



European Association for Cancer Education

32nd Annual Scientific Meeting

SPEED TALK 1

PHYSICIAN-PATIENT COMMUNICATION IN THE TERMINAL PHASE OF THE DISEASE. INFLUENCE OF MEDICAL EDUCATION AND EXPERIENCE ASSESSMENT ON THE PREFERENCE OF PROVIDING THE INFORMATION.

Introduction:

During medical studies, we observe doctor-to-patient conversations about prognosis, palliative care, end of life issues.

Aim:

The aim of our study was to determine preferences in providing information to oncological patients and their families by medical students of various years, by doctors in training, oncologists and non-oncologists.

Materials and methods:

An anonymous online survey was conducted, with 4 demographic questions (age, gender, education, presence of cancer in the family) and 15 closed questions related to preferences in providing information to oncological patients. Preferences were defined on a four-step Likert scale (totally disagree/disagree/agree/totally agree) without a neutral point. The questionnaire was sent through social media to students and doctors. There were 419 responses. Statistical analysis was conducted depending on the distribution of data with the Chi², ANOVA and Kruskallis-Wallis tests.

Results:

Medical students accounted for 58% of the respondents, while doctors 42%. The average age of respondents was 25 years (19-54). Significantly lower age (81% of students and 60% of physicians) was found in people who use statistics and appropriately selected vocabulary related to time frames when providing the patient with information regarding cure rates ($p < 0.01$). Answering questions regarding cure rates and prognosis was not a problem for the respondents at a statistically higher age ($p < 0.001$). This group also disagreed with the statement that end of life topics take up too much time in everyday clinical work ($p < 0.001$) and palliative medicine is a significant burden on the health care system ($p < 0.001$).

Conclusions:

Inadequate amount of time is spent on communication with patients about prognosis and end of life issues. We feel that such conversations should be practised while still in medical training as students and residents to be able to choose proper vocabulary, tone and gesture to provide the patient with comfort, safety and respect in a critical situation.

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SPEED TALK 2

LACK OF PATIENT-CLINICIAN-CAREGIVER CONCORDANCE ON SUPPORTIVE CARE NEEDS IN LUNG CANCER: DATA FROM A MULTICENTER ITALIAN STUDY

Lack of concordance between patients, clinicians and caregivers, on symptoms' reporting, health status, and cancer care, is widely documented. The level of concordance/ discordance between patients, oncologists, nurses and family caregivers with respect to the need of supportive care is instead less investigated. This presentation aims to provide an overview of this topic by examining the data in the literature and to report the results of an Italian multicenter study that evaluated the supportive care needs of lung cancer patients and compared the self-assessment of the patient with the perception of the oncologist, the nurse and the family caregiver. In this cross-sectional multicenter study, took part 405 lung cancer patients (any stage of the disease). Patients completed the Supportive Care Needs Survey (SCNS-SF34), a well-known instrument that examine the supportive care need by exploring 5 domains of need: Psychological, Physical and daily living, Sexuality, Health system and information, Patient Care and support. For each domain of need, the oncologists, the point nurses and the family caregivers expressed their perception of the amount of need the patient they were caring for felt. Most patients experienced Psychological and Physical and daily living unmet needs and these needs were significantly associated with anxiety and depression. Oncologists, nurses and caregivers showed a good concordance with the patients with respect to the areas of greatest need but overestimate the amount of need (with the oncologists that show the major deviation). These findings support the importance of the use of patients-reported outcomes in oncology and the assessment of the supportive care needs. The discordance about the level of need observed between patients, clinicians and caregivers suggest that feeling a supportive care needs is a subjective experience and not always taking into account this may undermine the optimization of the management of lung cancer patients.

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SPEED TALK 3

TEAM WORK IN MEDICINE. PATIENTS AND PHYSICIANS TOGETHER ABOUT “ONCOLOGICAL PACKAGE” IN POLAND

Introduction:

Due to unsatisfactory outcomes of oncological treatment in Poland and in accordance with recommendations from the European Commission, national anticancer programme, known as “oncological package” (so-called “green card”) was introduced in Poland in 2015. The main purpose of the programme was to remove financial constraints concerning diagnosis and treatment of people suspected or with confirmed cancer. Programme provides diagnostic path for patients with “oncological package” which should not be any longer than longer than 7 weeks (4 weeks for appointment and basic diagnostics, 2 for advanced diagnostics).

The aim of this study was to compare patients and physicians’ opinions on the effectiveness of “oncological package” in Poland.

Materials and methods:

Authors’ questionnaire was given out to patients hospitalized in Lower Silesian Oncology Center. Modified version of the survey was published in social media’s groups gathering physicians and given out to general practitioners and other specialized doctors. A group of 230 patients and 149 physicians responded.

Results:

The average age was 64 years for patient and 37 years for physician. Almost 73% of patients and 53% of doctors believe that “oncological package” shortens waiting time. 70,4% and 51% (estimated by patients and physician’s respectively) of patients had an appointment with specialist within 2 weeks. Time dedicated for patients’ diagnostics recommended by specialist was no longer than 3 weeks in 60,4% of cases. Average admission time to the hospital was no longer than 2 weeks in 62,6%. 60,9% of patients believe that the programme should be continued in its present form comparing to 30,2% among physicians. Nevertheless, 29,1% of patients and 46,3% of medical practitioners suggest major repairs.

Conclusions:

Despite “oncological package” there are still many patients with waiting time exceeding the programme’s assumptions. Systemic solutions, based on patients and physician’s knowledge, are necessary to speed up diagnostic and therapeutic procedures.

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SPEED TALK 4

CANCER EDUCATION FOR UNDERGRADUATE MEDICAL STUDENTS: THE EDUCATIONAL YIELD OF THE SUMMER SCHOOL ONCOLOGY GRONINGEN

Introduction. As approximately a quarter of our population dies of cancer, teaching undergraduate medical students the basics of cancer is of paramount importance. In 1996, in response to a growing need of cancer education for medical students, the first International Summer School Oncology for Medical Students (ISOMS) was organized in Groningen. In 2018, the 15th edition of this summer school was held and welcomed 33 medical students from 21 different countries. This 10-day intensive course featured interactive lectures, patient centred education, and hands-on skills practice. The school focuses on a multidisciplinary approach to cancer care and improving clinical reasoning skills regarding the most common cancers worldwide. To provide future directions in undergraduate cancer education and to assess quality of the school, the educational yield and student satisfaction of the Summer School Oncology 2018 are evaluated.

Methods. All students made the same test on day 1 and day 10. Additionally, students anonymously completed daily evaluations finalised by an extensive evaluation on the last day. Test results and student evaluation were analysed.

Results. All students had improved test scores, with a mean increase of 12% (SD 7%) in overall test scores ($p < 0.0001$). With a 100% response rate on the evaluations, there was a high overall student satisfaction, with a median score of 9 out of 10. Students appreciated interactive sessions and practical's, the number of subjects covered (97%), and were satisfied with the course level (85%). Improvement points highlighted the need for better integration of research into the programme, a less packed schedule, or were related to specific lectures.

Conclusion. The summer school oncology 2018 was a success in terms of student satisfaction and knowledge improvement. To ensure a high quality of undergraduate oncology education, there is a constant need to innovate, evaluate, and improve education.

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SPEED TALK 5

“MEDICAL STUDENTS CANNOT CURE PATIENTS, BUT THEY CAN ALWAYS HELP.”

Introduction:

Medical studies, especially at the beginning, require huge amounts of theoretical knowledge assimilation. Therefore, it is worthwhile that students during the course of learning engage in additional activities that will help in preparing for future practice.

Main part:

IFMSA is an International Federation of Medical Students' Association, entered in the Polish National Court Register of the Judiciary and having legal personality. Clearly defined organizational structure of the association allows students to be involved in specific area of public activity. In this way, students are divided into sections that focus on: peers' education, reproductive health, human right, research and professional exchanges and public health. I started working at IFMSA-Poland in 2015 and continued up till now. Initially as a volunteer, then as a coordinator of local activities, ending as a coordinator of Public Health activities on a national scale. Together with other students in 16 Polish cities, we were involved in the organization of educational and preventive actions focused in 6 areas of public health challenges: Infectious Diseases, Chronic Diseases, Substance Abuse, Mental Disorders, Children's Health and Cancer Diseases. In the field of cancer students voluntarily went to schools to meet parents and organized special events to increase the oncological awareness. Commitment and appropriate coordination of activities in non-governmental student organizations in Poland is continuously a source of increased soft-skills development in contact with future patients. In addition, it increases the knowledge about cancer among students as well as their closest society.

Conclusions:

We cannot treat patients during our medical studies, but we can always help. Despite the fact that additional student activities require personal sacrifice, they are great opportunity to actively help and educate future patients, learn about their daily problems and learn how to discuss about difficult matters in a simple and open way.

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SPEED TALK 6

COLONOSCOPY AS AN IMPORTANT DIAGNOSTIC TEST AMONG THE YOUNGER AND OLDER GENERATION

Introduction:

Colonoscopy is an endoscopic examination used in the diagnosis and treatment of colorectal diseases: polyps, inflammatory diseases and malignancies. Detection of the above in preclinical phase increases chances of cure.

Aim:

The aim of study was to assess correlation between age, gender, level of education, positive family history, attitude towards colonoscopy and frequency of colonoscopy in patients with colorectal symptoms.

Material and methods:

An anonymous online survey consisting of 5 demographic and 10 closed questions related to colonoscopy was created and distributed through social media. 230 answers were collected. Statistical analysis was carried out using Statistica. Chi-square test was used to compare the relation between quality variables. When Shapiro-Wilk test showed an abnormal distribution of data, Kruskal-Wallis and Mann-Whitney tests were used. The results were statistically significant when $p < 0.05$.

Results:

Mean age of respondents was 25 years. 54.5% of women feared pain during colonoscopy, while 53.7% of men had no objections. Statistically significant higher age was found in people for whom conversation with a doctor about colonoscopy was not embarrassing ($p < 0.01$) and in people who have had already undergone this examination ($p < 0.001$). Undergoing colonoscopy was influenced by education ($p < 0.001$) and the incidence of cancer in the family ($p < 0.001$): 38.7% with higher education, 16.4% with negative and 41.46% with positive family history were performing colonoscopy. The most common cause of colonoscopy in young people was diarrhoea of unknown etiology and constipation. 16.67% of respondents declared inflammatory bowel disease.

Conclusions:

Colonoscopy is an important diagnostic test in younger and older people because of the range of diseases that can be diagnosed and treated simultaneously. Doctors should place emphasis on informing patients about the examination, how to prepare for it and how it will proceed due to fear of pain, especially among women.

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SPEED TALK 7

AN ADDITIONAL PRACTICAL LABORATORY DIAGNOSTICS COURSE AS A WAY TO IMPROVE THE DIAGNOSIS

Current educational program of medicine faculty provides extensive substantive knowledge. During six years of studies student prepare in theoretically and practically to start a professional career. Professional training gives the opportunity to contact each specialization and its specificity. Also doctor's profession requires increasing competence and constant education. But do young physicians know enough about diagnostic? As a laboratory technologist who works in Paediatric Oncologic Clinic I observe lots of problematic issues. I would like to organize extra – optional classes for medicine faculty students. I would like to invite students to a large laboratory, which carry out general diagnostic, since I have been a part of its staff. The main aims of the lectures will be: - rules of sample preparation, the most common problem with registration of the tests, differences in test-tubes types; - process of the sample preparation in the lab before the evaluation; - different kinds of laboratory equipment and the translation of the most important issues in the desktops: the analysis process helps understanding the result and its description; - most important algorithms of conduction in diagnostic process, for example in coagulation and exclusion of haemostasis factors deficiencies; - analyzes of some interesting, unusual results, presentation of some microscopic views. I believe that understanding the way of laboratory analyzes and rules of work could help in future work. It can contribute to better decision of young physicians in diagnostic process. Moreover, it will reduce the amount of incorrect tests and limited the sacrifice of the patients. However, my main objective is to encourage young doctors to better communication with laboratory staff to improve our both work. The exchange of the information and observations gives us opportunity to better understanding the patient's reaction, disease development and treatment process increasing our knowledge and experience.

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SPEED TALK 8

HEMATOPOIETIC STEM CELL TRANSPLANTATION FROM THE DONOR'S PERSPECTIVE

The hematopoietic stem cell transplantation (HSCT) is a crucial treatment for many hematological diseases. However, it is also a physically and mentally demanding process for the recipient and the donor alike. This study focuses on the group of family donors.

The study aims to assess fears and doubts that are felt by donors, their knowledge about the procedure based on information handed out to them and the support donated by donor's family and psychologists.

We collected data as semi structured, close- and open-ended anonymous questionnaires. Participants were family donors of living and deceased patients who had undergone HSCT from 2001 to 2017 in the Department of Pediatric Hematology, Oncology and BMT, Wroclaw Medical University. Median age of responders was 33yrs, range 16-58yrs. Minimal follow up from HSCT was 2 years.

47 responders took part in the study: 28 women and 19 men. 51.1% of answers were provided by parents and 48.9% by siblings. 46 responders were satisfied with information given to them about the upcoming procedure. The fact of being a donor did not have an impact on the attitude to the transplant. The transplant had neither positive nor negative impact on family relations independently on the result of HSCT.

Among parents with living HSCT recipients 21.4% declared the need or benefited psychological care. None of the parents of deceased recipients got psychological help, even though 22.2% declared such a need. Among siblings with living recipients no donor obtained the psychological help, despite 31.3% needed it. In case of recipients' death 16.7% of siblings-responders got accurate help when the others did not get and did not need psychological help.

We conclude that psychological support should be offered to every family donor. There is a significant need for comprehensive, accurate and proper information about the procedure.

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SPEED TALK 9

EDUCATION AMONG SURVIVORS OF ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) DURING CHILDHOOD AND ADOLESCENCE

Acute Lymphoblastic Leukemia (ALL) comprises almost 80% of all leukemia types among patients under the age of 18. Progress concerning the treatment of mentioned disease over the past years results in complete recovery of over 90% of patients who were diagnosed with ALL at the age up to 18. Satisfactory therapeutic effects contribute to occurrence of late effects related to the previously applied treatment. Hence, every patient treated for ALL during childhood and adolescence should be monitored further on a regular basis.

Education dedicated to the patients and their families includes many aspects, such as providing information based on the most recent and evidence based results of research as well as organizing group meetings with psychologists, nutritionists, and physiotherapists. It is also important to encourage patients to undergo free diagnostic tests and to take part in free consultation with medical specialists.

Over 100 patients after treatment for ALL during childhood and adolescence have used our service so far. It includes medical consultation with specialists and the full set of biochemical tests. Survivors are encouraged to take advantage of the consultation clinic "onkoMOCNI" which is the first one established in Poland and free of charge for the survivors after hemato oncological treatment.

Presented forms of education aim to implement health-promoting attitude in patients' daily lives. The range of the provided information comprises rules of healthy diet and the essential role of physical activity, which is often omitted. Therefore, it is crucial to make patients aware of the fact that late effects of hematooncological treatment must be identified as soon as possible as that enables to avoid decreased quality of life.

Education for patients after treatment for ALL should be regarded as contribution to health in the long term. Our goal is to create educational system on many levels, starting from patients and their relatives.

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SPEED TALK 10

WHAT IS THE QUALITY OF PAIN MANAGEMENT AMONG ONCOLOGICAL PATIENTS IN POLAND?

Introduction:

One of the important problems accompanying malignant neoplasms is pain. First analgesic "ladder" was introduced by World Health Organization in 1986. Since then there is a great attempt to avoid suffering in oncological patients. Nevertheless data from 2018 say that pain management in over 90% of cancer patients in Poland is unsatisfactory.

Aim:

Attempt to assess the quality of pain management in oncological patients resulting from patient-physician cooperation.

Material and methods:

Author's questionnaire was created consisting of 3 demographic and 11 closed questions. Patients were recruited in Lower Silesian Oncology Center, at radiotherapy, surgery, chemotherapy departments and radiology unit. There were 101 responses.

Results:

Only one third of invited patients willed to fill out the questionnaire. 68% of the respondents were over 50 years old, the rest was in between 30-50 years of age. Majority (>90%) were during the treatment. 68 respondents felt pain throughout the course of disease (at the diagnosis, during and/or after treatment). 58 patients reported ailments when filling out the questionnaire. The strongest pain most often accompanied head and neck, lung and prostate cancer victims. Only 21 respondents talked to their physician about pain. Out of remaining group 18 persons thought pain has to accompany cancer, 12 claimed that too much analgesics harms, 8 complained about doctors' lack of time, 3 said that former attempts to change pain management didn't work out. 43% of patients declaring conversation about pain with their doctor still didn't have sufficient information.

Conclusions:

Despite suffering from pain patients rarely talk to their physicians. It seems that patients' lack of knowledge about the pathology and pain treatment is the basic problem, along with conviction that physicians don't have time for them. In my opinion informative talk about pathology and pain management plan should be a part of the whole treatment plan.

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