



ONCOLOGY PROGRAM
Education Plan 2014-2016

1. SUMMARY

The Education Committee of the Department of Oncology worked closely with other Educational Groups within the Oncology Program. There was unanimous agreement that in a small program, it is very worthwhile to collaborate; amalgamating ideas and initiatives into the common purpose of developing a strong educational plan for patients, families, undergraduate and postgraduate trainees in multiple disciplines, faculty and staff. Therefore, this strategic plan represents the cooperative planning from the Education Committee of the Oncology Program.

The purpose of the Strategic Plan is to build on our strengths while targeting key areas at local, provincial and national levels, where appropriate. The Oncology Program at Queen's University and KGH can be recognized as a leader in Oncology education and should set the benchmark for patient education and satisfaction. There is significant positive interaction between all involved in education in the Oncology Program. The overall goal of education is to improve patient care by developing and disseminating educational activities in all disciplines and by enriching the patient experience by using appropriate educational techniques, tailored to the trainee, the patient, the staff.

The underlying principle is that Undergraduate, Postgraduate, Continuing Professional Development and Research in Education, all exist to support the Patient and Family – to provide them with the education and materials they need, and to provide them with the best care possible, so as to achieve a high level of patient satisfaction. Patient care is optimized with a robust infrastructure based on strong academic performance.

The Education Committee considered the needs of:

- a) Patient and Family Education Committee
- b) Undergraduate education – medicine, nursing, radiotherapy
- c) Allied Health training – pharmacy, dieticians, social work
- d) Postgraduate education – medicine, physics
- e) Continuing Professional Development – staff and faculty

2. INTRODUCTION

The Oncology Program at KGH has participated successfully for many years in education. What has been lacking is a coordinated approach in terms of defining needs, identifying goals, collaboration with other disciplines. This has led to duplication of effort in some areas and gaps in others. We are too small a program to be wasteful in terms of our resources yet we have a responsibility to our patients and families, our trainees, our staff and faculty, to provide quality education. By identifying our goals overall, the expectation is that we will be able to move forward in our educational program. With a collaborative approach, we will enable creative endeavours and use our resources wisely. This approach will facilitate opportunities for creative educational activities such as simulation labs, interactive patient materials, progressive CPD, among other initiatives.

The Education Committee considered the Mission Statements of the Faculty of Health Sciences, the School of Medicine and KGH, which state, as follows:

Mission Statement Faculty of Health Sciences

Our mission is to educate health professionals and students in the biomedical sciences by conducting research, by generating a spirit of enquiry, and by serving the health needs of the people of southeastern Ontario, drawing on Queen's learning environment to enable our graduates to become the leading health professionals for Canada's rural, northern, and urban communities and to provide researchers and educators for the nation's future.

Queen's School of Medicine

Our mission is to advance our tradition of preparing excellent physicians and leaders in health care, we embrace a spirit of inquiry and innovation in education and research.

KGH Integrated Annual Corporate Plan 2014-15

Our Mission: We are a community of people working together to transform the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership

KGH 2015 Strategy for achieving Outstanding Care, Always

Our five guiding principles – respect, engagement, accountability, transparency and value for money – are reflected in our behaviours and actions every single day. We nurture, support and monitor our individual and collective success. In applying our guiding *principles in everything we do at KGH. Our principles are much more than a set of words, they are like a magnetic force, keeping us centred on what's important and guiding us as we work together and with others.*

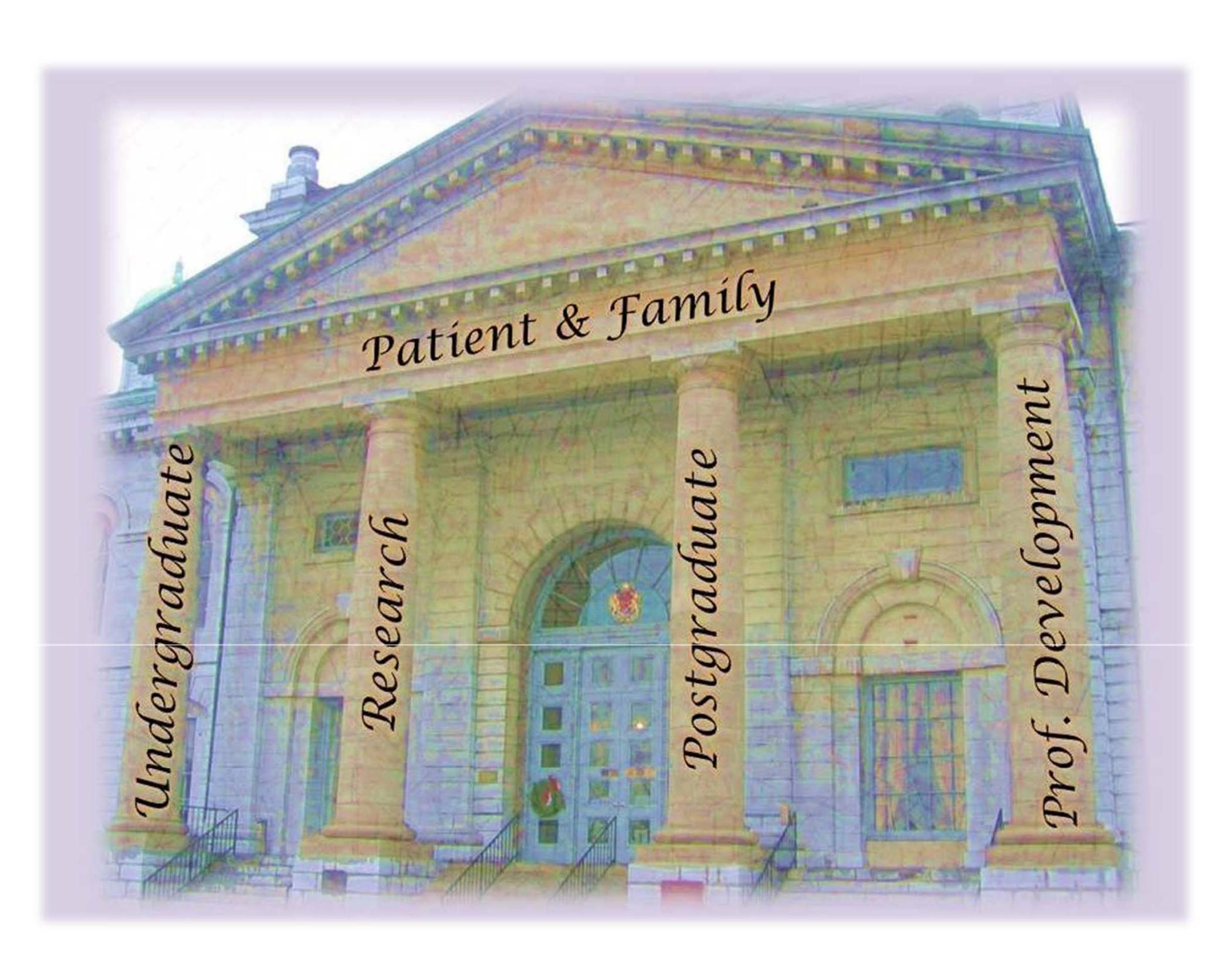
The Education Committee and the Oncology Education Program support all these mission statements. In addition, the underlying principle for the Oncology Program Education Committee is the belief that all educational activities – Undergraduate, Postgraduate, Continuing Professional Development, and Research in Education – exist to support the Patient and Family. Of particular importance is the communication between the Health Care Team and the Patient. Communication skills need to be taught and evaluated. Our communication materials need to be reviewed, revived and refreshed on a regular basis. The skillset of the provider needs to be kept current with a rigorous process of life-long learning.

The Education Program needs a strong website. Much of the information for patients, families, caregivers as well as health care providers should exist on the website. The Department of Oncology has a website which is being utilized, and we will continue to update this with information on education for the Departmental activities. However, the core program through KGH for patients, families and allied health care providers, as well as regional partners, needs to have a functional website. The Education Program will work with Queen's and KGH for website contributions.

Students learn best when engaged in the learning process. This is true for all our types of learners. There is good evidence to support the need for different approaches to education, teaching and the materials used to provide this education. By working collaboratively, the Education Program can develop and disseminate appropriate information.

Evaluation is an important part of any learning/ teaching process. For patients and families, we rely on patient satisfaction surveys. We need to be proactive at eliciting and responding to important information with these surveys, and with less formal feedback tools. For trainees and preceptors, evaluations are critical for success in the academic forum. In the past, these evaluations have not always been completed, and sometimes not taken seriously. As we work towards competency based education, we too should work towards competency based teaching.

Patient safety is as important in education as it is in the clinical setting. Recognition and development of patient safety programs will enable us to provide better patient care. Reaching out to the region will provide equitable access to the same standard of care that is achieved in an academic setting. Regional initiatives are an important part of the education strategy.

A classical building facade with a pediment and columns. The text is overlaid on the image in a cursive font. The text includes 'Patient & Family' on the pediment, 'Undergraduate' on the left column, 'Research' on the second column, 'Postgraduate' on the fourth column, and 'Prof. Development' on the right column. The building has a central arched doorway with a decorative crest above it, and a window to the right of the doorway. The overall style is that of a watercolor or soft-focus photograph.

Patient & Family

Undergraduate

Research

Postgraduate

Prof. Development

3. LIST OF GOALS FOR EDUCATION IN ONCOLOGY PROGRAM

- Competency based education curriculum in all discipline
- More robust evaluation system for trainees, teachers and events
- Multidisciplinary rounds and journal clubs
- Good website for healthcare providers and general public
- Greater regional presence
- Open house for undergrad students with multidisciplinary participation
- Oncology Interest Group
- Better recording of educational activities
- Enhanced patient education material, includes website
- Enhancing communication skills between trainees, health care providers, patients and families
- Dissemination of information learned during development of educational program
- Accreditation
- Patient focussed conferences
- Health care symposia hosted by Oncology
- Patient satisfaction improves with the type/ amount and quality of educational materials they receive
- Trainees successful at final exams (RC and other)
- Positive experience for trainees and patients
- Improved coordination of teaching schedules with resident scheduling
- Patient satisfaction survey results and action pertinent to education
- CMPA – patient safety modules
- Academic Half Day Inter-Disciplinary Collaboration
- Continuing Professional Development using internal and external resources

4. STRATEGIC EDUCATION PRIORITIES 2014-2016

A. Patient and Family Education

1. The Patient Education program plans to have two patient-centered conferences over the next year, focusing on brain and lymphoma disease sites. This exciting opportunity will involve contributions from patient advisors, educators, and health care providers. The programs will be designed to enhance the knowledge and understanding of these diseases for patients and the public. Collaboration with Lymphoma Canada and The Brain Tumor Foundation of Canada will enhance the quality of the programs, and raise the profile of the conferences which will attract sponsorship.
2. A continued focus on ESAS and symptom management education material for patients. Improving our ESAS performance at a provincial level remains a program initiative. Educating patients and care providers about the value of ESAS is helpful. This includes enhancing communication skills with trainees by having them discuss ESAS responses with the patient. For many undergraduate students, this may be one of few exposures they may have to a specific tool which can open the conversation with the patient, and find out what's really important to them. In addition, the communication and collaboration with health care providers can start with a discussion around ESAS responses. Feedback to providers about ESAS results, and where a difference has been made, will underscore this initiative. Feedback from patients satisfied that their concerns were heard and addressed by their health care team will be important.
3. Education materials – ongoing development of accurate information, and access to information, which is patient friendly, written in a language free from jargon is a continued focus for the Patient and Family Education Committee. This will require input from experts from the Health Care Team. Part of the training is to educate trainees that communication of medical information must be in a language that patients can understand is an invaluable part of their education.
4. Communication – the Health Care Team must receive education on different learning styles for adults, and should also have access to what information is being distributed to patients. As management and treatments change, so too should our patient information. Having a means to continually review and update information must be a priority for this group.
5. Community Support Groups – collaboration between our program and community support groups can help us learn what patients and the community need; and can help them obtain information they need. Strengthening the relationship between the program and the Community/ Region is a priority.

B. Continuing Professional Development

Faculty

1. Focus on Multi-disciplinary activities to increase the value of rounds such as Grand Rounds in Oncology, Divisional Rounds – collaboration from the different disciplines for topics and journal club.
2. Increased Regional activities; previously representatives from disease site groups would travel to regional communities. We need to rediscover this and involve ourselves in improving oncology education in the region – for patients, families, and health care providers. The Oncology CPD for family physicians is an example of this, as are some Disease Site Group retreats, inviting regional members. These are not necessarily done in a coordinated way, and better advertising and broader invitations to Regional Care Providers is required.
3. Patient Safety Modules to become part of the CPD activities.

Allied Health Providers

1. Radiation Therapy/ Physics, Oncology – The rapid evolution of equipment, software development and treatment techniques requires a substantial effort to keep staff on top of developments in patient care. We rely on external and inhouse development of training modules to ensure uniformity of practice. For example, IGRT (Image Guided Radiation Therapy) training sessions were recently developed and implemented, consistent with the IGRT Community of Practice established by CCO. This is critical for patient safety.

C. *Post-Graduate Education*

Fellowships

1. ***Radiation Oncology*** – Over the years, Radiation Oncology has had some success with Fellowships offered through RORU (now CC&E). In the past few years, the Radiation Oncology Corporation and the Division have sponsored a fellowship position. This is successful, but needs advance planning, resource support including potential for external funding. This is a goal for 2016.
2. ***Medical Oncology*** – A new Fellowship Director has been named in Medical Oncology to facilitate development of a Fellowship position in Medical Oncology.
3. ***Palliative Medicine*** – Subspecialty fellowship to be offered in 2016. This will be specifically for Specialists wanting to undertake an extra year of training to obtain certification in Palliative Medicine. This is being developed at a national level; local lead will be Dr. Harle.
4. ***NCIC*** – A fellowship in clinical trials continues to be offered by NCIC. Historically, clinical participation has been through this program. Although a research fellowship, opportunities for engagement in education with residents and staff exists.
5. ***CC&E*** – A Fellowship in Quality Indicators has been developed at a National level. Participants have the opportunity to stay in the city of their choice for this Fellowship. Kingston could be promoted as an ideal location for this fellowship.
6. ***Outside funding sources to be supported at Queen's*** – There are a number of fellowships available at a national level, which could be awarded with the work done at a host cancer facility. The Education Committee will look into these fellowships to determine the possibility that we could be a host centre.

Residency

1. ***Oncology Medical Specialties*** which includes ***Medical Oncology, Radiation Oncology and Palliative Medicine***. Medical Oncology has been selected as one of two pilot specialties to help develop and implement a competency based training program. This aligns very well with the Queen's University initiative of every program having some aspect of competency based training in their curriculum by the end of 2015. Although this initiative will be led by Drs. Hammad and Tomiak, they will require broad input and support from multiple disciplines. Radiation Oncology at a national level is not as far along, but the Queen's program will be leaders in the development of some key

initiatives in this area under the leadership of Dr. Maria Kalyvas. Palliative Medicine, under the leadership of Dr. Harle, will be working with Radiation Oncology and Medical Oncology to develop some core competencies common to all disciplines in Oncology.

2. **Internal Review** – 2015;

3. **Royal College Accreditation** - 2017

4. **Medical Physics** – although Medical Physics has had a residency program here for many years as part of a provincially coordinated program, in 2014 they will be seeking accreditation through CAMPEP (established 2001) to achieve full status as a training program. Other medical physics departments in Ontario are also pursuing accreditation at this time

Masters Degrees

1. The Oncology Program recognizes several opportunities for Masters Programs, linked to Oncology. Although not offered through the Department of Oncology per se, there nevertheless exists opportunities to support these candidates whether they be in Medical Physics, Public Health, Education, Epidemiology, Radiation Therapy, and Nursing. Many of our Faculty and Staff may be involved with teaching or supervising these candidates.

D. Under-Graduate Education

1. *Open House*

The Open House has been a success in the past. It did not happen for a few years due to redevelopment upheaval, but we are prepared to offer it again and open it to students in Medicine, Nursing and Radiation Therapy and Physics. The Open House takes students along a path that a patient may experience and explores the different areas of an active cancer program – what the patient sees, and what happens behind the scenes.

2. *Website*

Undergraduate students will be able to access information regarding educational activities, contact people within the cancer program, through the website. In addition, undergraduate teaching activities are posted on the MEDTech Website.

3. *Oncology Interest Group*

The Oncology Program must be prepared to offer ten meetings to be part of this program. We propose an integrated approach using Medical Staff and Allied Health to offer a multi-disciplinary perspective on Oncology. Patients would be a welcome addition to this group, as undergraduate students very much appreciate the patient's perspective.

4. *School of Medicine Undergraduate Curriculum*

advocate for less fragmentation in Oncology teaching. The consolidation of lectures should ideally happen in term 4. There is a push to revise the Oncology modules. In addition, narrative powerpoints and interactive teaching can strengthen the Oncology contribution to the Medical School.

5. *Palliative Medicine*

A National Curriculum for Oncology related palliative care is being developed. Queen's representation on this group is Dr. Harle.

6. *Radiation Therapy*

Kingston has participated for years in the training of Medical Radiation Therapists. Although the curriculum is set at a provincial level, students from Laurentian University and Michener/ University of Toronto spend time in Kingston as we are a host clinical site. Students participate in competency based training; we will be looking at ways to enhance their experience to make them competitive in today's workforce.

E. Scholarly Activities in Education

We have not subscribed in any meaningful way to scholarly activities in Education. Education is often seen as an academic exercise in its own right, but new inquiry, innovative teaching methods, and dissemination of that information, can drive a research program in Education. As we grow, opportunities will exist for this. Starting locally, there is an Education Day in the Faculty of Health Sciences that Oncology can and must participate in. The list below is items of interest to Oncology Education, which can develop into active research projects.

- 1. What can others learn as we lead Competency Based Education?*
- 2. Developing Teaching Strategies and disseminating the information*
- 3. Academic Communications within the Region*

5. TIMELINE

A. Must do now

- Competency Based Medical Education
- Accreditation
- Patient Satisfaction Survey Results Action
- Patient Safety Learning Modules incorporated into multidisciplinary CPD

B. Plan to do

- Patient focussed Conferences
- Continuing Professional Development Regional Activities
- Open House for Undergraduate Students with Multidisciplinary Participation
- Robust Evaluation System
- Educational Contributions to the Department of Oncology and KGH Websites
- Oncology Interest Group
- Improved Recording/ Promotion of Educational Activities

C. Continuous

- Regular Evaluation of Staff and Trainees
- Multidisciplinary Rounds and Journal Clubs
- Enhanced patient education material; includes information on website for patients

D. Next year

- Research in Education – Dissemination of information learned during development of educational program
- Academic Communications
- Knowledge Transfer
- Greater Regional Presence

6. SUMMARY

As with most strategic plans, this is a work in progress. This initial document is goal setting – it will develop and change with time. Already we have seen increased interdisciplinary activity and engagement. Creative thinking and planning will see a blossoming of educational opportunities and endeavours.

7. APPENDIX I

Environmental Scan

School of Medicine Plan <http://meds.queensu.ca/templates/medicine/assets/medicine-strategic-plan-r20120622.pdf>

A revamping of the Undergraduate Curriculum, a focus on Competency Based education and Internal Reviews followed by Royal College Accreditation are main components of the Department of Oncology Education focus.

- 1. National Priorities:** Moving to a Competency Based Residency Education Curriculum will happen at a National Level. Queen's University will be a leader in Oncology programs.
- 2. Patient and Family Education:** KGH has shown leadership with the engagement of Patient Experience Advisors throughout the hospitals. Their input is actively sought in the development of programs and educational materials for patients.

Credits

This Strategic Plan is a cooperative plan with input from:

Medical Physics:	Andy Kerr
Nursing:	Rya Ibit
Oncologists:	Catherine de Metz Nazik Hammad Ingrid Harle Maria Kalyvas Anna Tomiak Mihaela Mates
Oncology Education:	Micheline McDonald
Patient Experience Advisor:	Kerry Stewart
Patient and Family Education:	Rana Fowler Jessica Holmes
Radiation Therapy:	Jim Gooding Dave Markotich
Resident Representative:	Pierre-Yves McLaughlin