



IPOS-EPAAC Task-Force

Chairs: Luzia Travado (PT), Maggie Watson (UK)

Members: Neil Aaronson (NL), Elisabeth Andritsch (AT), Dégi Csaba (RO), Sylvie Dolbeault (FR), Luigi Grassi (IT), Christoffer Johanssen (DK), Anja Mehnert (DE)

Report on the Meeting in Brisbane¹

Nov. 8-9, 2012, at Board Room in Queensland Cancer Council

The IPOS-EPAAC Task Force (TF) was formed within IPOS members to support the IPOS collaboration with EPAAC, particularly with the Psychosocial Oncology Action (document #1 on the IPOS-EPAAC Task-Force mission in attachment). The TF reviewed the questionnaire for phase 1, and met in Brisbane to discuss and resolve phase 2. The agenda of the meeting is provided in attachment (document #2).

The meeting was called and conducted by the chair of the TF - Luzia Travado (PT) - and had the on-site participation of Maggie Watson (UK), Elisabeth Andritsch (AU), Dégi Csaba (RO), Luigi Grassi (IT), and Anja Mehnert (DE). Neil Aaronson (NL) and Christoffer Johanssen (DK), were not able to be present in Brisbane but sent to the TF chair their written information on the issues to be discussed at the meeting. Sylvie Dolbeault (FR) sent her apologies. The meeting had also the participation and collaboration of David Kissane (AUS/USA) chair of the IPOS Educational Committee and other IPOS experts, namely Barry Bultz (CA) – vice-president of IPOS, William Breitbart (USA) – past president of IPOS, and Richard Fielding (HK) – IPOS Board of Directors. Many of the members of this TF are also members of the IPOS Educational Committee, which is

¹ Note: The meeting was held in Brisbane to take advantage of having IPOS experts around for the World Congress of the International Psycho-Oncology Society (IPOS), which in 2012 was held in Brisbane, Australia.



an important factor for the success of our endeavor. The participants' presence sheet with signatures is provided in attachment (document # 3).

The meeting discussions followed closely the agenda items (in italic):

1. *Discussion and approval of the mission document of the IPOS-EPAAC Task-Force, aims and role of its members.* The document was discussed and approved by all members of the TF.
2. *Information on the status of the Psychosocial Oncology Action (PSOA) with update on the survey.* I informed that the questionnaires had been sent to all of the European Members States liaison contact person in EPAAC, through the Institute Catalan of Oncology (SP) and Dr. Josep Borrás, hosting the PSOA. We expect receiving the replies to the questionnaire within this month and will insist to have all answers until the end of the year. Another version of the questionnaire was sent to the European Cancer Patient Coalition, as partners of our action. Their assessment of the community resources and their perception of psychosocial cancer care needs would be very valuable. As such we expect to collect 2 replies from each country – an official one from the Ministry of Health and another one from the consumers perspective.
3. *Development of the training program on communication skills and psychosocial care for European countries with low resources in this area.* This was the core subject of our meeting and a lot of debate went through to discuss the topics below and how to make it a successful program for the country we will be delivering it, as also to make it replicable. Since we do not have available yet the results of the survey on the European mapping of needs on psychosocial cancer care, and the specific needs, difficulties and barriers in European underserved countries in this area, we relied mostly on the perspective brought by our colleague from Romania Csaba Dégi, as Romania is a possible candidate to be recipient of the PSOA pilot-training.



a) *Discuss areas and thematic workshops for the 5 days training program.* We discussed extensively the areas and topics considered essential and of most relevance to countries where almost no knowledge and practice in psychosocial care existed. The following areas and topics were suggested:

(1) Basic training:

- Why oncology needs psychosocial care? The scientific evidence on patients' outcomes (1)
- Communication skills training for doctors and nurses – Breaking bad news to patients and families, interpersonal skills, difficult conversations, how to conduct a family meeting (1)
- Screening for distress and symptom management (1)
- How to develop a psycho-oncology program and integrate it in cancer care (1)

(2) Advanced training:

- Improving cancer care by screening for Distress: from first principles (2)
- Tools to use in clinical practice to assess psychosocial and quality of life needs (2)
- Difficult conversations in cancer care with patients and families (2)
- Integrated psychosocial interventions for patients and families (psychotherapeutic and psychopharmacologic interventions) (2)
- Advanced cancer care and symptom management: fatigue, cognitive deficits, sleep disorders, pain control (2)
- Cancer survivorship care planning and provision (2)
- Behavioral management of cancer risk factors (e.g. smoking cessation) and life-style (2)

The structure and content of each of the thematic workshops was also discussed. But it was considered that each of the facilitators assigned would provide the summary of its content for approval by the TF.

b) *Agree on a training program format and content.* A training program of 5 consecutive days was considered a too demanding program if we would like to have a considerable group of healthcare professionals attending. Based upon the experience of the Educational Committee delivering training in underserved countries in different areas of the world, it was considered that a 2+3 days training with a generic/basic plus advanced training could be a better option. The first 2-days training would target physicians and senior healthcare professionals, particularly doctors and nurses, that could become



advocates and/or champions for psychosocial care in their hospitals or cancer centers, and bring their staff for the next training phase. The 3 days advanced program would be targeting healthcare professionals that could be interested in a more advanced training program, particularly nurses, psychologists, psychiatrists, social workers, counselors and others (e.g., volunteers, hospital chaplains). The 2-days training were suggested to be done on a Thursday and Friday and the 3-days training on a Friday, Saturday and Sunday. Each day of training will have 7-8h of work; each topic will have the format of a presentation followed by practice exercises.

- c) *Materials to support the training: educational, assessments, certificates.* Online core-curriculum in Psycho-oncology from IPOS accessible at: www.ipos-society.org will be the one of the materials to support the training. Each facilitator will also provide a copy of their presentation with a list of basic books and references for each topic. Evaluation form for training 1 and 2, will be prepared and asked to be completed by each participant at the end of each training. Attendance training certificate from IPOS will be given to those that have completed 90% of attendance.
- d) *Assign facilitators for conducting the workshops of this training.* Facilitators for providing the training were considered within our IPOS European group of experts due to constraints on flight fares from colleagues outside of Europe. Possible facilitators for the Basic and Advanced Training: Luigi Grassi (IT), Anja Mehnert (DE), Elisabeth Andritsch (AT), Darius Razavi (BE), Csaba Dégi (RO), Joachim Weiss (DE), Katalin Muzbek (HU), Maggie Watson (UK), Neil Aaronson (NL) and Friederich Stiefel (CH). And Luzia Travado as responsible for the implementation of the training program.
- e) *Discuss possible dates for implementation and piloting of this training.* Dates for the Basic training were suggested to be in May 2013 and for the advanced training in June.



Note: This plan will be revised with the results from the survey and the contact-person(s) in the country that will be appointed to receive the pilot-training for relevance of topics and eventual adjustments concerning content and recruitment of target healthcare professionals for this training. This will be done in a pre-visit for the arrangements with the local authorities – the EPAAC country representative – for the contract of the logistics and support for the training program.

4. Next phases:

- *Collaboration with IPOS-WHO Task-Force and IPOS Federation local PO society or members on the preparation for implementation of the training program.* Collaboration with these 2 structures of IPOS was considered important as a way to create synergies, which will increase the success of the program.
- f) *Implementation and logistic support.* Luzia Travado will be responsible for the implementation of the training and the preparatory phases of contacts with local authorities/organizations, identify the key liaison persons for the agreement on the provision of the logistics for the training, the planning and recruitment of healthcare professionals for attending the training.
- *Reports for EPAAC: this experts' meeting, results of implementation of training.* Luzia Travado and the members of the TF.
- *Assigned tasks and chronogram deadlines.* Survey results to be completed by March/April 2013; decision on the country to be recipient of the pilot-training to be made by February/March; each training facilitator needs to send to the chair of the TF a program of contents of the topic they will present to be approved by the TF and their short CV/Bio (1-2pages max); contacts with local authorities to be initiated by March/April. Report on the survey to be completed by June 2013; reports on the



training program to be completed by September 2013. All reports to be delivered to ICO by no later than end of 2013.

5. *Minutes of the meeting.* Prepared by Luzia Travado reviewed by Elisabeth Andritsch, and approved by the participants of the meeting.

A handwritten signature in black ink, appearing to read 'Luzia Travado', is written over a light blue horizontal line.

December 19, 2012