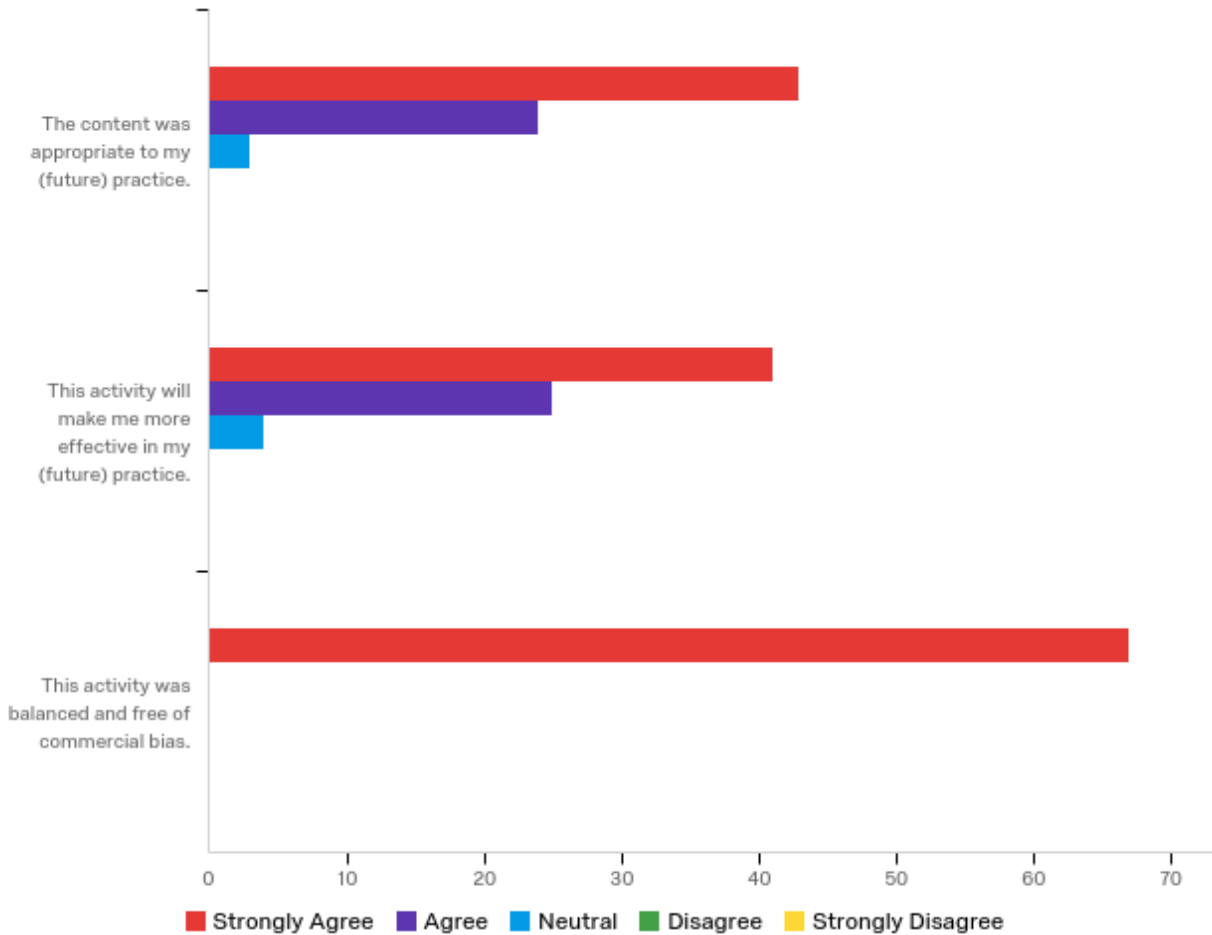


# CME Evaluation Summary

*Katie Miller Young Adult Cancer Conference: Mental Health and Survivorship*

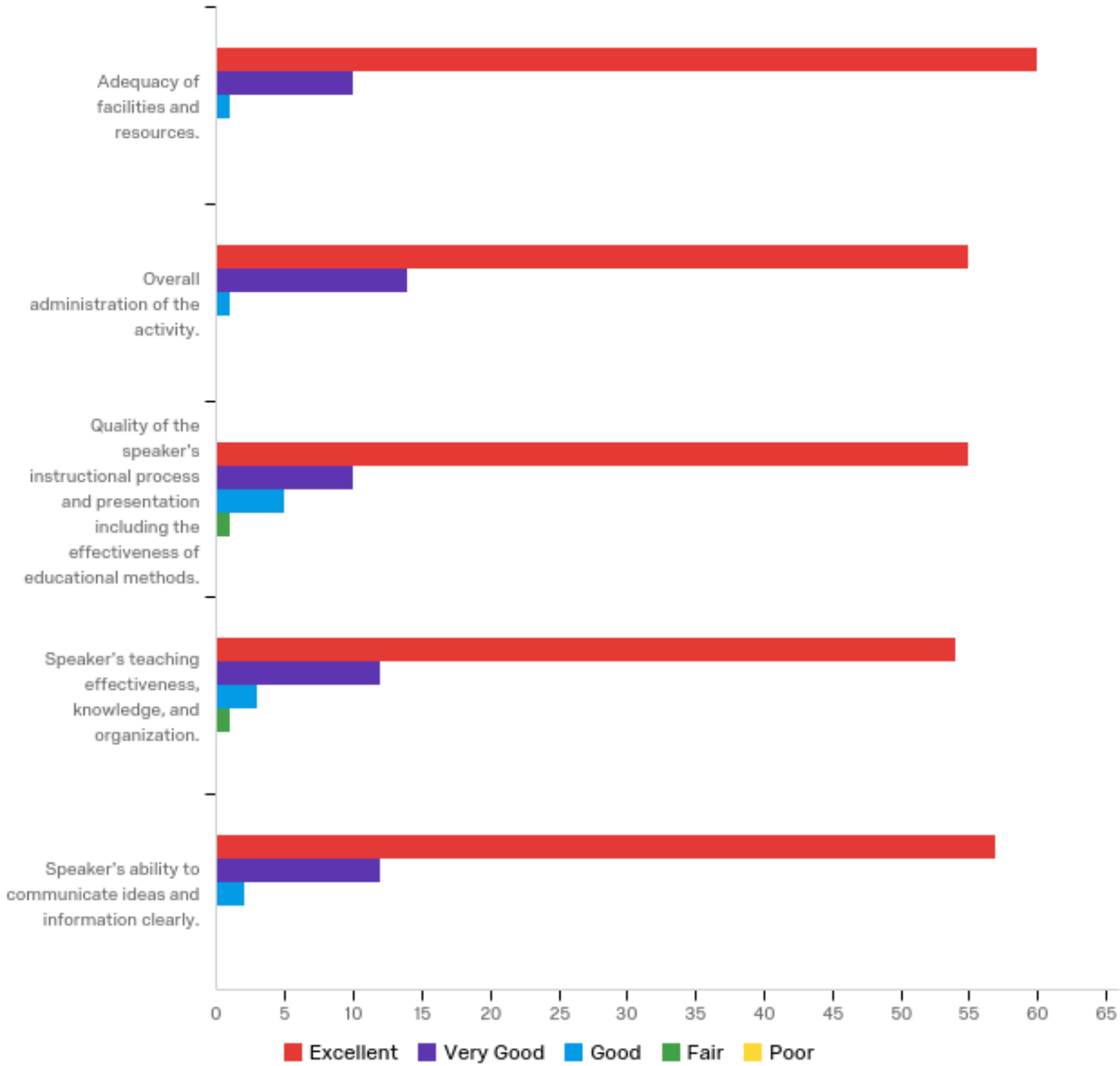
May 1, 2019

**Q1 - Please indicate the extent to which you agree with the following statements:**



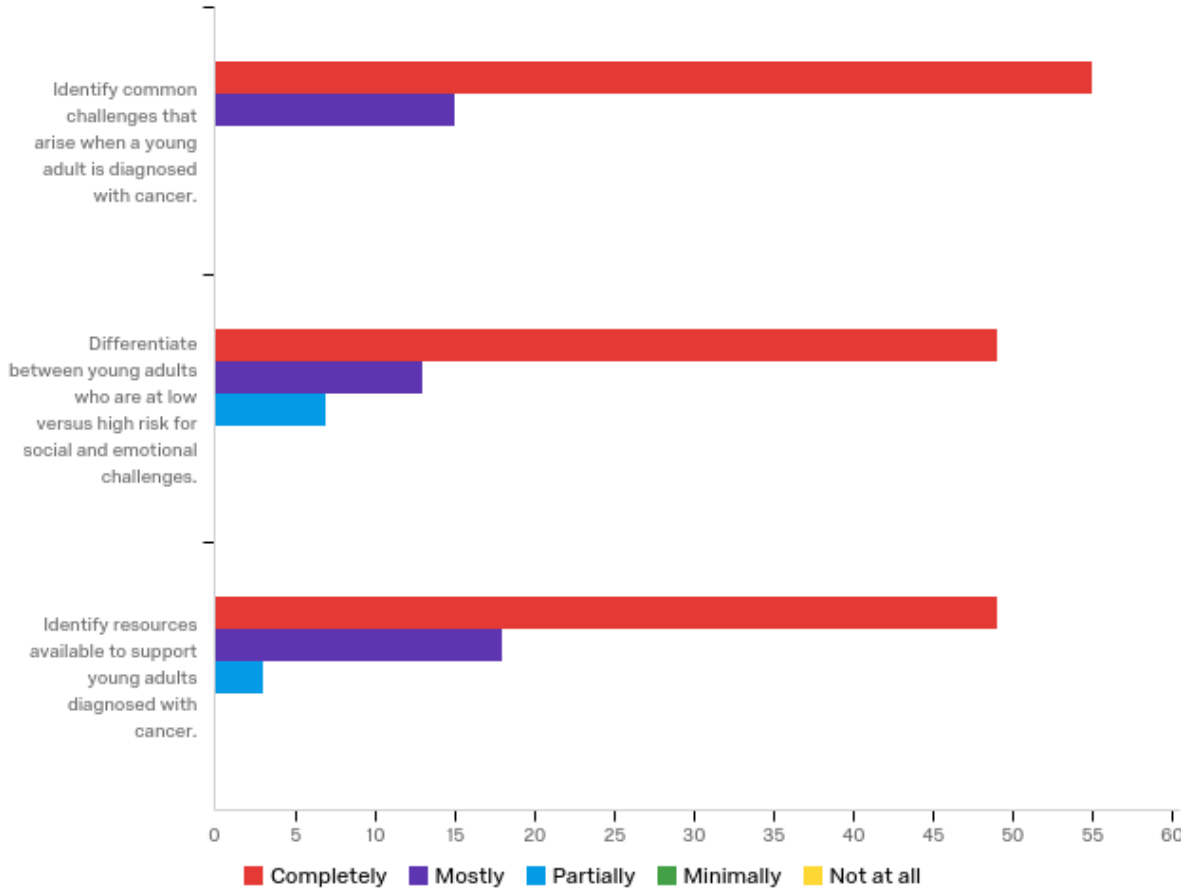
#	Please indicate the extent to which you agree with the following statements:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
1	The content was appropriate to my (future) practice.	61.43% 43	34.29% 24	4.29% 3	0.00% 0	0.00% 0	70
2	This activity will make me more effective in my (future) practice.	58.57% 41	35.71% 25	5.71% 4	0.00% 0	0.00% 0	70
3	This activity was balanced and free of commercial bias.	100.00% 67	0.00% 0	0.00% 0	0.00% 0	0.00% 0	67

**Q2 - Please rate the following:**



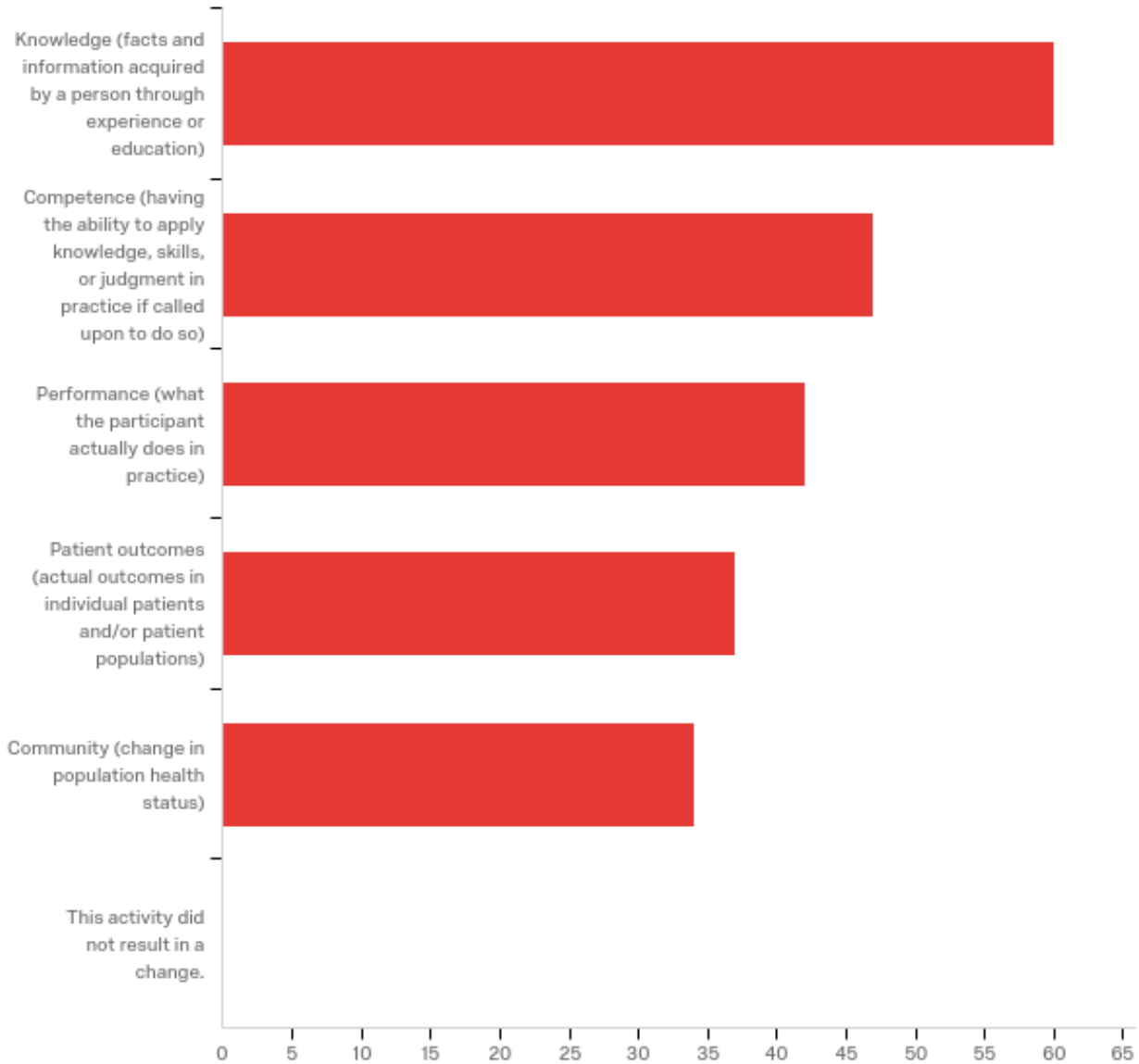
#	Please rate the following:	Excellent		Very Good		Good		Fair		Poor		Total
1	Adequacy of facilities and resources.	84.51%	60	14.08%	10	1.41%	1	0.00%	0	0.00%	0	71
2	Overall administration of the activity.	78.57%	55	20.00%	14	1.43%	1	0.00%	0	0.00%	0	70
3	Quality of the speaker's instructional process and presentation including the effectiveness of educational methods.	77.46%	55	14.08%	10	7.04%	5	1.41%	1	0.00%	0	71
4	Speaker's teaching effectiveness, knowledge, and organization.	77.14%	54	17.14%	12	4.29%	3	1.43%	1	0.00%	0	70
5	Speaker's ability to communicate ideas and information clearly.	80.28%	57	16.90%	12	2.82%	2	0.00%	0	0.00%	0	71

**Q3 - Did the activity meet your expectations in accomplishing the stated objectives?**



#	Did the activity meet your expectations in accomplishing the stated objectives?	Completely	Mostly	Partially	Minimally	Not at all	Total					
1	Identify common challenges that arise when a young adult is diagnosed with cancer.	78.57%	55	21.43%	15	0.00%	0	0.00%	0	0.00%	0	70
2	Differentiate between young adults who are at low versus high risk for social and emotional challenges.	71.01%	49	18.84%	13	10.14%	7	0.00%	0	0.00%	0	69
3	Identify resources available to support young adults diagnosed with cancer.	70.00%	49	25.71%	18	4.29%	3	0.00%	0	0.00%	0	70

**Q4 - This educational activity will result in a change in my:**



#	This educational activity will result in a change in my:	%	Count
1	Knowledge (facts and information acquired by a person through experience or education)	27.27%	60
2	Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)	21.36%	47
3	Performance (what the participant actually does in practice)	19.09%	42
4	Patient outcomes (actual outcomes in individual patients and/or patient populations)	16.82%	37
5	Community (change in population health status)	15.45%	34
6	This activity did not result in a change.	0.00%	0
	<b>Total</b>	<b>100%</b>	<b>220</b>

## **Q5 - Please describe any 'pearls' or takeaway messages.**

- Mental health is an important part of caring for a young adult diagnosed with cancer.
- The transition period that young adults are in also brings up barriers in regard to accessing healthcare or even seek medical care as they may brush aside the vague symptoms.
- Young adults who have survived cancer have a really hard time with being able to connect socially with others their age.
- Young adult cancer has one of the lowest survival rates.
- Meeting the patient where they are, along with the family. At some point, treating the patient not the diagnosis.
- We really need to get into the hard stuff with the families and work with and walk with them through the hard stuff.
- The psychological impacts of cancer in young adults and resources available.
- The list of losses experienced.
- How to develop a new normal.
- Cancer is complex and should be approached layer by layer.
- The definition of compassion.
- It is very good to understand more about a patient's 24/7 quality of living.
- No one is turned away for lack of insurance. The "winner" is the one who collects the most care and support from others.
- Jordan's message on Maslow's hierarchy of needs and how to walk with a suffering patient.
- Incidence rates for young adults is increasing more than any other age partly due to delayed diagnosis/recognition. Better treatment outcomes for AYA on all treatment protocols. SES=later stage of diagnosis. 27-63% of AYA have difficulties with adherence.
- Humor. Be willing to dance.
- You captured the AYA perspective perfectly. Thank you.
- Young adults have higher death rates than pediatrics, yet young adult research/clinical trials are much smaller than for pediatrics.
- Oncologists need to provide mental/emotional care after treatment.
- Keep the patient involved in their own care.
- Gather a community for your patients.
- We are to heal people--not the disease.
- Cancer is a dance--not a battle.
- Interactions with patients are short. You need to look at how the patient is living 24/7.
- Developing complex relationships with AYA cancer patients.
- Abundance of resources.
- There still needs to be more research.
- Co-suffering with the patient.
- The psychological effect on the cancer patient is neglected a lot.
- Young adult cancer is underserved.
- The mental/emotional aspect of the patient is huge!
- Cancer affects young adults and the difficulties they experience are particular to their demographic.
- I was made aware of resources for patients as well as where I can find information about care for my patients.
- Socioeconomic status affects outcomes.
- Infertility concerns.

**Q5 - Please describe any 'pearls' or takeaway messages. (cont'd.)**

- I loved the emphasis on the full picture of a patient for better diagnosis/treatment.
- Learning that there are many resources of support for this patient population.
- Survivorship care plan is important along with coping strategies.
- It is important to know what life before diagnosis was.
- Being able to see all the barriers that young adults face just with the diagnosis.
- Mental health is a big part of the cancer diagnosis, at any age, and it needs to be addressed. The patient may not always bring it up.
- The definition of compassion. Utilize resources.
- Listen. Look at the whole person.
- It is okay to feel scared, sad, or upset. Lean in and listen.
- Compassion - "with suffering"

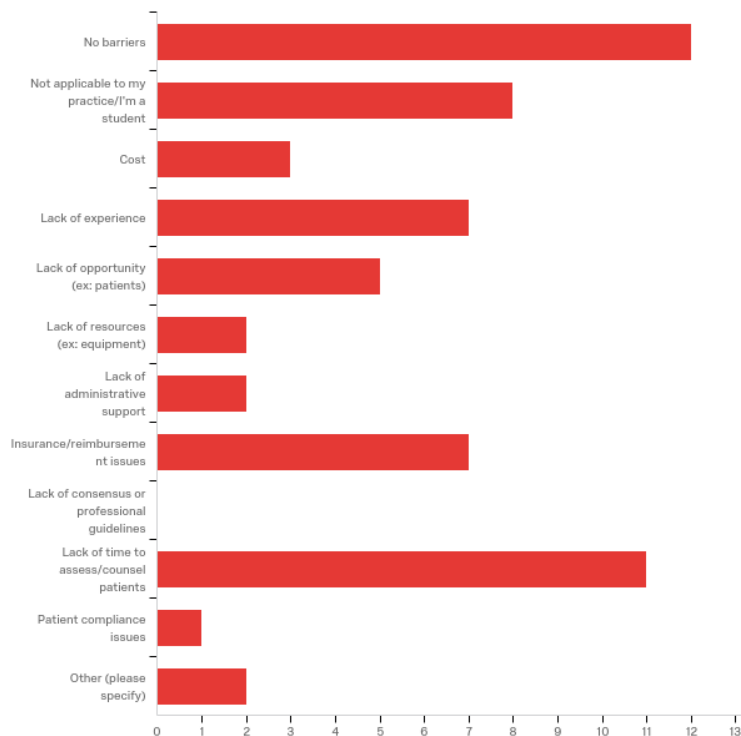
**Q6 - Please note any changes or improvements in the care of your (future) patients that you plan to make as a result of attending this educational activity. If no changes are identified, please explain why (program format, content not appropriate, nothing learned, etc.)**

- Be focused on being present, listening, having compassion.
- Try to normalize feelings/concerns post-remission status.
- Try to get patients connected with support groups to combat the isolation they may feel while fighting cancer and post-cancer (remission).
- Overall, just being aware of the unique challenges young adults with cancer or with a history of cancer face and trying to help patients along the way to break down those barriers/challenges.
- Making more community resources available for patients and their families.
- Trying to go deeper emotionally with who I work with.
- Really listening, being truly compassionate, meeting them where they are.
- I am now aware that cancer in this age group is more prevalent than I thought.
- Utilization of referrals and resources.
- Implementing information into our support groups to help acknowledge all losses experienced.
- I will address all aspects of the patient's life and not only address the illness.
- I will embrace the patient's desire to be involved in care and consider their suggestions.
- Seeing the needs of young adults differently.
- Active listening--maybe understanding what is going on that is hidden.
- I have a better understanding of questions to ask a young adult with cancer and how to better approach suffering people.
- I feel I gained a better understanding of humility and compassion that I can take with me.
- For young adults, discuss adherence frequently--assume non-adherence.
- I would make sure that the patient has control over their treatment in a way that would get them involved in their health.
- Learning about psych resources available will be helpful in my practice.
- Keeping patient perspective on the forefront during clinical practice is key to making healthcare rewarding.
- I will treat patients as people with whom I have compassion for.
- Have the compassion to suffer with the patient.
- Differences in interacting with AYA group.

**Q6 - Please note any changes or improvements in the care of your (future) patients that you plan to make as a result of attending this educational activity. If no changes are identified, please explain why (program format, content not appropriate, nothing learned, etc.) (cont'd.)**

- How cancer diagnosis is delayed, especially in lower SES groups.
- Survivorship complexities and how normal changes in AYA age are made more difficult with a cancer diagnosis.
- More personal stories from the patient.
- I'm looking to go into psych, and this will help me be mindful of all the aspects of cancer care that will impact my patients.
- Identifying special screenings/care needed for this unique population.
- Allowing patients to become more active in their treatment.
- Remembering the importance of "everything else" beyond the cancer.
- Supportive "listening."
- As a PT in the acute care setting, knowing there are questions I can ask to make sure patients are receiving all the support they need.
- Ask personal questions.
- Take time to ask personal goals.
- I plan to provide resources for my patients. I will engage with the patient beyond their diagnosis and get to know them on a personal level.
- Community resources.
- Hearing Jordan speak, I will consistently make an effort to make my patients feel like they are my only patient that day, even though my schedule is full.
- Really listen and pay attention.
- Continue empathy.
- Feed off patients' skills (laughter, etc.) to initiate bond.
- The importance of listening/stopping - not hurrying.
- Getting to know the patient.
- The importance of community.

**Q7 - Please identify any barriers that you perceive in implementing any changes.**



#	Please identify any barriers that you perceive in implementing any changes	%	Count
1	No barriers	20.00%	12
2	Not applicable to my practice/I'm a student	13.33%	8
3	Cost	5.00%	3
4	Lack of experience	11.67%	7
5	Lack of opportunity (ex: patients)	8.33%	5
6	Lack of resources (ex: equipment)	3.33%	2
7	Lack of administrative support	3.33%	2
8	Insurance/reimbursement issues	11.67%	7
9	Lack of consensus or professional guidelines	0.00%	0
10	Lack of time to assess/counsel patients	18.33%	11
11	Patient compliance issues	1.67%	1
12	Other (please specify)	3.33%	2
	Total	100%	60

Other (please specify):

- Not applicable--I'm a survivor.
- I am a survivor so this is not applicable to me.



**Q8 - How will you address these barriers in order to implement these changes in your (future) practice?**

- Once I am able to get back into a position where I provide direct patient care, I will use the knowledge learned this evening in regards to patient care.
- Remembering the importance of mental health and not brushing aside the possibility of cancer in young adults.
- Ongoing, continued education and utilization of mentors or experts in the field.
- Time is a big barrier.
- Resources are important and learning about available resources is important.
- Increasing experience/education and connection with patients.
- Create time/allow more exposure to these circumstances.
- Being mindful.
- Take time to just listen and really plug in to the as an individual.

**Q9 - Do you have any unanswered questions or additional comments?**

- I especially enjoyed Jordan and his mom's vulnerability to share so deeply. It was very helpful to understand.
- It is always good to have the wisdom of someone who has been there (Jordan).
- The variety of panel speakers was excellent, and they were open to sharing their experiences. Jordan's perspective was very insightful and inspirational.
- I am an addiction counselor. I see family members using as a result of cancer diagnoses.
- Renewed some of my outlook and skills. This put things into perspective and I really appreciated that it included Jordan as a survivor and his mother, Carina.
- You captured the AYA perspective perfectly. Thank you.
- Oncologists also need to provide resources to patients after treatment--like Stupid Cancer or local support groups.
- The panel was fantastic.
- I'm a medical oncology provider, and I would love to be another perspective if you do this again!
- This was a great event!
- I loved the life lessons with the Little family. It was great having them on the panel.
- Having a meal was great.
- The information provided will be very helpful. This topic covered my educational need.
- Thank you!
- Great insight from Jordan...thanks for sharing!
- I enjoyed the presentation. The panel of providers were amazing to this crowd of providers.
- I appreciate Jordan and Carina's point of view but felt a lot of repetitive, generic content. There needed to be more designated questions or dividing providers/survivors may have been helpful.
- I really liked Jordan and think he will be a great physician.
- Great panel - especially Jordan and Carina. Thank you!
- I want Ann Benetti in my corner fighting for me! Great job!

**Q10 - Given the scope of your practice, what educational needs do you have?**

- Grief and loss experienced after the death of a loved one.
- Knowing what patients experience during diagnosis and treatment to best assist with bereavement and grief/loss.
- Practice having difficult and emotional conversations with patients, especially when delivering bad news.
- More education on family members becoming addicted after a cancer diagnosis.
- I'm always looking for CE events as a social worker.
- Now, I'm still a 1st year DO student, so I have a foundation to learn before I can address my practice skills.
- More CMEs on similar topics would be great.
- Experience mostly at this point in my education as I am a first year PA student.
- Post treatment care and screening education.
- We always need education!
- Continued education in resources for our patients.