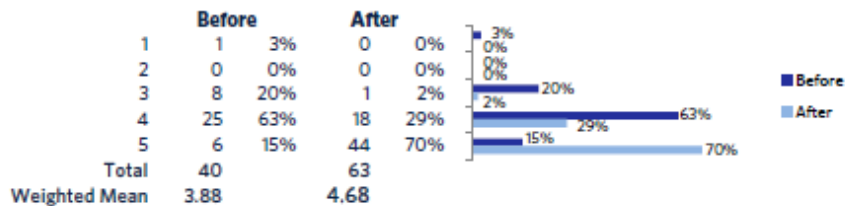


2. Following today's workshop please rate your level of confidence for each of these topics: 1 = Very Low, 5 = Very High

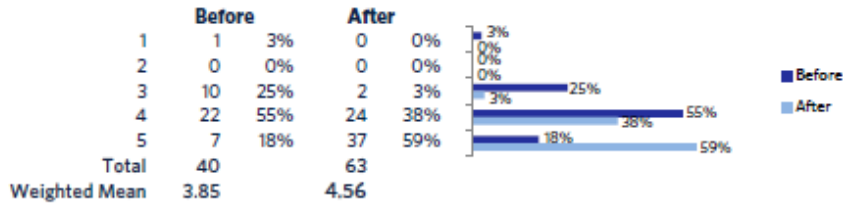
a) Risk factors associated with colorectal cancer



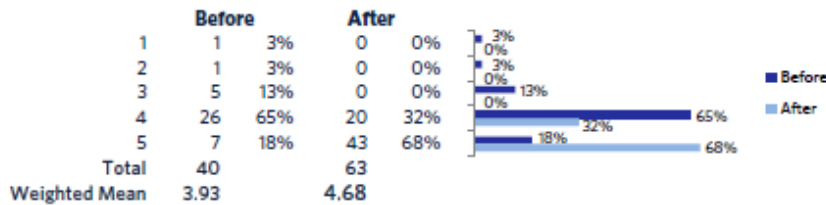
b) Screening options for colorectal cancer, including the associated benefits and potential risks



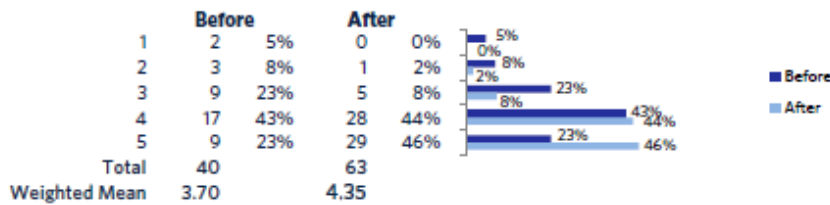
c) Screening guidelines for colorectal cancer



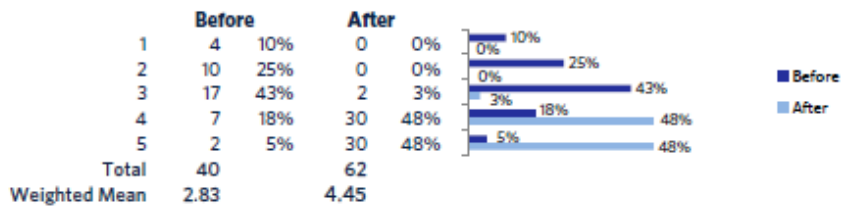
d) When to refer for a colonoscopy



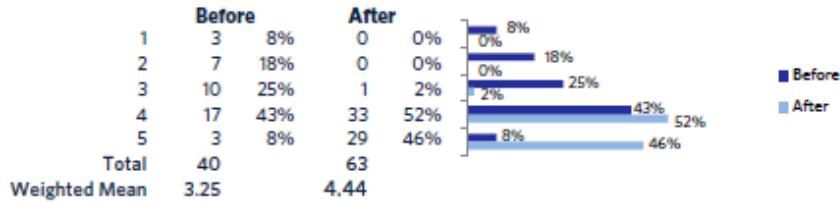
e) Preparation requirements for a colonoscopy



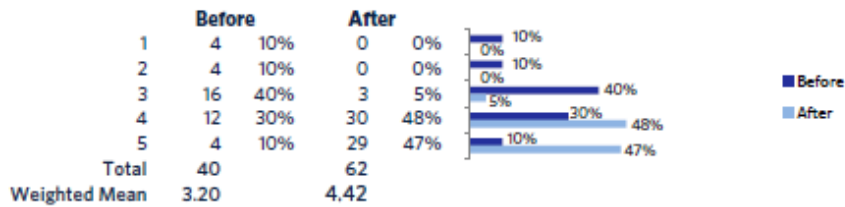
f) Steps required following poor bowel preparation or incomplete colonoscopy



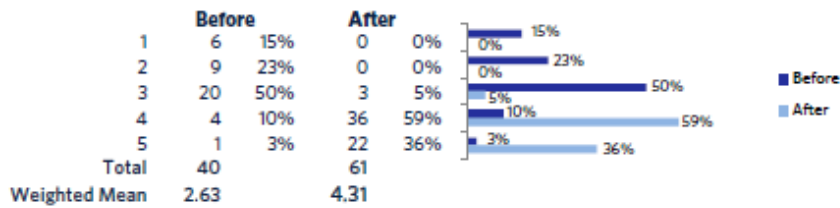
g) Interpreting a pathology report of polyps



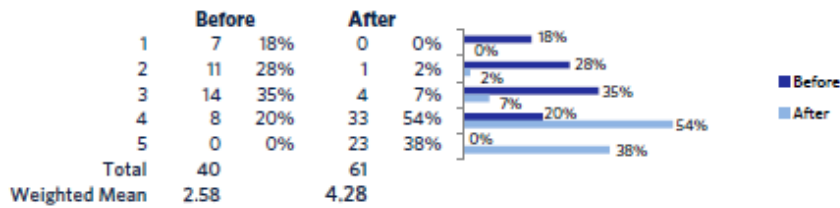
h) Re-screening following a colonoscopy



i) Pre and post-operative tests required for staging and the clinical implications of the staging of colorectal cancer

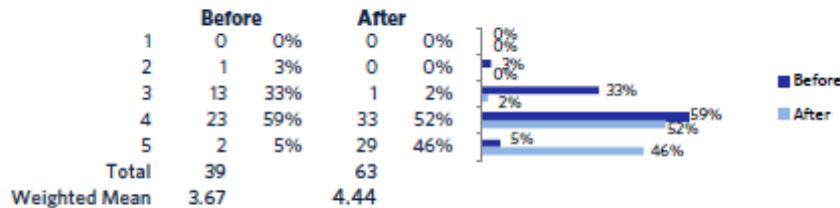


j) Guidelines regarding post-treatment follow-up of CRC patients

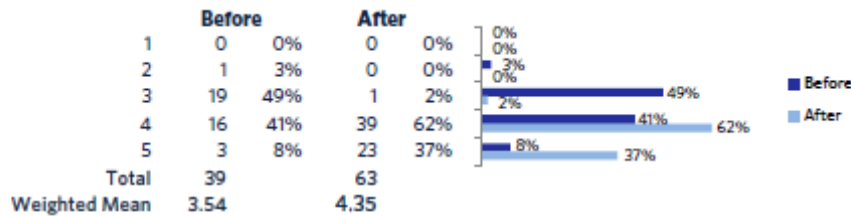


**3. Following today's workshop please rate your level of agreement with these statements:
 1 = Strongly Disagree, 5 = Strongly Agree**

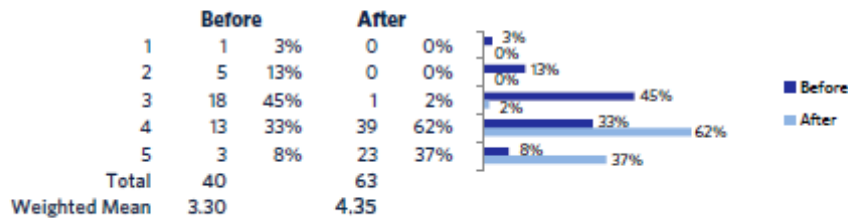
a) Role Clarity: I have a clear understanding of my role across the colorectal cancer care continuum



b) Confidence: I am confident that I can provide patients with care and information regarding colorectal cancer that is based on provincial guidelines/recommendations and best practice approaches to care

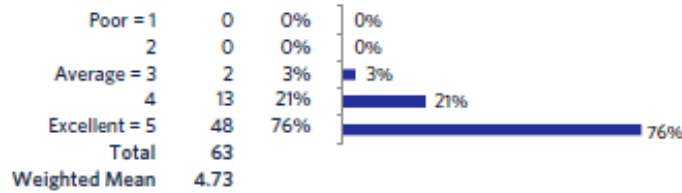


c) Resource Awareness: I am aware of available resources for colorectal cancer care (such as GPOs in the community, GPAC guidelines, BC Cancer Agency, patient resources)

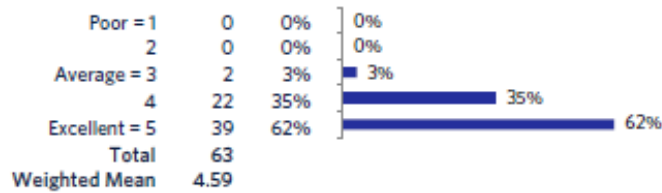


4. Please rate your perceptions of the workshop

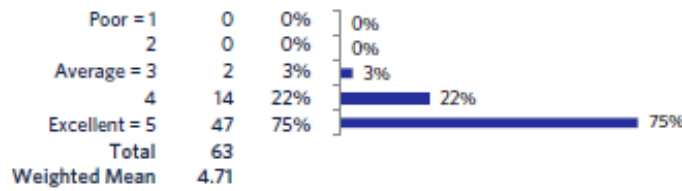
a) Content: Relevance to my practice



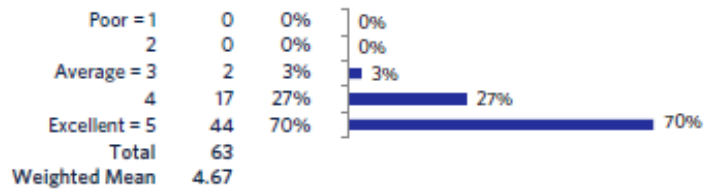
b) Content: Compatibility with my expectations



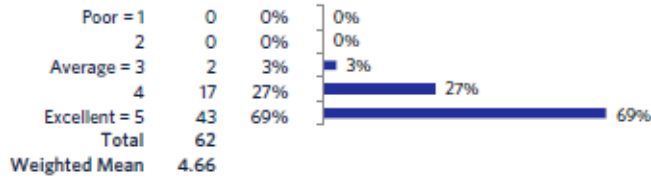
c) Interactivity: Opportunities for interaction



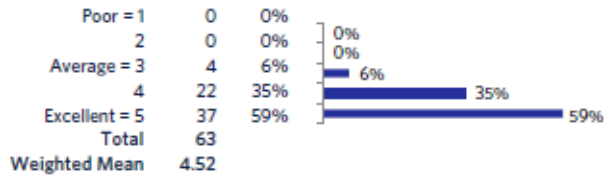
d) Facilitators/presenters: Organized and respectful



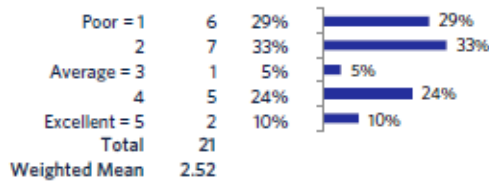
e) Pre-reading and supplementary materials



f) Session format

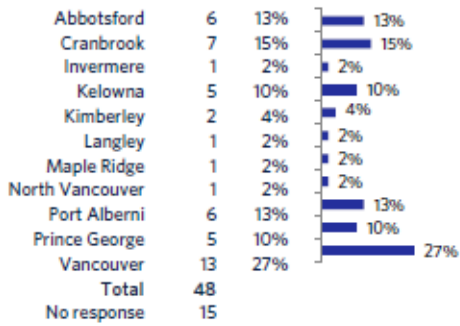


g) Overall rating of the workshop

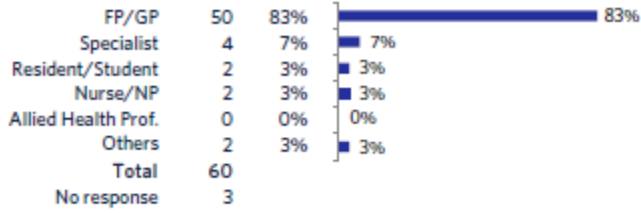


Demographics

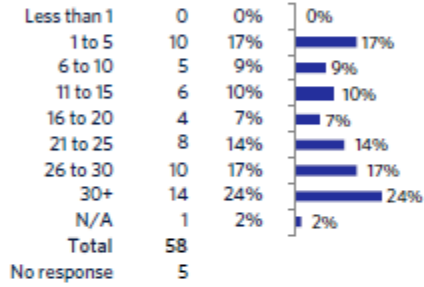
10. In which community do you primarily practice?



11. I am a:

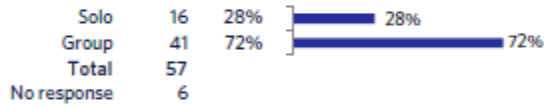


12. How many years have you been in practice?



1

13. What type of practice do you work in?

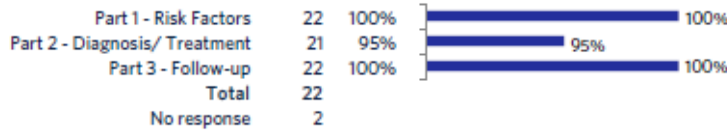


CCOPE Prostate Cancer Care Workshop Evaluation Summary

Communities: Williams Lake, Smithers, Nanaimo
Participants: 27
Responses: 24
Response rate: 89%

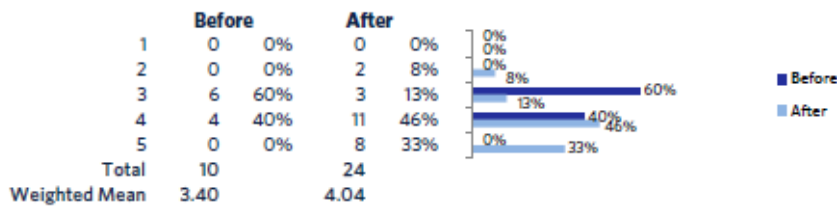
Workshop Evaluation

1. Which cases did you cover?

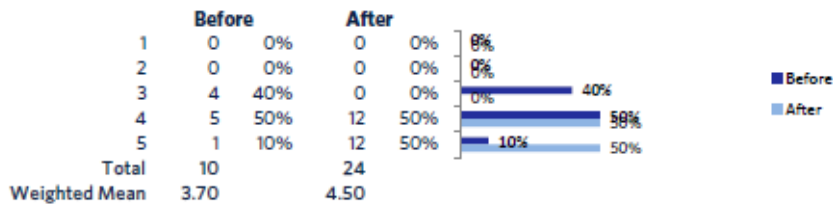


2. Following today's workshop please rate your level of confidence for each of these topics: 1 = Very Low, 5 = Very High

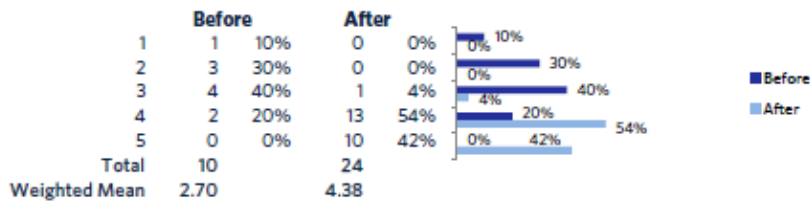
a) The prostate cancer screening recommendations



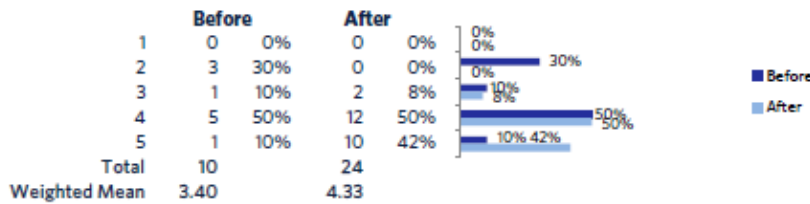
b) The referral process for prostate cancer



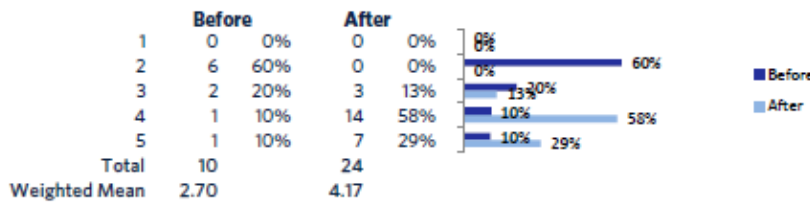
c) The clinical implications of the pathology and staging of prostate cancer



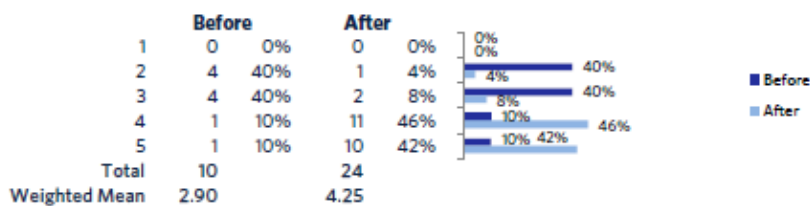
d) Main treatment options for prostate cancer



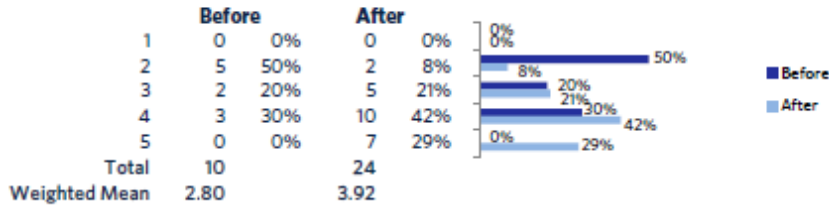
e) Elements and frequency of follow-up for prostate cancer



f) Role of the family physicians in the ongoing management and follow-up of prostate cancer patients



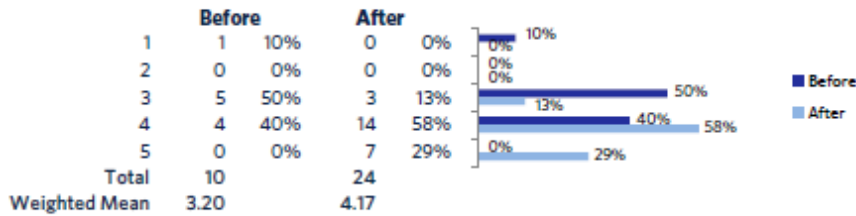
g) Resources to support patient care



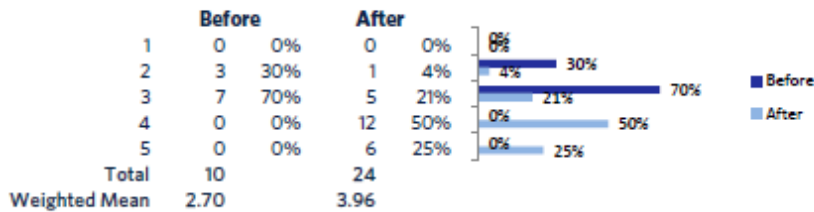
3. Following today's workshop please rate your level of agreement with these statements:

1 = Strongly Disagree, 5 = Strongly Agree

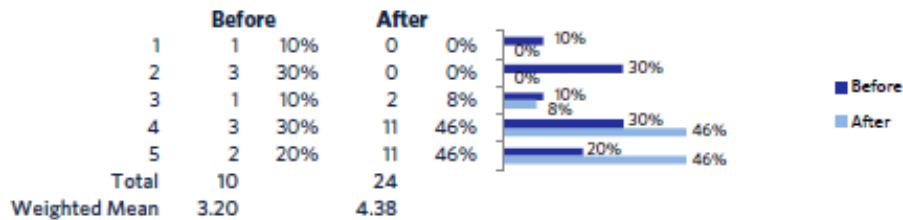
a) Role Clarity: I have a clear understanding of my role across the prostate cancer care continuum



b) Confidence: I am confident that I can provide patients with care and information regarding prostate cancer that is based on provincial recommendations and best practice approaches to care

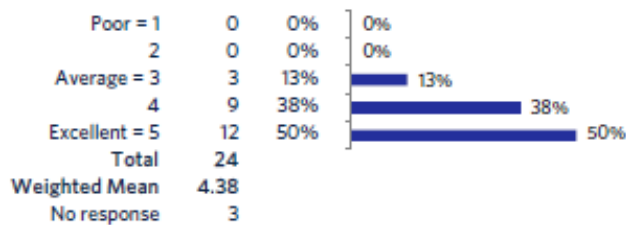


c) Resource Awareness: I am aware of available resources for prostate cancer care (such as GPOs in the community, BC Cancer Agency, patient resources)

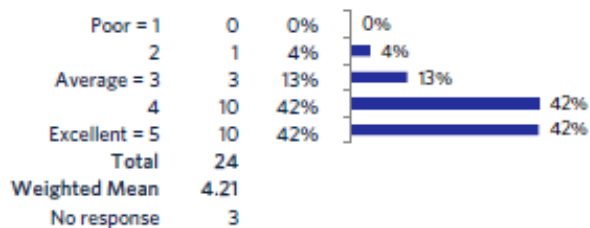


4. Please rate your perceptions of the workshop

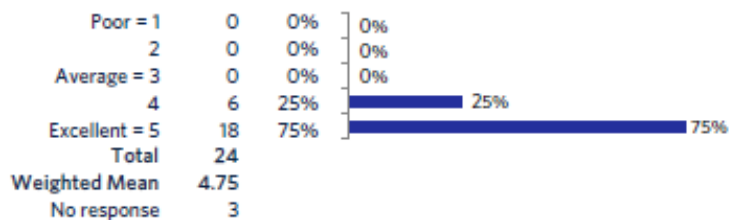
a) Content: Relevance to my practice



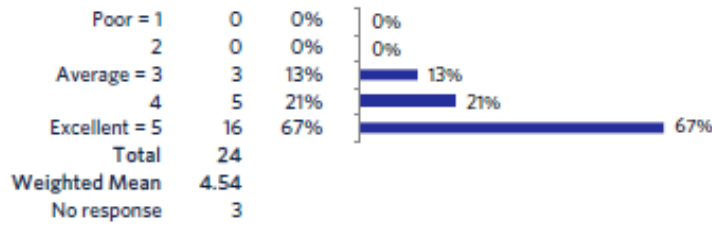
b) Content: Compatibility with my expectations



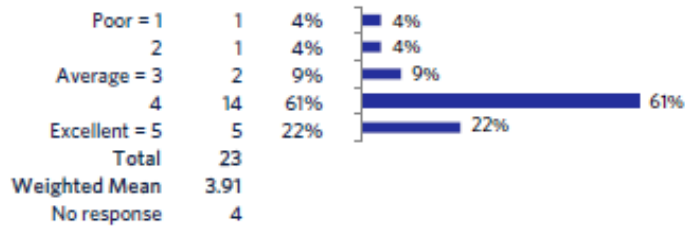
c) Interactivity: Opportunities for interaction



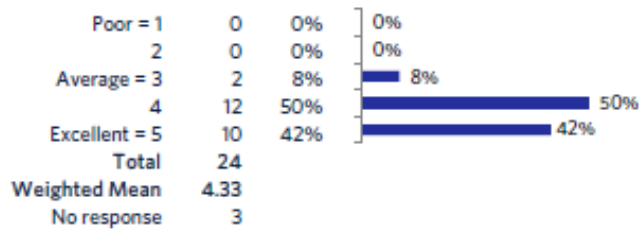
d) Facilitators/presenters: Organized and respectful



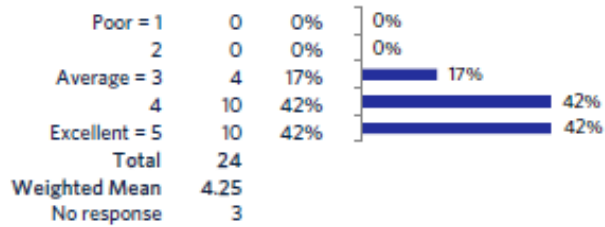
e) Pre-reading and supplementary materials



f) Session format

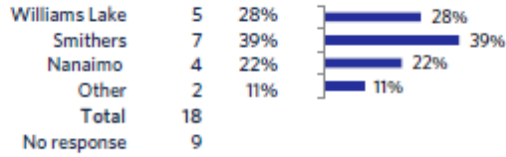


g) Overall rating of the workshop

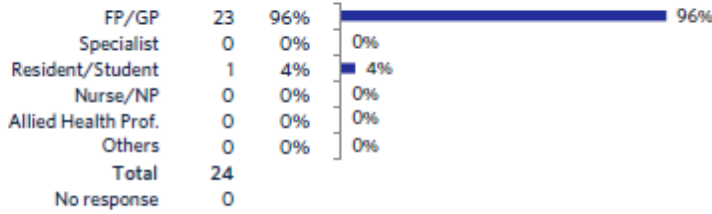


Demographics

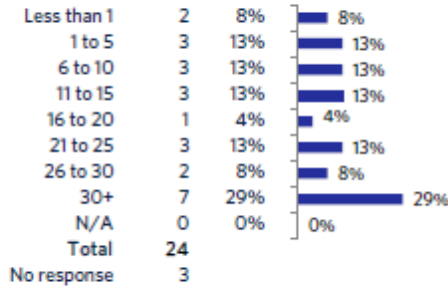
10. In which community do you primarily practice?



11. I am a:



12. How many years have you been in practice?



13. What type of practice do you work in?

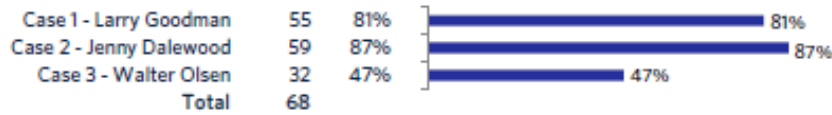


CCOPE Advanced Cancers Care Workshop Evaluation Summaries

Communities: Castlegar, Dawson Creek, Kamloops, Powell River, Vancouver, Vanderhoof, Victoria, and White Rock
Participants: 80
Responses: 68
Response rate: 85%

Workshop Evaluation

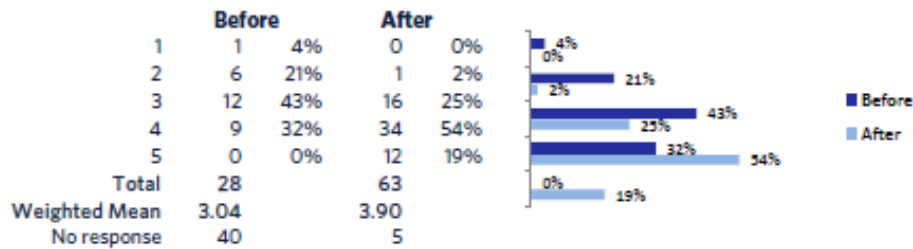
1. Which cases did you cover?



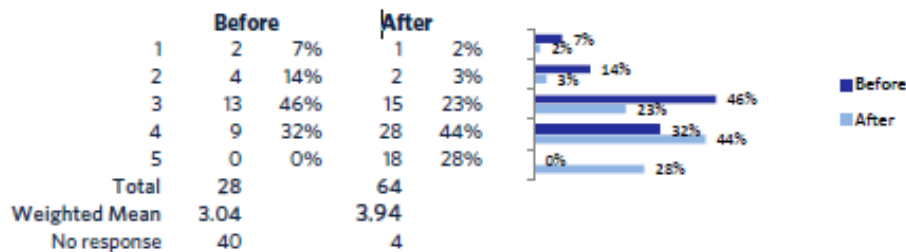
2. Following today's workshop please rate your level of confidence for each of these topics:

1 = Very Low, 5 = Very High

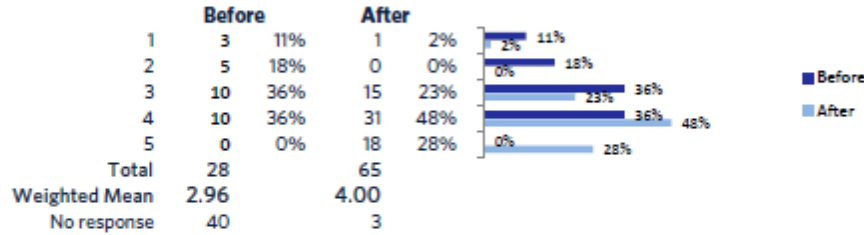
a) Role of primary care practitioners along the advanced cancers continuum



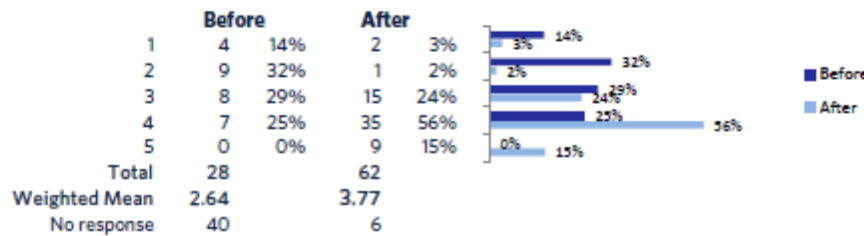
b) The referral process for advanced cancers



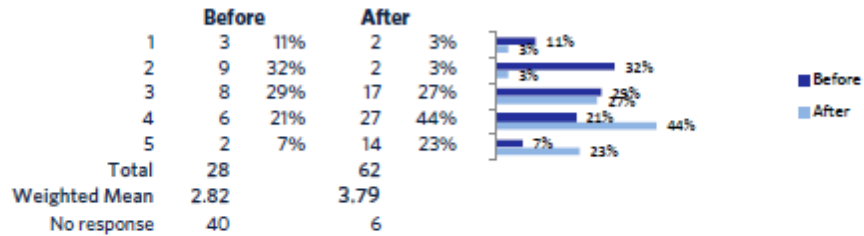
c) Employ effective techniques for disclosing an advanced cancer diagnosis and discussing the prognosis with patients and their families



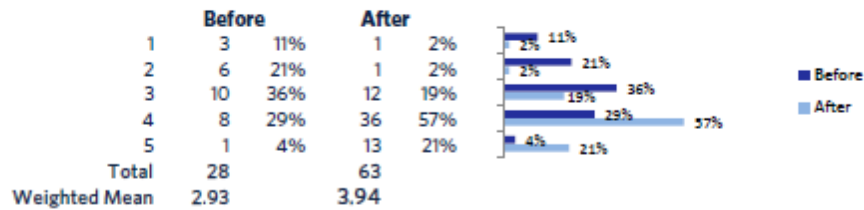
d) Common treatment options for advanced cancers and their expected side effects



e) Palliative approach to care based on the four pillars of palliative care, with consideration of prognosis and patient perspective



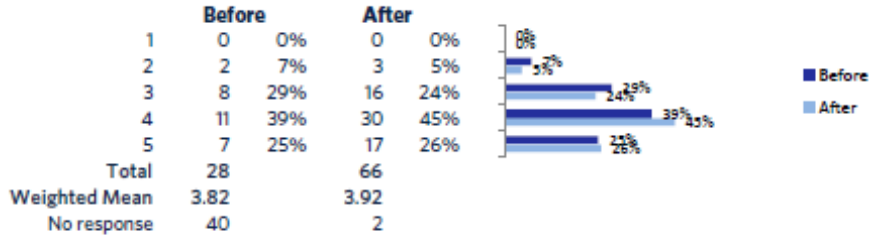
f) Palliative care resources to support patient care



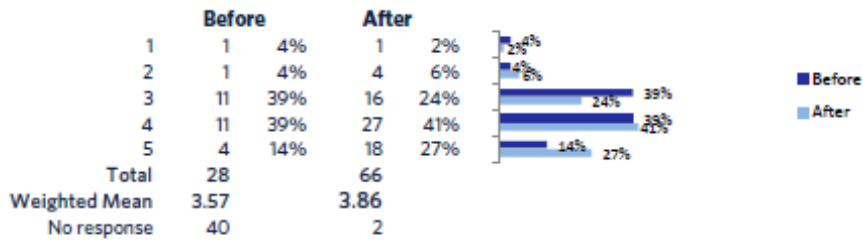
No response 40 5

Following today's workshop please rate the level of relevance you believe it has to your practice.
 1 = Very Low, 5 = Very High

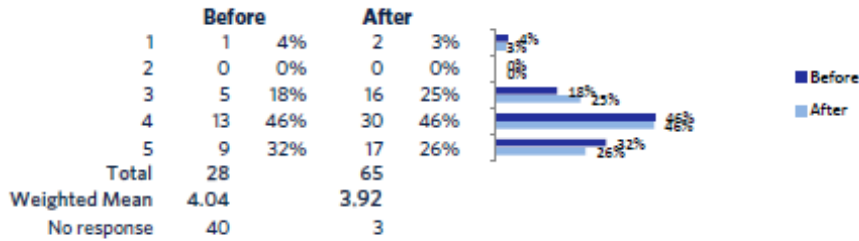
a) Role of primary care practitioners along the advanced cancers continuum



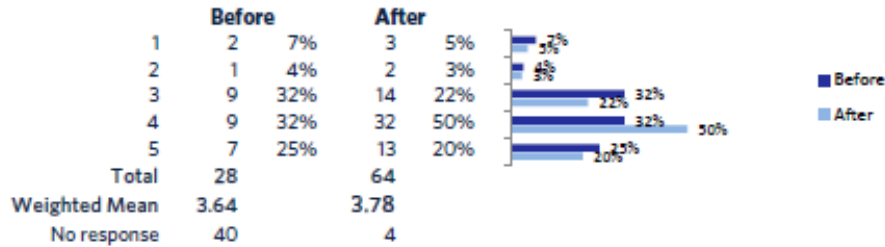
b) The referral process for advanced cancer



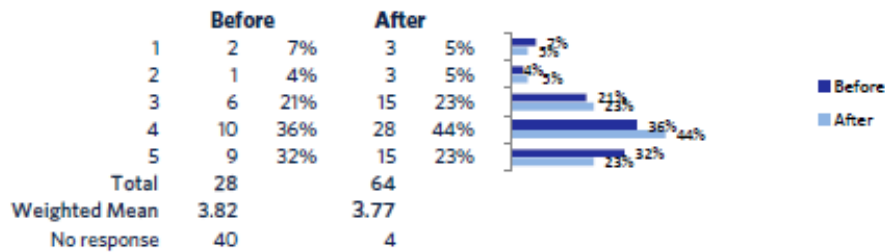
c) Employ effective techniques for disclosing an advanced cancer diagnosis and discussing the prognosis with patients and their families



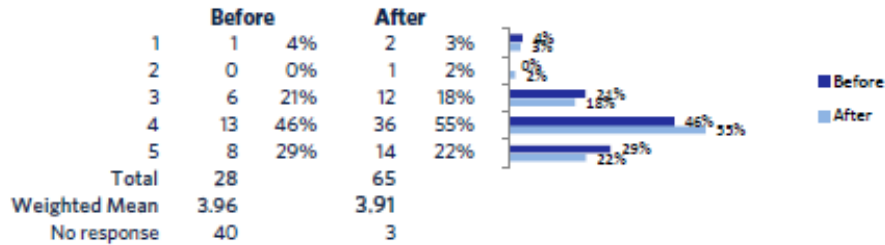
d) Common treatment options for advanced cancers and their expected side effects



e) Palliative approach to care based on the four pillars of palliative care, with consideration of prognosis and patient perspective

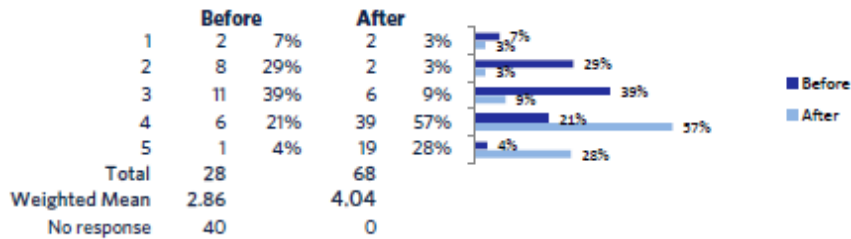


f) Palliative care resources to support patient care

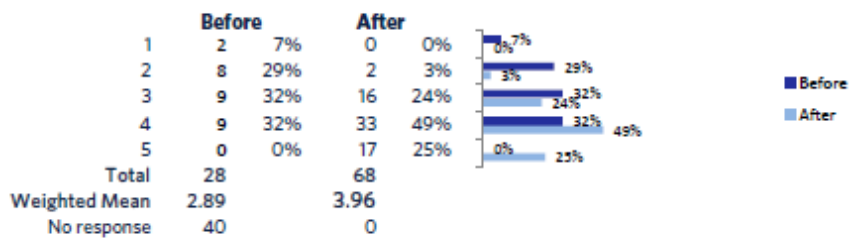


**3. Following today's workshop please rate your level of agreement with these statements:
 1 = Strongly Disagree, 5 = Strongly Agree**

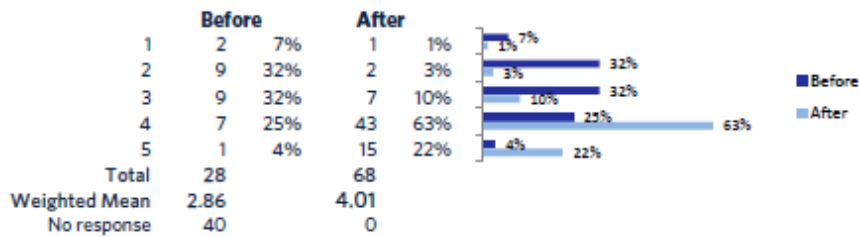
a) Role Clarity: I have a clear understanding of my role across the advanced cancer care continuum



b) Confidence: I am confident that I can provide patients with care and information regarding advanced cancers that is based on provincial guidelines/recommendations and best practice approaches to care

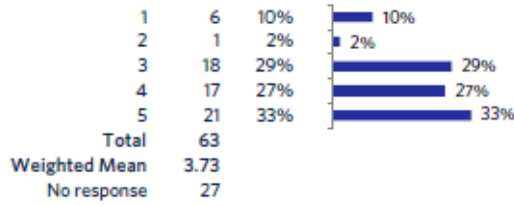


c) Resource Awareness: I am aware of available resources for advanced cancers and palliative care (such as GPOs in the community, GPAC guidelines, BC Cancer Agency, patient resources)



4. Please indicate your knowledge about the following billing code.

GPSC Billing Code 14063 - palliative care planning fee (1=no understanding of code; 3=some understanding; 5=understanding of code)

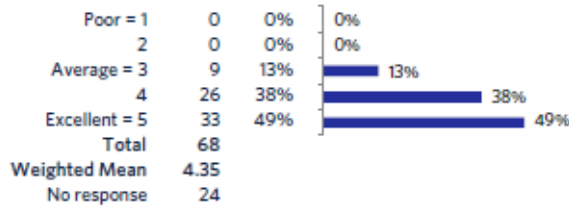


Do you intend to use the palliative care planning fee for future advanced cancer cases? If so, how?

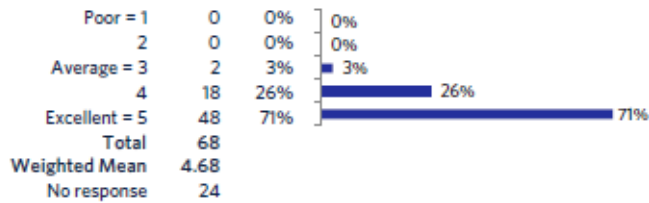
- Yes. Use it to formulate a concrete plan of support available.
- Yes - when planning comprehensive palliative/EOC care.
- I have used in past already.
- Yes, by talking to others involved in the care of the patient and planning care strategies.

5. Please rate your perceptions of the workshop

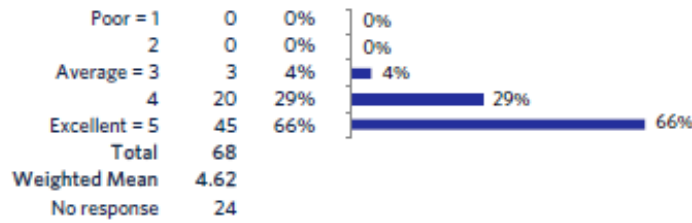
a) Content: Relevance to my practice



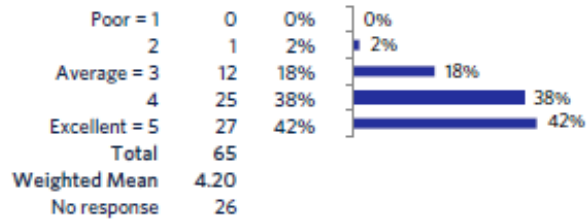
b) Interactivity: Opportunities for interaction



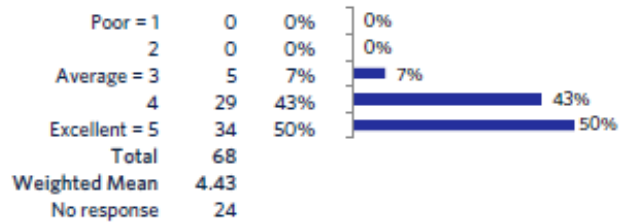
c) Facilitators/presenters: Organized and respectful



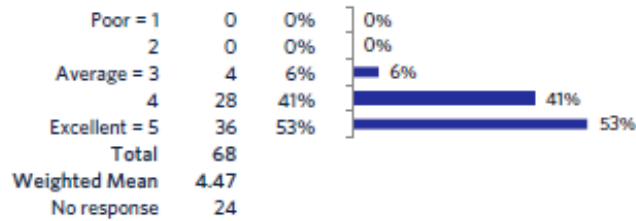
d) Pre-reading and supplementary materials



e) Session format



f) Overall rating of the workshop

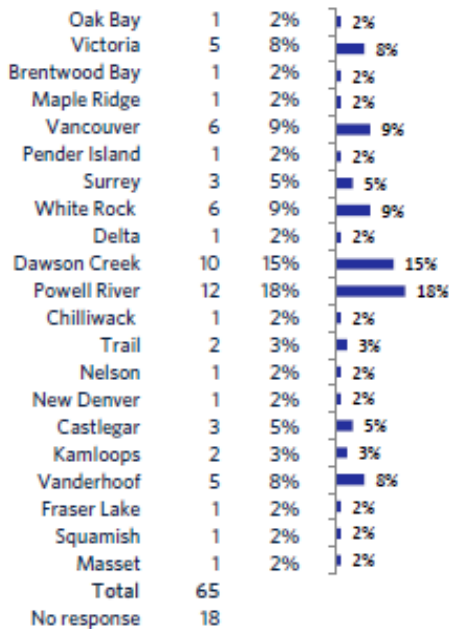


6. What was the most effective part of this workshop? Why?

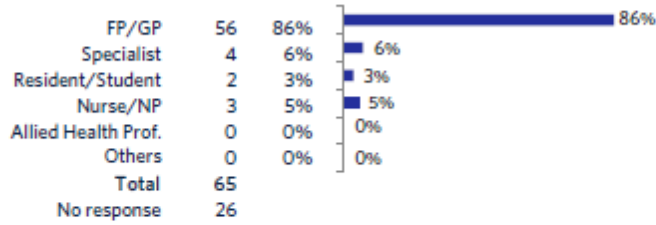
- Interactive nature of workshop.
- Different cases + interactive component.
- Small group, case based approach.
- Interactive format.
- Ability to ask questions + discuss treatment/care.
- Interaction.
- Case based learning. Repetition of key points.
- Opportunity to discuss difficult cases.
- Discussion, sharing knowledge and experiences.
- Compilation of resources in syllabus, particularly electronic form with links available. Detailed answers for discussion questions were helpful.
- Discussions about strategies/resources with other participants and facilitator. Being new to BC a& elder care, this was invaluable.

Demographics

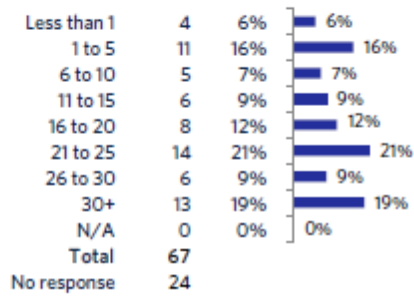
11. In which community do you primarily practice?



12. I am a:



13. How many years have you been in practice?



14. What type of practice do you work in?



APPENDIX 5: DETAILED WORKSHOP EVALUATION SUMMARIES 2015

APPENDIX 6: PARTICIPANT WORKSHOP SUMMARIES 2015