INTRODUCTION

- The cancer recovery experience, also known as the ‘re-entry phase’, presents physical and emotional challenges for which patients are often not prepared.
- Few evidence-based interventions exist offering psychosocial care and information to support cancer patients’ transition from active treatment to a ‘new normal’.

OBJECTIVES

- Explore the informational and psychosocial needs of adult patients at re-entry at 2 McGill-affiliated teaching hospitals.
- Engage clinicians and patients in the co-design of a re-entry program, including the content, format, and options for delivery method.
- Develop, pilot and evaluate an evidence-informed supportive re-entry program for patients completing active treatment that will:
  - Facilitate the re-entry process
  - Improve self-management skills
  - Promote positive and active patient engagement in health and life.

METHODS – APPROACH

- Patient-centred, participatory action research approach.
- Adapted experience-based co-design (EBCD) methodology – improve user experience through understanding patient perspectives of a process or service.
- Patients and clinicians share experiences, prioritize areas of service improvement, and collaborate on the design and delivery of the service.

EBCD PROCESS

STEP I – Focus Groups
- Focus group video & audio recorded and transcribed
- Participants shared experiences and identified support information needs for a re-entry program.

STEP II – Qualitative Analysis and Development of ‘Trigger’ Film
- Deductive and inductive approach.
- Thematic framework determined via literature review of evidence-based interventions and needs assessments.
- Content analysis and constant comparison to categorize focus group data into emergent themes.

STEP III - Patient/Professional Co-Design Event
- Participation of all patients, professionals, and research teams.
- Summarized & presented focus group results.
- Presented patient ‘trigger’ film.
- Working group sessions to:
  - Agree to top 10 topics
  - Brainstorm appealing format ideas
  - Discuss when, where to offer information.

STEP IV - Re-entry Program Development
- Patient experiences and perspectives are key drivers in the development of content, format and delivery method.
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STEP V - Introductory Video
- Focus Group (2)
- Disney focus group method
- Post-treatment patients (n=10)
- Choice of 3 scripts & animations
- Group approved final video.

RESULTS

Focus groups – selected key messages:
- The ‘myth of treatment completion’ is a challenge for health professionals and patients to address.
- Patients’ unmet needs and professionals’ concerns in general alignment, e.g. increase awareness of available services, need for recovery planning, and back to work issues.
- Contrast in patient preferences for detailed health information vs. professionals’ tendency toward limiting this information.

Program requirements from co-design event:
- Tailor to individual needs for information and timing.
- Include self-care strategies.
- Contain reliable information.
- Normalize the recovery process.
- Variety of formats – print, web, video.
- Include peer/professional contact.

FINAL PROGRAM DESIGN

Components:
- Face-to-face orientation session at treatment completion.
- 3-minute motivational animated video to introduce booklets.
- 7 stand-alone booklets based on ‘as need’ information seeking:
  - What’s next? Being mindful about your ‘new normal’.
  - Side effects and symptoms.
  - Emotions, fears and relationships.
  - Regaining function and health.
  - Back to work.
  - Family and caregiver support.
  - Where to get reliable information.

ANTICIPATED PATIENT IMPACT

- Improved perceived preparedness for re-entry and self-management skills.
- Increase patient engagement in health and wellbeing.

TRANSLATION ACROSS THE RCN

- Pilot test at 2 RCN affiliated hospitals.
- Promote administrative and clinical staff engagement.
- Adapt program for seamless inclusion in existing hospital structures and services.

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