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# Development of a cancer care curriculum for rural practice

Dave McLinden, BArtsSc (Hons), MD, CCFP
Andrew Ha, BSc
Alissa Setliff, MA

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Objective: To survey rural family physicians to determine what topics should be included in a Family Practice Cancer Care Curriculum for family practice residents planning to practise in rural regions.

Design: A self-administered mail-in questionnaire. Respondents were asked to rank a variety of cancer care topics from 0 (not at all important) to 6 (extremely important) in terms of what they believed a graduate of a family medicine training program needed to know to provide cancer care to a rural community.

Setting: Rural communities in northwestern and part of northeastern Ontario as identified by the Northwestern Ontario Regional Cancer Centre's Community Cancer Care Program Directory of Services.

Participants: Family physicians in the above rural communities who were present in the community during the survey period (the first 2 weeks of August 1999). Eighty-one surveys were distributed.

Results: The response rate was 71.6%. In terms of broad categories, 3 categories stood out as being more important than the others: Prevention/Screening/Early detection, Supportive care, and Technical capabilities. In terms of individual topics, a list of topics that may be included in family practice cancer curriculum was generated.

Conclusions: We were able to identify broad categories and individual topics that should be part of a family practice cancer care curriculum for rural cancer care. A list of individual topics and their importance, as perceived by the study population, was developed. We hope that this will aid in further study and eventual development of a family practice cancer care curriculum.

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Objectif : Effectuer un sondage auprès des médecins de famille ruraux pour déterminer les matières à inclure dans un programme d'études en cancérologie pour médecins de famille à l'intention des résidents en médecine familiale prévoyant exercer la profession en milieu rural.

Concept : Questionnaire postal auto-administré. On a demandé aux répondants de classer un éventail de sujets reliés au traitement du cancer et de leur attribuer une cote variant de 0 (aucune importance) à 6 (importance extrême) par rapport à ce qu'un diplômé d'un programme de médecine familiale devrait selon eux connaître pour dispenser des soins en cancérologie dans une communauté rurale.

Contexte : Communautés rurales du nord-ouest et d'une partie du nord-est de l'Ontario selon le répertoire des services du programme communautaire de traitement du cancer du Northwest Ontario Regional Cancer Center.

Participants : Médecins de famille des communautés rurales susmentionnées qui étaient présents dans la communauté au cours de la période de sondage (les deux premières semaines d'août 1999). On a distribué 80 questionnaires.

Résultats : Le taux de réponse s'est établi à 71,6 %. On a dégagé trois catégories générales plus importantes que les autres : prévention, dépistage et détection précoces, soins de soutien et capacités techniques. Pour ce qui est des sujets individuels, on a produit une liste de sujets que l'on pourrait inclure dans un programme sur le traitement du cancer en médecine familiale.

Conclusions : Nous avons pu définir de grandes catégories et des sujets qui devraient faire partie d'un programme d'études en cancérologie pour médecins de famille en milieu rural. On a établi une liste de sujets et leur importance selon la population visée par l'étude. Nous espérons que ces résultats aideront à étudier plus à fond et à établir un jour un programme d'études en cancérologie pour médecins de famille.

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## Introduction

In recent years a decentralization of cancer care has occurred; certain aspects of that care have been transferred from the traditional regional cancer care centres to the communities where the patients live. This has obvious benefits to patients who receive some cancer treatments and follow-up at their local hospital or even at home, thus decreasing the need for trips to the regional cancer centre. Nowhere is this more evident than in northwestern and parts of northeastern Ontario, where travel times to the Northwestern Ontario Regional Cancer Centre (herein referred to as the regional cancer centre) in Thunder Bay can be more than 5 hours, depending on weather and road conditions. These travel times and the burden of being away from home while ill make regular trips to Thunder Bay for chemotherapy or follow-up a sometimes unbearable trial for the cancer patient. Over the last several years the regional cancer centre has made incredible strides in overcoming these difficulties through the development of a Community Cancer Care Program (CCCP).[1,2] This CCCP allows for the training of designated family physicians in communities throughout northwestern and parts of northeastern Ontario, to permit them to coordinate and deliver chemotherapy as well as to undertake follow-up of certain cancer patients in their own community. Through the CCCP, oncologists, nurses, pharmacists and other staff of the regional cancer centre provide clinical support to these "designated family physicians."

In light of this expanded role of rural family physicians, it was decided that a curriculum should be developed for family practice residents interested in practising in rural areas. Additionally, it was assumed that the development of a Family Practice Cancer Care Curriculum would also allow for the development of continuing medical education modules for family physicians already practising in these rural areas. This would benefit all rural family physicians in the ongoing care of their cancer patients. This survey is the first step in the development of this curriculum.

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## Methods

The survey questions were provided by the principal author (D.M.), who was a designated family physician in the CCCP. Additional input was obtained from other designated family physicians within the program.

In collaboration with various oncologists (both medical and radiation), family physicians and nurses who provide cancer care and the administrative staff of the regional cancer centre, the content and organization of the survey were finalized.

The survey had 2 components: demographics and curriculum content. The curriculum was divided into 8 categories: Prevention/Screening/Early detection; Basic science; Surgical oncology; Radiation oncology; Medical oncology; Supportive care; Technical capabilities; and Administration. In each category a number of topics were included. Respondents were asked to rank each topic from 0 to 6 (0 = not at all important; 6 = extremely important).

Eighty-one surveys were sent to rural family physicians in northwestern and part of northeastern Ontario. The towns to which the surveys were sent were identified by the regional cancer centre's CCCP, Directory of Services. Through phone contact to the clinics and hospitals of the area, we determined which physicians were in town during the first 2 weeks of August, and only sent surveys to those physicians who were not away on holidays. We surveyed both designated physicians and non-designated physicians. Non-responders were followed up at 2 and 3 weeks after the initial mailing with reminder letters.[3]

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## Results

Fifty-eight (71.6%) of the 81 surveys were returned. The demographic data showed the typical broad range of responsibilities of rural family physicians:

- 98.3% of respondents did emergency practice;
- 60.3% did obstetrics;
- 19.0% did general practioner anesthesia;

- 19.0% did general practitioner surgery;
- 75.9% did home visits; and
- 1.7% to 6.9% did other duties (e.g., coroner, palliative care, pediatrics, administration and endoscopy).

In terms of training, 62.1% of the respondents stated that they received no cancer care training during their residency, whereas 37.9% stated they did receive some training.

Means and 95% confidence intervals (CIs) were calculated for the 8 broad categories. The mean rankings were as follows: Prevention/Screening/Early detection, 4.8; Basic science, 3.6; Surgical oncology, 4.0; Radiation oncology, 3.8; Medical oncology, 4.1; Supportive care, 4.6; Technical capabilities, 4.6; Administration, 4.0. Taking into account the 95% CI of each mean, it can be seen that Prevention/Screening/Early detection, Supportive care and Technical capabilities were ranked most highly.

Means and standard deviations are summarized in Table 1 for the individual topics. Table 2 outlines the recommended list of topics, based on the results of our survey, to be included in a Family Practice Cancer Care Curriculum.

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Discussion

From this data some initial suggestions on what should be included in an Family Practice Cancer Care Curriculum can be made. The first suggestion is that special attention should be given to the 3 broad categories of Prevention/Screening/Early detection, Supportive care and Technical capabilities in the development of the curriculum.

The second suggestion is that a list of highly ranked individual topics should be included in this curriculum (see Table 2).

In closing, it is hoped that this initial survey will provide the basis from which further study and eventual development of an Family Practice Cancer Care Curriculum will be possible. Examples of such further study could include:

patient perspectives on curriculum items, financial/resource requirements of such a curriculum, and implications of rural cancer care programs (i.e., Does cancer care training affect level of patient care in a rural community?).

It should be noted that cancer care outreach is not unique to Northwestern Ontario. Programs exist across Canada[4,5] as well as in several US states.[6–11] It is hoped that an eventual curriculum would have far reaching implications for providing cancer care close to home by well trained family physicians, as well as assist the family physicians who are already providing cancer care in rural environments.

Dave McLinden, Assistant Clinical Professor, Department of Family Medicine, McMaster University, Hamilton, Ont., and Family Physician, Huntsville, Ont.; Andrew Ha, Medical student, University of Ottawa, Ottawa, Ont.; Alissa Setliff, Northwestern Ontario Regional Cancer Centre, Thunder Bay, Ont.

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Correspondence to: Dr. Dave McLinden, 348 Muskoka Rd. #3 North, Ste. 202, Huntsville ON P1H 1H8

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