## An Update on Survivorship Education for Quality Cancer Care

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Survivorship Education for Quality Cancer Care is an education program developed by the City of Hope and funded by the National Cancer Institute. The NCI grant supports four annual courses for competitively selected, two-person multidisciplinary teams from cancer centers across the country. The City of Hope Quality of Life Model for Cancer Survivors provided the framework for curriculum development of the program.

n July 2007, Survivorship Education for Quality Cancer Care completed the second of four annual courses. The program was developed to help jump-start survivorship programs across the country by presenting a three-day, goal-driven curriculum, and then following participants' progress at 6, 12, and 18 months post course. (For a description of the first course, held in 2006, see Oncology Issues, July/August 2007.)

Applications to participate are submitted by twoperson teams from cancer institutions in which one person must be a physician, nurse, or an administrator. The team attends the three-day course together, and is charged with carrying out team goals when returning to their institution. Participants from the first two courses represent 35 states and 102 teams and come from a variety of cancer settings.

Presented by experts in cancer survivorship from across the country, course curriculum is organized around the City of Hope Quality of Life Model of physical, psychological, social, and spiritual well-being. Content relative to cancer survivors focuses on medical care follow-up, surveillance and screening schedules, and supportive care needs. Models of excellence provide examples of active programs from large and small settings. Resources from the course are provided to the participants and include: cancer content, overview of current research, references, and resources in each section of the curriculum.

Course staff is available for support via telephone or email and provide a tri-annual newsletter to update teams on current information and share team successes. Telephone follow-up of participants' goal achievements takes place at 6, 12, and 18 months and provides an opportunity to discuss specific achievements in detail.

Results for the 2006 course at 12 months show a variety of new survivorship activities across the country—ranging from reconfiguring existing support services to building new survivorship programs. For example, some teams have reorganized their psychosocial services under a different name that encompasses survivorship issues including support groups and healthy lifestyle classes; e.g., nutritional changes for weight control

and physical and occupational therapy programs.

Programs are defining survivorship to meet the needs of individual institutions or the resources available. One team is strictly focusing on the transition period from treatment completion to two years post treatment. Their focus then becomes more on long-term side effect management and psychosocial issues related to distress and anxiety associated with ending treatment. Other teams are organized around diseases and focus their activities on disease-specific surveillance recommendations and providing specific care planning for patients and primary care physicians. Specific models of care vary according to the settings and staff as well.

Multidisciplinary teams providing survivorship follow-up clinics are primarily seen in large academic medical settings. Community cancer centers provide care appropriate to their settings, using local resources such as church groups or community groups, as well as larger psychosocial support groups like CancerCare or the Wellness Community, American Cancer Society, and Lance Armstrong Foundation. This collaboration helps provide additional support to meet patients' and families' needs. Survivorship Education for Quality Cancer Care has begun to help teams put into practice the recommendations of the IOM report and develop the range of activities and models that can combine settings' resources—both structural and professional—to meet those needs.

The second Survivorship Education for Quality Cancer Care course has just completed the 6-month follow-up and goal achievements are positive. Institutional surveys comparing 2006 and preliminary 2007 participants at baseline and 6 months show a change in baseline data on how supportive administration is to survivorship care. The results for how receptive, how comfortable, and how effective survivorship care is within the institutions compare closely at baseline. The comparison of barriers identified in 2006 and 2007 courses at baseline found similar results. The top two barriers to survivorship care remain: 1) lack of survivorship knowledge, and 2) financial constraints.

The coordination of resources and the goal-driven education provided by the *Survivorship Education for Quality Cancer Care* effort has provided significant momentum to help participating institutions jump-start changes. The third course is scheduled for July 16 – 19, 2008. Applications are closed for the 2008 program; however, a fourth and final course will be offered in 2009. For more information go to *http://www.cityofhope.org/CME/Survivorship/SurvivorshipHome.htm*.

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