Abstract 171 The I-ONE trial: Integrative Oncology Education for Patient Navigators: A Randomized Pilot of Web-based Distance Learning with or without Small Group Retreat

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INTRODUCTION

• Integrative Oncology includes a critically important area of education and research which focuses on the multi-dimensional impact of cancer diagnosis and treatment on the individual and proposes a range of approaches generally labelled as "complementary" (used in conjunction with conventional medicine) to improve treatment outcomes and quality of life.

• Lack of provider training is a major barrier to clinical implementation of an integrative oncology approach.

• This state-wide pilot project investigated the effectiveness of a mixed method educational program versus web-based learning only for Oncology Patient Navigators to improve knowledge and application of IO modalities.

• The I-ONE Trial was a collaborative effort of the Integrative Oncology Navigation Working Group comprised of Georgia Research Alliance Distinguished Scientist Matthew P. Mumber, Heather Reed, Emory University, Georgia Society for Clinical Oncology (GASCO), the Georgia Center for Oncology Research and Education (Georgia CORE) and Cancer Patient Navigators of Georgia (CPNG).

METHODS

• GASCO, Georgia CORE and CPNG collaborated to recruit 24 oncology patient navigators from the CPNG membership. Inclusion criteria was a minimum of 1 year of active engagement in the navigation process. Efforts were made to recruit a diverse group of participants from several geographic regions within Georgia.

• All participants signed informed consent. The study was approved by the Western Institutional Review Board (WIRB). Participants received CME credits upon completion of the study.

• The primary study outcomes were knowledge and attitudinal beliefs about the perceived efficacy of IO approaches, as well as clinical and personal practices related to IO. The primary outcomes were measured with the validated Integrative Medicine Attitude Questionnaire (IMAQ) and a survey regarding referral practices.

• Secondary outcomes included provider burnout measured with the Maslach Burnout Inventory (MBI) and Areas of Work life Survey (AWS).

EDUCATIONAL APPROACHES

• Didactic Education focused on evidence based interventions including nutrition, physical activity, stress management, spirituality and a variety of complementary therapies including massage, acupuncture, yoga, meditation, and contemplative practice (cultivating awareness).

• Education was provided in two formats
  1. Eight weeks of web-based education only (WEB)
  2. Web-based training plus a 3-day residential retreat (WEB+R)

RESULTS

BASELINE:

• Twenty-four patient navigators (all females) participated in the study. Baseline demographics were similar between the two treatment groups.

- Patient navigators were randomized 1:1 to receive WEB or WEB+R training.
- Outcomes were measured before training, immediately after training, and 30 days post-training.
- Descriptive statistics were produced for patient navigator demographics and outcomes. Paired t-tests and Wilcoxon signed rank tests were used to compare outcomes before and after training. ANOVA and Kruskal-Wallis tests were performed to compare outcomes between the two groups.
- MBI emotional exhaustion scores were slightly higher in the WEB group at baseline (p = 0.03), but baseline outcomes were otherwise similar.

POST-TRAINING:

Analysis of combined groups:

• For the entire group, reported referrals to complementary therapies increased by 104% immediately after training (p = 0.013) and by 77.4% 30 days out (p = 0.013).

• IMAQ scores were significantly higher immediately after training (p = 0.013), but no difference was observed 30 days after training.

Randomized group comparisons:

• No statistically significant differences were observed between the WEB and WEB+R groups after training.

Individual group analyses:

• There was a statistically significant increase in attitudinal beliefs about the perceived efficacy of IO approaches as measured by the Integrative Medicine Attitude Questionnaire (IMAQ) from baseline to posttest (p = 0.013) for the WEB+R group.

• Internal group pre and post test comparisons revealed multiple statistically significant improvements in the WEB+R group while there were no such changes in the WEB group, suggesting a trend toward increased educational efficacy for WEB+R that was likely the major driver of entire group educational improvements.

• MBI emotional exhaustion scores were significantly improved 30 days after training in the WEB+R group (p = 0.05)

CONCLUSIONS

• Both web-based and web-based plus small group retreat programs were found to be effective in increasing clinical application and attitudinal beliefs about IO in patient navigators immediately after training.

• There was a trend toward improved educational efficacy with WEB-R likely related to shared group and personal experience, potentially also providing some protection regarding emotional exhaustion as one component of provider burnout. As IO approaches become part of standard of care, mixed method online plus small group retreat programs would be useful for widespread dissemination of medical knowledge and increased clinical application of IO approaches.

REFERENCES


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