Development of a
Cancer Center Support Group
Training Program

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The psychosocial impact of cancer and its treatment is well documented in the literature. The offering and availability of support groups within a cancer program can help improve psychosocial outcomes (eg, well-being and coping) for patients with cancer and their family members. Support groups provide a multifaceted framework within which there is realistic acknowledgement of the biopsychosocial effects of illness, with substantial improvements posited to patients' quality of life.[1,2] Such support groups include trained facilitators to foster a compassionate environment through facilitation of supportive discussions and equip the group members with appropriate cancer-related education. The mutual sharing that occurs within this peer support culture can enhance feelings of empowerment by reducing feelings of alienation and helplessness.[2] By extension, holding the space for others' lived experiences can allow patients increased acceptance of their own existential ambivalence, rather than avoiding, denying, or framing their situation differently than it is. Collectively, this multidetermined approach to psychosocial treatment can help patients develop a more motivated, participatory, and proactive attitude toward their illness and, simultaneously, feel supported throughout their cancer experience.[1]

Despite strong evidence of the benefits that support groups hold for patients with cancer and their family members, several barriers can prevent cancer programs from implementing these groups. Barriers can include:

- A lack of organization or structure in developing a support group
- Lack of training for those interested in support group facilitation
- Uncertainty about how to begin development of a support group
- Time commitment and the resources to effectively market and/or advertise these groups.

This article describes the project our cancer center undertook to address these barriers, increase the number of support groups offered, and improve patient accessibility to support groups.

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In the Beginning

Due to the COVID-19 pandemic, all support groups within our cancer center (Siteman Cancer Center in St Louis, Missouri) were paused beginning in March 2020. Prior to the pandemic, our cancer center hosted 5 support groups; most groups were cancer-specific, including breast cancer, head and neck cancers, gynecological cancers, prostate cancer, and a group for children whose parent and/or caregiver has cancer. Due to the limited support group options, oftentimes patients were referred to other community-based organizations for support groups. In addition, although some support groups had been in place for 18 years with good attendance, there was little oversight, standards, consistency, training, or administrative support for groups or group facilitators. The cancer center recognized 3 distinct problems with its support groups:

1. Lack of standardized support group facilitator training and standards
2. Limited support group offerings
3. No centralized tracking system for patient attendance, interest in support groups, or staff hours.

Also in 2020, new cancer survivorship guidelines were established with publication of the American College of Surgeons' Optimal

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Resources for Cancer Care,[3] guidelines which were then incorporated into Commission on Cancer (CoC) accreditation requirements. In response, our cancer center shifted focus from survivorship care plans to development of survivorship programs and services.

CoC Standard 4.8 requires survivorship programs to select 3 services to focus on annually, support groups being 1 of the 13 options. Additionally, CoC Standard 7.4 requires cancer centers' cancer committees to establish a program goal each year. In response to these standards, our cancer center's survivorship program proposed a detailed SMART (specific, measurable, achievable, relevant, and time-bound) goal to develop a standardized support group training program. This goal served as a way to meet standard requirements of CoC accreditation, as well as address the unique identified needs of our cancer center. The primary goals of this project were 3-fold:
1. Development and implementation of a support group facilitation training manual and training competencies
2. Development of policies and procedures for cancer center support groups
3. Establishment of a support group tracking process and database.

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Our Workgroup and Process

In 2020, survivorship and psychology program managers partnered to create a multidisciplinary workgroup consisting of 3 clinical psychologists, a social worker, a registered nurse, and a graduate student, all of whom had expertise in oncology. The workgroup's 1-hour meetings were extensively collaborative and occurred biweekly for 11 months. By early 2021, the workgroup developed a robust draft of the support group facilitator training manual.

The project was then expanded to create a support group facilitator training program, including a supplemental support group facilitator tool kit (described in more detail later) for individuals interested in facilitator training and eventual facilitation of support groups at our cancer center. These resources would help support group facilitators as they developed and implemented new support groups and provide much-needed tools and standardization for support groups already in existence.

Early workgroup meetings focused on defining the key terminology of support groups. First and foremost, the workgroup sought to create a definition of support groups, differentiating these groups from therapy groups based on functional differences. Within our cancer center, the Psychology Service provides both individual and group therapy; thus, the workgroup sought to establish a clear delineation between these groups and support groups. Ultimately, the workgroup defined support groups as meetings of members who are experiencing a similar disease or condition and who have a desire for further support from and connection to those who understand their difficulties. Furthermore, support groups, led by trained staff, provide a safe, inclusive environment where participants can receive emotional support, education, and information. Support groups are not intended to provide mental health services, nor are they meant to be solely social.

In contrast, the workgroup defined group therapy as psychotherapy facilitated in a group setting and led by a mental health clinician with the goal of creating psychological change through evidence-based interventions. While therapy groups and support groups both offer a supportive environment to improve coping skills, the goal of group therapy is treatment of mental health conditions and/or facilitation of behavior change, while the goal of support groups is to share personal experiences and build support networks. Group structure often differs as well, with therapy groups generally requiring more commitment from members to attend the group for a prescribed time span or frequency.

Next, the workgroup defined facilitator criteria and the overall structure of support groups. Facilitators must be cancer center staff and have a co-facilitator who is either another cancer center staff member or a volunteer. Facilitators are required to complete the online training, including the posttest, prior to starting a support group at our cancer center. In addition, each facilitator is asked to commit to 1 year of facilitation, maintain a list of participants, and track attendance. Support groups require open registration, allowing participants to join and participate as often as they wish, and support group facilitators determine support group length (eg, 1 hour or 90 minutes) and frequency of meeting (eg, weekly or monthly).

The workgroup then defined the main components of the support group facilitator training project, dividing them into 3 distinct phases:
1. Development of a facilitator training manual and toolkit (the contents of which are described later in this article)
2. Creation of an online training module
3. Integration of the module into our health care system's learning management system (LMS).

Phase 1. Support Group Facilitator Training Manual and Tool Kit

The first phase consisted of identifying topics and concepts to be included in the support group facilitator training manual. The workgroup reviewed literature and online documents to guide these decisions. Various members of the workgroup held virtual benchmarking meetings with similar academic institutions to discuss online training structures, peer-led groups, and facilitator roles and administrative support.

Additionally, the workgroup reviewed an external tool kit that contained information regarding co-facilitator training and skills. The workgroup added specific facilitator skills on which to focus, including communication skills, managing disruptions, and emergency procedures.

Once the workgroup identified key topics for the support group facilitator training manual, each member was assigned to write a section of the manual, which was then reviewed and edited by the workgroup in its biweekly meetings. After editing by the workgroup, the document was sent to the cancer center's marketing and creative services team to convert into a manual with the cancer center's branding and images that reflect the diversity of our cancer center patient population. Multiple revisions were made in collaboration between the workgroup and marketing and creative services.

During this first phase, the workgroup also identified tool kit content, which was pulled from the support group facilitator training manual. Throughout the project, the workgroup made additions to this tool kit. The tool kit supplements training with quick start materials and resources to support group facilitation.

Phase 2. Develop Online Facilitator Training Module Virtual Presentation

Next, the workgroup created an online facilitator training module, which consists of the support group facilitator training manual, a virtual presentation, and a posttest. The online training module complements the support group facilitator training manual and ensures all facilitators receive standardized training in specific areas, including cancer center ground rules, managing conflict and difficult behaviors, and addressing emergency procedures.

Created as a supplement to the support group facilitator training, the virtual presentation module provides visual and audio instruction of the material. The workgroup selected specific topics from the support group facilitator training manual to highlight during the virtual presentation module, and workgroup members divided presentation script writing into sections and completed them independently. Review of material and edits were done collaboratively in biweekly workgroup meetings. The presentation was created in PowerPoint and recorded with scripted audio so that all individuals receiving the support group facilitator training would obtain standardized instruction. Prior to recording, the media services department provided recommendations on the recording process as well as a microphone to record audio of the presentation. Presentation components were also sent to marketing and creative services for review; they made no changes.

The workgroup developed a posttest to be completed after the virtual presentation to reinforce the primary concepts of the training and correct any misunderstandings of the content.

Phase 3. Learn at Work Course

Once the online training materials were completed, the course was submitted to our Information Technology Office of Change Management for learning and development specialists to build the course. (Initially, the survivorship program manager was going to build the class; however, the workgroup determined that process to be cost and time prohibitive.) Our LMS is an online software application used for

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training and tracking of educational content. The LMS is an established training platform that is currently used to track yearly competencies for all staff. The decision was made to house this course in our LMS so that training could be completed on demand and without requiring a trainer (additional staff) in real time. Using the LMS also allowed for tracking of completion of and scores on the posttest.

To reinforce learning and to be consistent with our institution's training platform and strategies, the workgroup also created support group training videos. These support group scenario videos were scripted by the workgroup. Scenarios included examples of challenges and skills from the support group facilitator training manual and online training module. Local professional actors volunteered to participate in filming. An unexpected surge in COVID-19 infections delayed production of the training scenarios by 3 months. The final component of the online training, 6 videos, were taped on a Saturday over 2 hours.

Tools Developed

The workgroup created 8 tools to assist in the training and ongoing support of group facilitators.

Support Group Facilitator Training Manual

This comprehensive 20-page guide includes detailed information on meeting preparation, how to open and close a meeting, facilitator roles, facilitator skills, co-facilitation, confidentiality, bereavement issues, safety issues, patient resources, and considerations for virtual groups. This manual is intended to be used first as a training tool and then as a reference and guide for all support group facilitators throughout the course of their support group facilitation.

Support Group Facilitator Quick Start Guide

As a supplement to the support group facilitator training manual, a 1-page "quick start" guide (Figure 1) provides "how-to's" for facilitators to use during meetings. The supplement also includes helpful emergency numbers and contact information for nonemergency support.

Online Facilitator Training Module

The online facilitator training module (see Figure 2) for training module objectives) is a PowerPoint that consists of 18 slides supporting the main points of the manual as a visual aid to be used in

Figure 1. Quick Start Guide

BEFORE THE MEETING	AFTER THE MEETING
• Review resources, including facilitator training manual	• Provide a 5-minute notice that the meeting is wrapping up to allow for final remarks
• Review potential topics	• Ask for future topic ideas
• Contact guest speaker(s)	• Remind participants of the next meeting
• Ensure you are comfortable with Zoom or other virtual meeting applications	• Encourage attendees to invite others
• Prepare yourself mentally and emotionally	• Thank everyone for attending
• Relax: Take 3 deep breaths, meditate, listen to music	• Encourage feedback by using the chat feature or Post-It notes
	• Review notes and reflect on how the meeting went
DURING THE MEETING	**HELPFUL NUMBERS**
• Open on time	• 24-Hour Suicide Crisis Hotline: (phone number)
• Greet attendees or use a virtual waiting room to admit them and encourage them to turn on their cameras	• To Report Elder Abuse and/or Neglect: — Illnois: (phone number) — Missouri: (phone number)
• Make introductions (self, guest speaker, participants)	• To Report Child Abuse and/or Neglect: — Illnois: (phone number) — Missouri: (phone number)
• Establish or review ground rules: confidentiality, courtesy and respect, listen to others and avoid interrupting and side conversations, share appropriately, and do not diagnose or recommend treatment	• Behavioral Health Response — Missouri only: (phone number)
• Take notes	• Nonemergency Support: — Siteman Psychology Service: (phone number)
• Guide the discussion using techniques learned in training	

conjunction with the support group facilitator training manual. Like the manual, the online module covers topics such as training objectives, facilitator and co-facilitator skills, roles and expectations, meeting logistics, and what to do in case of emergency. Communication skills, ground rules, and common challenges and issues are also presented. The slides are accompanied by scripted voiceover with open captioning and used in an online training format for group facilitators. The online module is intended to reinforce learning from the manual.

Support Group Facilitator Training Module Scenario Videos

Six 1- to 2-minute videos feature mock support group meetings. These videos feature actors portraying support group attendees and

facilitators in different scenarios that could be expected to occur during support group meetings. In each scene, actors then illustrate learned skills, including setting boundaries, problem-solving, effective listening, and possible solutions for each scenario.

Support Group Facilitator Training Posttest

At completion of the online facilitator training module and scenario videos, a posttest is given to assess participant understanding. The test is comprised of 16 multiple-choice questions. A score of 80% is required for an individual to progress to the point of facilitating a support group. If participants do not pass, they are allowed to retake the test until they receive a passing score.

Figure 2. Training Objectives

By the end of this training, you will be able to identify:

- The difference between a support group and a therapy group
- The benefits of a support group
- The purpose of ground rules
- Facilitator skills, including de-escalation, communication, and problem solving
- How to prepare for a meeting
- Health boundary setting in a group
- Advantages of co-facilitation
- How to handle a crisis situation
- Ways to keep a virtual (Zoom) meeting safe and secure.

Zoom Resource Guide

As an adjunct to the support group facilitator training manual, a 1-page (front and back) guide to Zoom resources is provided to help with the facilitation of virtual support groups. This resource guide provides detailed instructions on how to use Zoom, considerations for facilitating a virtual support group, and how to assist group members in using the platform.

General Guidelines

In alignment with our cancer center operations, the workgroup created this document to describe standard policy and procedures for support groups.

Supporting Documents

Additional tool kit contents include a speaker request letter, a tool to track group attendance, a template for creating a support group flyer, and a list of potential group topics to help facilitators organize and plan the support group.

Discussion

Support groups provide a pathway for cancer centers to offer interactions between patients with cancer and their families that can help decrease isolation, fear, and anxiety while increasing connections with others who are facing like circumstances.[4] Based on this and other evidence in the literature, we expect that support groups help improve care.

While we recognize support groups offer several benefits, we also recognize and encountered barriers that may hinder effective development and implementation. Accordingly, this project sought to address the barriers cancer centers can experience in the creation of support groups for patients with cancer and their loved ones. By providing structure and guidance, our aim was 3-fold:

1. To increase the number of support groups our cancer center offered
2. To provide an easy to use, standardized system to train facilitators
3. Ultimately, to improve psychosocial outcomes for those impacted by cancer.

Additionally, a standardized support group program can provide training and standard of care in the facilitation of cancer center support groups. It is our hope that this project can help other organizations develop and implement a similar training program at their institutions.

Lessons Learned

While establishing a dedicated multidisciplinary workgroup was essential to the completion of this project, including a more diverse group of stakeholders, such as oncologists, patients, and preexisting support group facilitators, could have been beneficial.

We also realized the need to include administrative team members during various stages of the project. It may be worthwhile to consider other teams like IT and marketing and creative services earlier in the planning process for future projects. We experienced unexpected delays when consulting with departments and teams outside of the workgroup. For example, the cancer center's marketing and creative services team was consulted throughout the project for branding, mock-ups, and filming; it would have been beneficial to include this team at the beginning of the project to better understand their processes and timelines and their impact on completion time frames.

We recognized that there is great benefit to having project management knowledge and skills (eg, navigating scope, timelines, and risk management) for a project of this size and with multiple stakeholders. None of our workgroup members had prior experience as a trained project manager. Furthermore, while the scope of the project was expanded from creating a facilitator training manual to developing a complete training program, our workgroup felt the final product was worth the additional time spent.

Although the COVID-19 pandemic occurred at the launch of this project, it did not prevent the workgroup from moving forward. It did, however, contribute to a change in scope due to a lack of in-person meetings. Initially, the project was to create a manual to be used for face-to-face training led by a cancer center staff member. An unexpected result of the pandemic was the rapid adoption of virtual meetings and trainings. This created an opportunity for the workgroup to rethink the training format. In addition to the manual, an entire training program was developed, which ultimately resulted in a more seamless method to train and track facilitators. This development also eliminated the need for current staff to devote time to conduct training. We anticipate that this model will improve

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ease of adoption across the 6 satellite locations operated by our cancer center.

Throughout our project, communication was key. Over the course of the project, several workgroup members managed documents simultaneously. Early adoption of a shared communication tool allowed multiple individuals to make edits to documents and ensured that all members had accurate real-time access to tool kit components. The use of cloud-based document sharing had a positive impact on workgroup efficiency, communication, and overall productivity.

Next Steps

This project was initiated with the objective of increasing the number of support groups at the cancer center, therefore meeting more patients' needs. With the new training program in place, we have identified next steps to ensure we have met our initial goals and continue to expand.

First, communication and dissemination of the new program is critical. Sharing information about the program with the many oncology practices within our cancer center will increase awareness of both program resources and the need for facilitators. Regular communication will increase use of the facilitator training and ultimately result in the development of the correct number and type of support groups to fit the needs of our patients. Once this communication becomes a part of our culture, expanding support group training for other disciplines and departments could potentially benefit a much larger group of patients.

Next, a needs assessment project may further help in understanding the particular areas in which support groups may be most beneficial. This may include assessing patient interest based on cancer type, sequelae, and other topics of importance relating to cancer care. Additionally, a needs assessment can be used to gather logistical information, such as best time, location, and the frequency at which patients prefer to participate. Provider needs assessment may be used to explore interest in facilitating a support group. We will also monitor the number of support groups, with the expectation that this number increases in the first year.

Finally, a formal process for receiving and evaluating facilitator trainees' feedback is needed. This evaluation will allow for the use of data to identify any challenges and inform decisions regarding facilitator needs. It will also allow for feedback regarding needed training program enhancements. **OI**

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