

**Development of Leading Change in Global Cancer Education: A 1-year pilot leadership program for medical and allied healthcare professionals to train future innovative leaders in cancer education**

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## **Overview and Summary**

The Leading Change in Global Cancer Education program is a collaborative initiative between the AACE, EACE, CPEN and UTDRO, with the goal of training future interprofessional leaders from developed and developing countries and equipping them with the relevant skills to be leaders in the field of cancer education.

Cancer care and education require a significant level of interprofessional collaboration due to the inherent nature of team-based interdisciplinary practice in oncology. Furthermore, they rely on both clinical reflections of professionals and scholarship data to disseminate information that develops the learning of professionals. As such, it is an area that would immensely benefit from leadership development opportunities. However, the current literature regarding leadership development programs in cancer education is quite limited with most programs focusing only on physicians and few utilizing a diverse set of teaching tools. It is due to this lack of scholarship and identifying that leadership development can create a more efficient and productive workplace that inspired our team to develop this course.

The course is following the success of our educational interactive course titled, “Essential Skills in Cancer Education: Leadership, Leading, and Influencing Change in Cancer Education”. The goals of this course were to enable participants to translate the principles of leadership in action, utilize change and networking to set and achieve goals in an interprofessional setting, engage them in leadership in cancer education and inspire initiative for change. The course was very successful, with all participants reporting, following completion of the course, that their knowledge regarding leadership in cancer education had developed and increased. Furthermore, post-program surveys were positive with participants stating that they would use their newly acquired leadership skills to initiate change in practice.

Our course, “Leading Change in Global Cancer Education” will introduce a novel approach to the development of leaders in cancer care education by emphasizing a mentee-mentor dyad, allowing the participants to develop more personal connections, and increasing opportunities for one-on-one learning. Following successful completion of the course, mentees will have the chance to assume the role of mentor in the following years course, thereby coaching the next generation of leaders in cancer education.

## **Aim**

Our grant budget of \$5000USD was intended to be used as funding for the development of the program alongside data analysis and AACE dissemination. Following the completion of the program and if the project is successful, we will be applying for extramural sources of funding to maintain the leadership program and develop more content to expand it.

The overall aim of this 1-year pilot project is to develop, implement, and evaluate a professional education program in cancer care leadership. Within the timeline of this project, the following objectives will be met:

1. Develop a core curriculum for the primary and follow-up seminars with initial intake of 10 participants
2. Engage participants to develop more personal connections within the area of cancer education
3. Evaluate the seminar course content curriculum with the mentees and mentors using surveys, interviews, and open ended and anecdotal responses

4. Analyze the initial pilot course evaluation data to inform the development of future seminars and programs
5. Use initial course evaluations to inform future funding applications to obtain a stable source of funds for the leadership program

### **Seminars Overview**

#### *Webinar 1: Getting Started by Krista Dawdy and Ewa Szumacher*

This session will provide an overview of the leadership in Cancer Education series. We will examine and discuss the components necessary for effective scholarship in cancer education. Participants will have the opportunity to discuss how their current programs may benefit from implementing recommended strategies.

#### *Webinar 2, Part 1: Community Engagement by Kathleen Heneghan*

A critical strategy for reducing the burden of cancer in communities is to create partnerships and collaborations between researchers and our communities. Through these partnerships we can conduct community-engaged research that increases access to cancer prevention to reduce cancer risk, mortality and increase survival.

#### *Part 2: Leadership Styles to Help You Achieve the Success in Cancer Education by Filipe Santos Silva*

Health professionals in cancer education need leadership development to meet the continued rise in cancer cases and to keep up with the rapid biomedical advances in global cancer care. In addition, leadership development in cancer education supports interprofessional collaboration, optimizes patient engagement, and provides mentorship opportunities. We will also discuss the different leadership styles, which may help participants in enhancing their leadership potential and initiatives.

#### *Webinar 3: Risk Assessment and Communication by Jacob de Vries and Jan Oosterwijk*

Communication skills training (CST) has become a way to build skills that advance the clinical agenda, as well as promoting professionalism and excellence of care. This webinar will discuss the importance of risk assessment and effective communication in oncology with increasing incidence/increasing diagnostic/treatment options and decreasing budgets.

#### *Webinar 4, Part 1: Cultural Racial Diversity and Spirituality in Cancer Education by Gilad Amiel*

Diversity in the oncology team is critical for providing quality and comprehensive care that serves the whole patient. Social category diversity centers on differences in characteristics such as sex, age and ethnicity. This webinar will discuss cultural, professional and disciplinary diversity in the oncology team based on experiences from Rambam Hospital in Haifa, Israel.

#### *Part 2: Global Cancer Education and International Collaboration by Jamal Khadar*

This webinar will focus on how leadership can help support cancer organizations to achieve “an influential cancer community with the skills, knowledge, and networks to achieve effective cancer prevention and control.” This webinar will be led by Dr. Khadar, who has utilized the expertise from the Union for International Cancer Control (UICC) members and delivers services

to a UICC membership base that improves their effectiveness in their chosen field of operation within their own country.

*Webinar 5: Publishing Your Work in Peer Review Journals by Maria Bishop*

This webinar will discuss the importance of publishing scholarship and research in peer reviewed journals. Maria Bishop, editor in chief for the Journal of Cancer Education will discuss her experiences and provide tips on how to publish in a journal and the importance of choosing an appropriate journal. Participants will have an opportunity to discuss their projects and ask questions following the webinar.

*Webinar 6: Dynamic Leadership in the Challenging Digital Age by David Wiljer*

This webinar will provide a perspective on global cancer education and international collaboration leadership through networking among organizations. In addition, discussions on being a leader in this technological age and leading with digital compassion will also be held. Following the end of this seminar, Krista Dawdy and Ewa Szumacher will convey final thoughts and there will be time for discussion from all participants.

**Conclusion**

The Leading Change in Global Cancer Education program is a collaboration between the AACE, EACE, CPEN and UTDRO, with the aim of engaging interprofessional educators from diverse backgrounds who want to enhance their leadership skills in cancer education. Following successful completion of the 1-year pilot project, we hope to update the program curriculum with on-going feedback from participants and presenters.

**Project Timeline**

Project Activity	Pre-Award Months	Months 1-2	Months 3-4	Months 5-6	Months 7-9	Months 10-11	Month 12
Explore leadership themes and format of the courses	X						
IRB submission and approval	X	X					
Planned meetings with project team	X	X	X	X	X	X	X
Course development		X	X	X			
Develop qualitative evaluation		X	X				
Identiy and enroll participants		X					

Mentor-mentee pairing			X	X			
Code and analyze data					X	X	X
Prepare manuscripts and presentations						X	X
Prepare READS grants						X	X

**Statement confirming project goal completed and how each goal was met (1 and 2):**

During the 1-year timeline of this project our team set out specific objectives to achieve the overall goal of implementing and evaluating a professional education program in cancer care leadership. We were successful in attaining this goal through designing an innovative leadership series that engaged interprofessional educators and enhanced their leadership skills in cancer education.

Objective 1: Develop a core curriculum for the primary and follow-up seminars with initial intake of 10 participants.

We designed the six webinars based on topics presented at the “Essential Skills in Cancer Education: Leadership, Leading, and Influencing Change in Cancer Education” conference. Furthermore, we did a short needs assessment prior to commencing the course to evaluate the needs of our participants, tailoring the webinars to their desired areas of education. In terms of participants, we were successful in enrolling more than our anticipated goal of 10, with a total of 15 individuals taking part in the course. We were able to achieve this goal by announcing and recruiting through various websites – AACE, EACE, CPEN and UTDRO – as well as promoting our course in the Journal of Cancer Education. The following avenues of recruitment allowed us to have global participation with an interprofessional audience.

Objective 2: Engage participants to develop more personal connections within the area of cancer education

Our course was always designed as a highly interactive series, encouraging participants to network and form more personal connections alongside ask questions and voice their opinions. For example, in one session, participants were given the chance to discuss how their current programs may benefit from implementing recommended strategies. In another session on publishing work in a peer reviewed journal, participants were given the opportunity to network and collaborate with their fellow members by discussing their current leadership projects. There were also in-depth discussions on being a leader in our technological age and leading with digital compassion in our final session that enabled participants to find like-minded individuals as well as spark new thoughts on such an important topic. These are only a few instances in our series that highlight the success of this course in engaging participants to foster connections within the field of cancer education.

Objective 3: Evaluate the seminar course content curriculum with the mentees and mentors using surveys, interviews, and open ended and anecdotal responses

Following completion of our course, “Leading Change in Global Cancer Education”, we offered a post-session evaluation form to all participants to be completed as well as the opportunity to email us with any thoughts they had regarding the course. In terms of the post-session evaluation (Appendix), we asked participants to rate their experience of the session content in terms of its relevance to their discipline/profession, their expectations, the program's organization, whether it improved their leadership skills, its usefulness in their future practice and if they wanted more time for interaction. We also asked participants to define and explain what the most effective part of the session was, whether the program would encourage them to consider changes in their current practice and what suggestions they have for improving the program. Finally, we asked participants to list any topics they would like to see addressed in future sessions and if they would like to participate in the future as a content expert, facilitator, mentor and/or faculty and program review. The last question aligns with our goal of encouraging experiential learning and coaching the next generation of leaders.

**Objective 4: Analyze the initial pilot course evaluation data to inform the development of future seminars and programs**

Since our course only recently completed, we have not yet been able to analyze data from post evaluations. However, after obtaining our participants post-session evaluation forms, we will analyze the data using a mixed method approach. The REDCap software will be used to collect and analyze the results of the surveys and ANOVA and Student t-test will be used to decide mean differences between the post-session evaluations. Qualitative data will be coded and analyzed using thematic analysis by at least two codes.

**Objective 5: Use initial course evaluations to inform future funding applications to obtain a stable source of funds for the leadership program**

Following our initial course evaluations, we recognized that our budget was not sufficient to run the course as we needed IT support, administrative support and potentially more incentive to garner national and international participation. We anticipate, following review of our current statement, a budget of \$10,000 would be a stable source of funds for the leadership program.

**Description of how well project goals were met, according to metrics (3) (please see Post-Session Evaluation form in Appendix):**

It is important to note that while we made every effort, we did not have control over post-seminar responses as they are done independently and were sent out by UofT's CPD office. With the limited number of participants and completed post-evaluation surveys, we recognize this as a limitation of one of the outcomes with the grant.

There was consensus among our participants that our course “Leading Change in Global Cancer Education” was relevant to their professions, met their expectations and improved their leadership skills. Many of our participants started thinking about changes in their current practice with two respondents stating, “there were bits of information in the sessions that I will definitely reflect on” and “it has changed my way of thinking about my current practice activities.” In addition, our participants expressed positive responses to the interactive component of our course stating that they “loved the interactions between peers and presenters” as well as the diversity in the leaders, “I thought that it was great that the presenters were from across the globe and shared their experiences.”

Our aim, following successful completion of the course, was to maintain and update our program following feedback. This was achieved as our participants provided comments on topics they would like to see addressed in future sessions as well as suggestions they have for future sessions including “larger group of participants to increase diversity and allow for richer discussions” and “less lecture and more discussion about the topics in the session.” In addition, we hoped that our course would encourage experiential learning with our participants taking on the role of mentor; 1 of our participants expressed an interest in doing so, with the remaining three expressing interest in taking the role of content expert, facilitator and faculty and program review. This was a positive response, and we hope, following completion of the remaining evaluations, we will see more desire to take on the role of mentor.

#### **Summary of any lessons learned from the project (4):**

Our participants shared that there are systemic barriers to skill development and mentorship as well as a lack of opportunities and professional restraints, such as lack of staff and timing constraints. In relation to patient engagement, we must be open to listening to the thoughts and values of others as every patient’s needs are unique. Furthermore, we must exhibit cultural sensitivity and competence. To achieve this, we must understand the cultural context of the social group – their beliefs, values, habits and needs - and exhibit culturally appropriate communication. Without cultural sensitivity and without a willingness to hearing the voices of others, misunderstandings will arise and will prevent us from building relationships with communities. Thus, keeping a respectable environment is key to connecting with the patient and to understand them one a deeper level.

To have care that is both collaborative and accessible, patient preferences, thoughts, and beliefs need to be incorporated. This is only possible when patients become part of the team and are actively and consciously involved in the decision making. To that end, we need to take steps that reduce communication barriers such as standardizing information dissemination and ensuring translators are present when needed. It is also vital that, as healthcare professionals, we recognize the prevalence of low health literacy and adjust our communication accordingly through evidence-based strategies. These include, but are not limited to, encouraging our patients to bring a family member or friend to support them, using simple language and avoiding medical terminology and utilizing visual tools.

There was discussion regarding initiating opportunities for networking with emphasis on actively seeking opportunities to work with others through engaging in programs such as these and joining national and international organizations. Participants were reminded about the value of stepping forward and promoting their projects in these settings. They were also reminded of the value of learning from those of different health backgrounds and not limiting themselves to keeping their network to their speciality. Finally, our presenters highlighted the significance of addressing the gaps that exist in our programs and recognizing the merit of constant improvement.

Regarding limitations of our course, we became aware that our participant involvement was broadly national with only one participant from New York. Thus, it provoked thoughts on how we may better recruit participants both nationally and internationally for future iterations.

#### **Impact of receiving grant on PI’s career (5):**

By receiving this grant, the PIs were able to develop an innovative course regarding leadership in cancer education that could be disseminated globally, a first for cancer education.

In doing so, they were able to develop expertise in organizing these types of interactive digital series. This grant provided the opportunity to create a program that focused on important topics needed to be discussed in the community of cancer education as well as reflect on future topics.

**Plans for future publication and extramural grant funding (6):**

Through international organizations such as the AACE, EACE, CPEN, African Organization for Research and Training, Union for International Cancer Control, and the International Association for Medical Education, we plan to disseminate the lessons learned over the course of this series. Specifically, we plan to present our data at the annual ICEC and EACE meetings in 2023 as well as submit a workshop proposal to the conferences. In addition, a manuscript for publication will be submitted to the Journal of Cancer Education.

Following successful completion of this 1-year pilot program, we hope to apply for extramural sources of funding to not only maintain the series but to continue to develop the program and adjust content according to participants input.