

Appendix E:

# Supported Self-Management for Men with Prostate Cancer: Development and Piloting of a Workshop to Transition Men after Treatment to Remote Monitoring and Follow-up

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The work reported here is part of the TrueNTH global initiative, led by the Movember Foundation, to tackle critical areas of prostate cancer care. TrueNTH is an international network of representatives which includes clinicians, academics, patients and organisations from across the UK, Canada, Australia and other countries. Through this initiative we are working together to identify and demonstrate the best and most cost-effective models for improving prostate cancer survivorship care and support. In the UK, the TrueNTH partnership of healthcare professionals, academics and volunteers is managed by Prostate Cancer UK

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## **BACKGROUND & AIM**

Prostate cancer services globally face significant challenges in providing effective follow-up care, and there is evidence of continued high levels of unmet need among men who have completed treatment (Ream et al, 2008; Cockle-Hearne et al, 2013). The Movember Foundation, in conjunction with Prostate Cancer UK, is funding a service improvement initiative, 'True NTH UK Supported Self-Management and Follow Up Care', in five NHS Trusts in the UK. This initiative is transforming post treatment care pathways for those men capable of taking a greater role in managing their own care. A 4-hour self-management workshop to transition men onto the pathway has been developed. This poster describes the development and piloting of the workshop format and content.

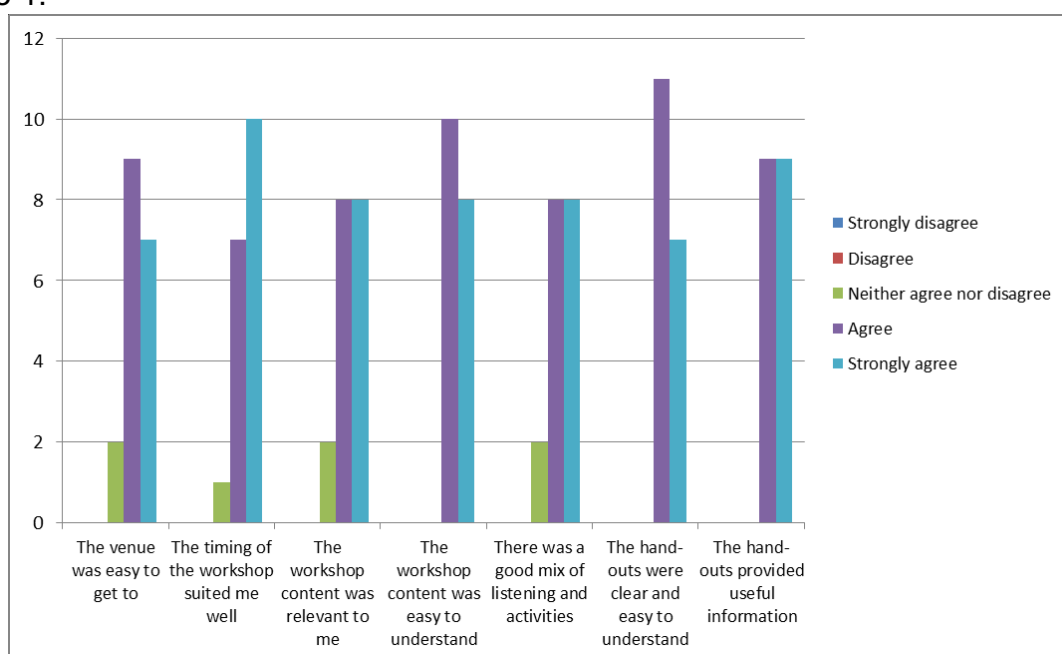
## **METHODS**

Based on principles of andragogy (Knowles et al, 1984), Bandura's social learning theory (Bandura, 1977) and Adair's model (Adair, 1973), the workshop's purpose is to provide information, develop skills and confidence to monitor symptoms, check for recurrence, promote healthy lifestyles and set personal goals. Development was through intervention mapping (Bartholomew et al, 1998) with user representatives, psychologists, a public health consultant and clinical teams. Thirteen group-based workshops were piloted in 2 hospitals. Each workshop was delivered by a support worker and clinical nurse specialist who had attended a 1-day training course in group facilitation, with additional 'homework'. Thirty-five men from 4 workshops completed an acceptability questionnaire. Interviews were conducted with 10 men purposively sampled from the same 4 workshops, to represent different ages, types of treatment and computer use. Interviews were conducted with the 4 staff involved in delivery of the workshops. Recommendations were made, at each stage of the piloting process, about improving the workshop. These recommendations were then incorporated into the next stage of piloting.

## RESULTS

On the acceptability questionnaire, men were asked to rate seven different aspects of the workshop (e.g. content, relevance) on a 5-point scale. Figure 1 summarises men's responses following the second round of workshop piloting. Men were recruited from two workshops and 18/20 responded. Their responses show very high levels of acceptability. The interview data revealed clear benefits for the men: validation of their experiences in the group and increased confidence to self-manage. The clinical nurse specialists and support workers delivering the workshops described creating a supportive, comfortable atmosphere and recognition that improvement in their own group facilitation skills would take time.

Figure 1:



“I have to learn how to interrupt without being insensitive”

*Quote from workshop facilitator*

“It was exactly what I needed as I had become very depressed. Thought that I might not last to Xmas. When I spoke to the others and found that they had lived for many years it certainly changed my attitude to cancer. I learned a lot today”

*Quote from man with prostate cancer after workshop*

“What I’m finding interesting is how chatty these men are, they’re not ... hiding their fears, and they’re not worried about talking about their lack of erections in front of other people”

*Quote from workshop facilitator*

“I hate this issue of being in the dark all the time, as I said, we live from result to result, and that period in between, we are left in the dark. I’m not any longer, I’m there, I’m with them, I’m up there with them. Any query, any issue, it’s like going to the board meeting isn’t it where decisions are being made and I can be part of those decisions being made. I really feel I am now part of the team, if you like, and not waiting for the answers, I’m up there with them now, and that’s what team work is all about, isn’t it”

*Quote from man with prostate cancer after workshop*

## **CONCLUSIONS**

The workshop was highly acceptable to men and their clinical teams. A controlled cohort study is now underway to evaluate the impact of this new care pathway on men's unmet need, emotional distress and quality of life. This care pathway potentially offers a more patient-centred, flexible model of follow-up care that means hospital staff can direct time and resources to men who are in greatest need.



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