

BACKGROUND

Since 2006, the Agency for Clinical Innovation (ACI, formerly the Greater Metropolitan Clinical Taskforce), and the Cancer Institute NSW have partnered to support the GMCT Gynaecological Oncology (GO) Network. Two resources which have been produced as a result of this partnership include *Best Clinical Practice Gynaecological Cancer Palliative Care 2008 Guidelines* (the Guidelines) and *Meeting the Needs of Women with Ovarian Cancer DVD* (the DVD).

- **The Guidelines**

The *Best Clinical Practice Gynaecological Cancer Palliative Care 2008 Guidelines* (the Guidelines) were developed by the Gynaecological Oncology Palliative Care Working Group. The Guidelines represent interpretation of the best available evidence at the time of publication and were designed to provide clear, practical and concise information to assist clinicians in ensuring women with gynaecological cancer receive optimum palliative care. A panel of national and international experts reviewed the resource prior to publication.

- **The DVD**

A forum titled *Meeting the Needs of Women with Ovarian Cancer* was held in October 2008. The aim of this forum was to discuss and demonstrate the ideal multidisciplinary care that women with ovarian cancer should receive. A range of hypothetical situations were played out by an actor (playing the role of the woman) and a panel of clinicians. An educational DVD (the DVD) was produced.

In February 2009, both a hardcopy version of the Guidelines (bound in an A4 folder) and a copy of the DVD were distributed to a range of clinicians; including palliative care and gynaecological oncology medical and nursing staff, directors of area cancer services and development managers. Additional resources were also provided to those requesting them; for example participants at the nurses study day and ovarian cancer forum. In addition, the resources were uploaded to the ACI and/or Institute websites.¹

In order to evaluate use of and attitudes towards the Guidelines and the DVD (the resources) a survey was sent to all the original recipients (excluding those involved in the development of the Guidelines).

METHOD

Study Design

A cross-sectional survey design was used. A survey instrument (refer to Appendix 1) was developed to assess the use of and attitudes towards the Guidelines and DVD. The tool contained questions about the participants demographic and practice characteristics and use of the resources. In addition, perceptions of the resources were evaluated through questions using a four-point Likert scale. Questions did not address content knowledge.

¹ The Guidelines were uploaded to the ACI website, with a link from the Institute website. Content from the DVD was uploaded to the Institute website only.

The survey instrument was reviewed by members of the Agency for Clinical Innovation (ACI) Gynaecological Oncology Executive Committee (GO Committee) and the Gynaecological Oncology Workforce Project Steering Committee (GOWP Committee) for accuracy, completeness and ease of use.

Study Population

Two hundred and twelve (212) copies of the resources were sent. This included working group members (12), the GO Committee (18) and review board members (28). Due to the potential for bias the one result received from a working group member was not included. Only one of the GO committee (0.6%) completed the survey as a trial exercise. The remaining 154 recipients were sent the final survey.

An introductory letter describing the evaluation was sent to each subject, along with a hardcopy of the survey and a reply-paid envelope. Addresses were those which were originally used to distribute the resources. In the introductory letter, subjects were also advised that they also have the option to complete the survey online. In an attempt to maximise the response rate a reminder letter, second survey and reply-paid envelope was sent at 6 weeks, to all non-respondents.

Six (6) recipients were unable to be contacted, leaving a final sample size of 148.

Data Collection and Analysis

Data was inputted into Microsoft Excel for analysis.

RESULTS

1. Response rate (%)

Forty seven (47) of the 148 people sent a survey returned it completed - a response rate of 32%

2. Demographics of respondents (charts 1-3)

The majority of respondents were nurses (70%) and were health professionals with 10 or more year's clinical experience (78%). There was a mixture of employment settings, with most working solely in a metropolitan area (39%)

Chart 1. Discipline

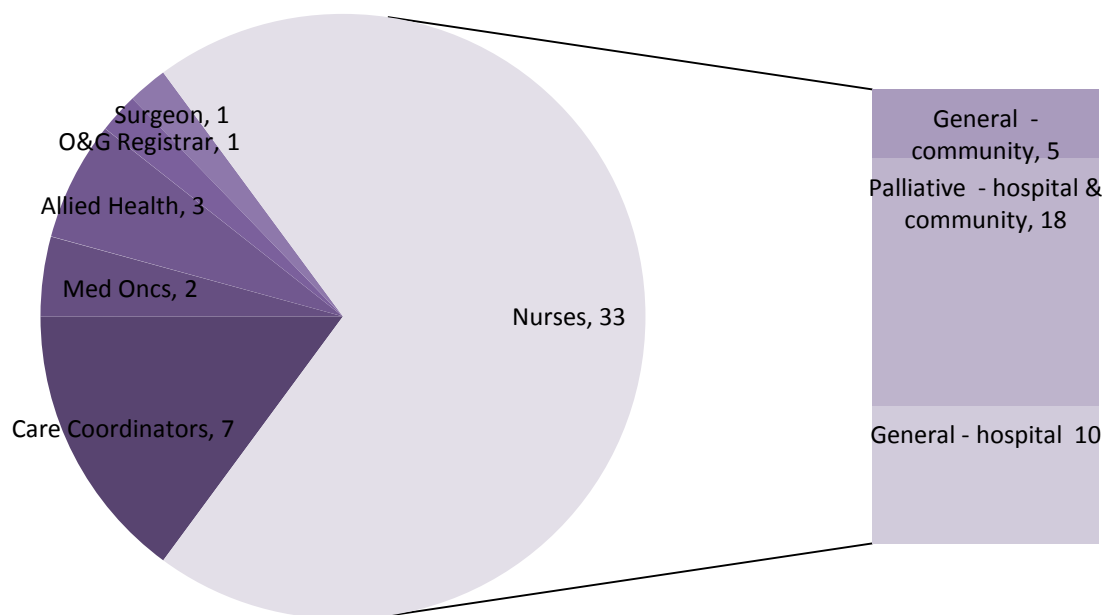


Chart 2. Years Clinical Experience

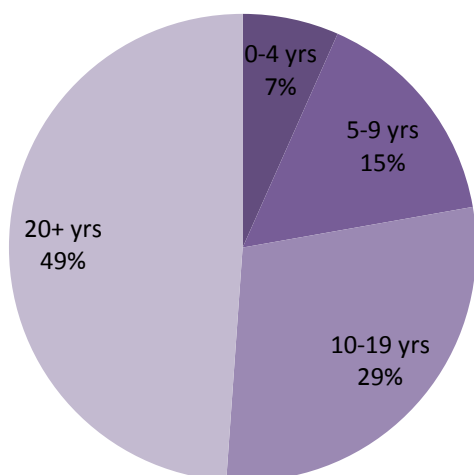
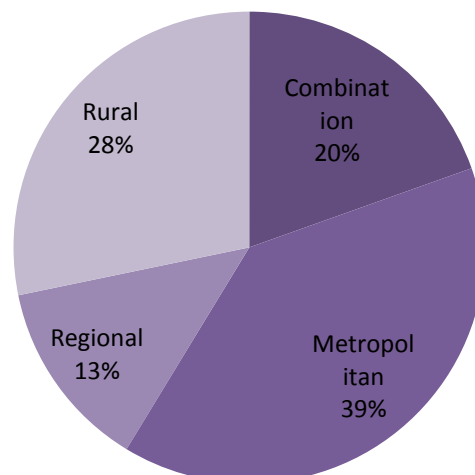


Chart 3. Employment setting



3. Receipt of guidelines

Of the 47 respondents, 39 (83%) recalled receiving the Guidelines and 35 (74%) the DVD. On the contrary 17% did not receive the Guidelines and 26% the DVD. These results suggest either an issue in distributing and/or receiving the resources or poor recollection on the behalf of the respondents. Nevertheless 9 non-receivers requested, and were sent, second copies of the appropriate resources.

4. Use and awareness of resources

a. Use of resources

As can be seen in chart 4, the majority of recipients only read (69%) or viewed (68%) sections of the resources, whereas a further ~22% read or viewed them in their entirety. Only a very small number (5%) did not consult with the resources at all.

Chart 4. Number and percentage of people who report having used the resources

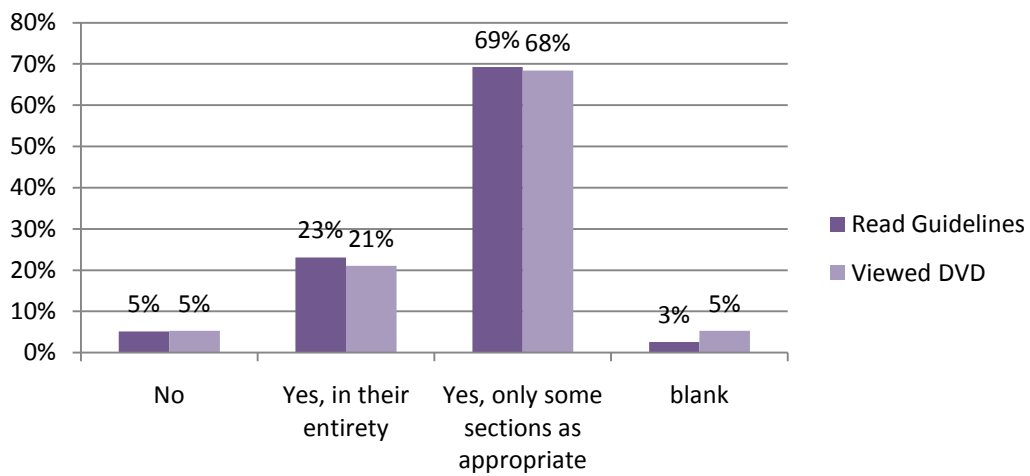
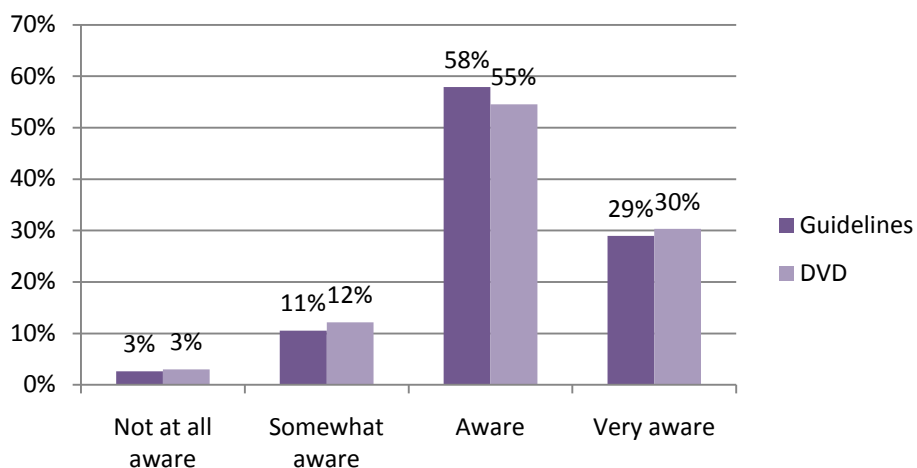


Chart 5. Level of awareness reported by guideline recipients



b. Level of awareness

As shown in Chart 5, the majority of respondents were 'aware' or 'very aware' of the resources. 45% of the people who read the guidelines in their entirety reported that they were very aware of the contents. The remaining 55% reported average awareness, suggesting that the information wasn't always retained. The sample size was insufficient to conduct subset analysis.

c. Reference to resources

It is very reassuring to see in chart 6 that 84% of respondents refer to the guidelines and 81% refer to the DVD. This shows that the resources are regarded as useful information sources and well utilised.

Chart 6. Reference to the resources

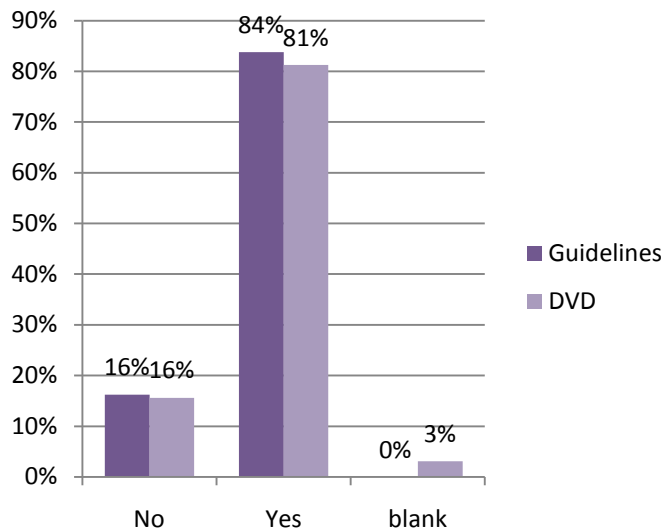
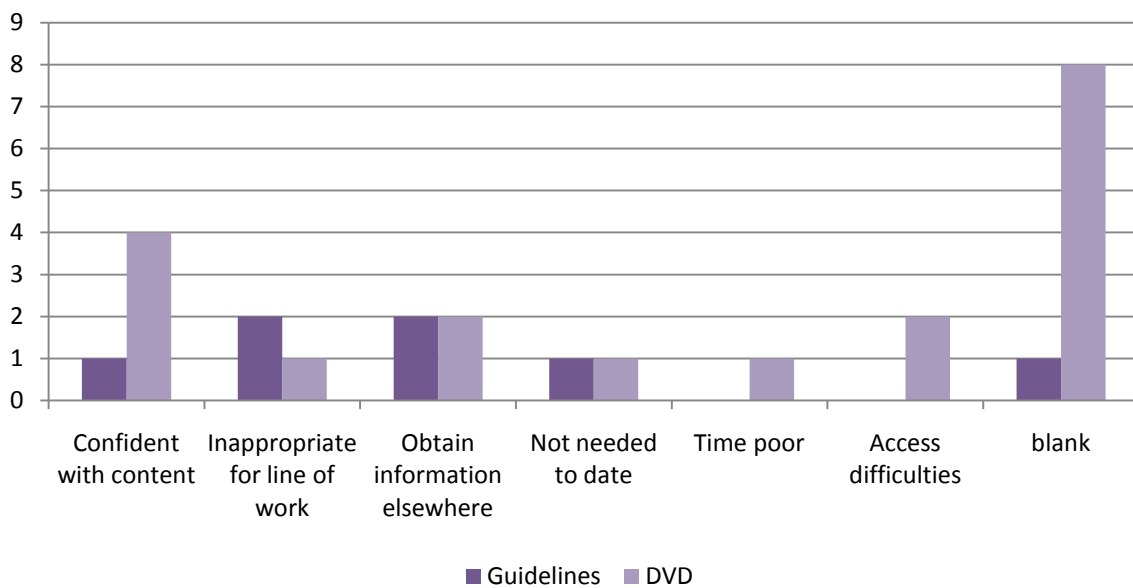


Chart 7. Reported reasons for not referring to resources



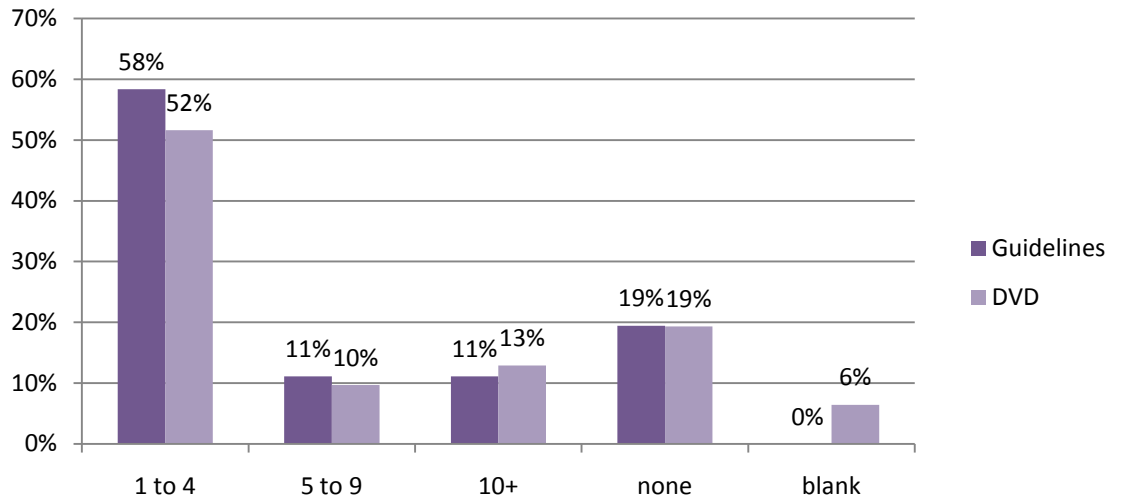
In the majority of cases, respondents reported appropriate reasons for not referring to the guidelines – they're confident with content, the resources are inappropriate, they obtain information elsewhere or they haven't needed to refer as yet.

Given the known pressures on the clinical workforce it is not surprising that one respondent reported a lack of time. Another factor which was raised is that some respondents don't have the IT infrastructure to be able to view the DVD. With future projects it may be worthwhile promoting that the DVD content was also available online.

d. Referral of colleagues to resources

As shown in chart 8, the majority of respondents have referred the resources to their colleagues, thus extending the reach. The guidelines have been used by a minimum of 81 additional people and the DVD, 71.

Chart 8. Referral of colleagues to guidelines



e. Awareness of online access to guidelines

46% of respondents were not aware that the guidelines were available online. There is a need to further promote this. Especially since, in early 2010 the online version of the guidelines was bookmarked to facilitate easier navigation.

f. Preferred format for guidelines

As can be seen from table 1 below, the majority of respondents nominated hardcopy as their preferred format. A large number also requested web based access.

Table 1. Respondents first and second preferred format for guidelines

Preference	Hardcopy	Web based	USB	Total
First	29 (74%)	10 (26%)	0(0%)	39
Second	1 (8%)	6 (46%)	6 (46%)	13

5. Perceptions

Respondents were specifically asked about their perceptions of the resources, in relation to the original key objectives.

a. The Guidelines

Refer to charts 9-13 for results. The majority of respondents agreed or strongly agreed to all of the statements except that their clinical practice had changed as a result of the Guidelines. In this particular case 53% agreed or strongly agreed, whilst 43% disagreed or strongly disagreed. This may reflect the experience of the respondents, given that most had been employed in their position for ≥ 10 years.

Chart 9. % agreement to 'the Guidelines provide clear, practical and concise information'

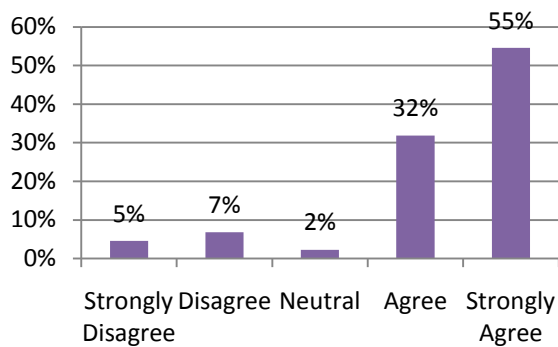


Chart 10. % agreement to 'the Guidelines have improved my understanding of the palliative care needs of women with gynaecological cancers.'

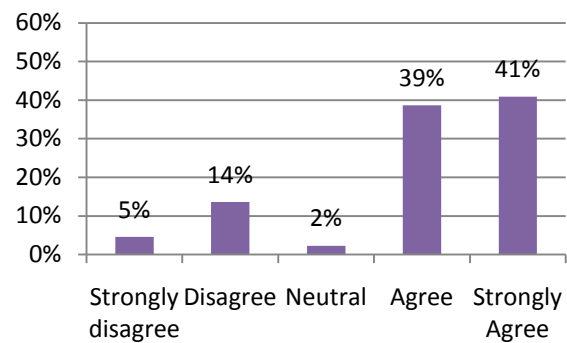


Chart 11. % agreement to 'I have changed my clinical practice as a result of the Guidelines'

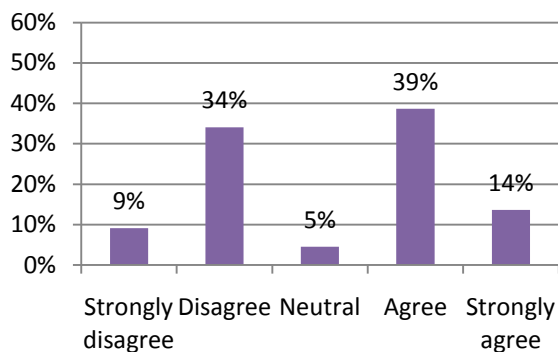


Chart 12. % agreement to 'the Guidelines assist Clinicians in ensuring women with gynaecological cancer receive optimum palliative care'

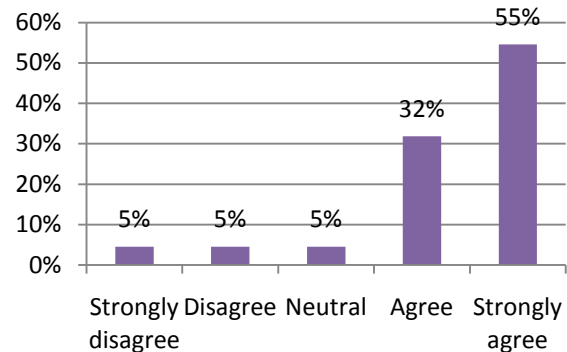
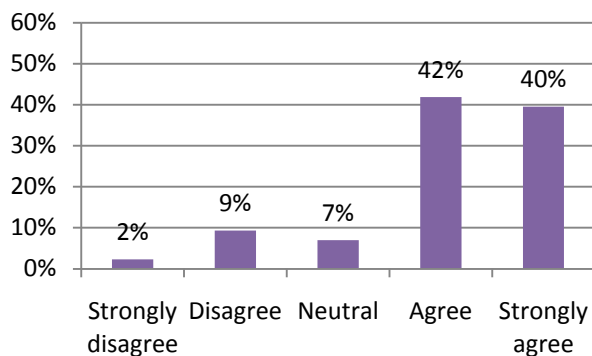


Chart 13. % agreement to 'Patients with palliative care needs have benefitted from the publication of these Guidelines'



b. The DVD

Refer to charts 14 & 15 for results. As can be seen the majority of respondents agreed or strongly agreed that the DVD assists Clinicians by demonstrating the ideal multidisciplinary care ovarian cancer patients should receive and that the DVD is a useful training tool.

Chart 14. % agreement to 'the DVD assists Clinicians by demonstrating the ideal multidisciplinary care ovarian cancer patients should receive'

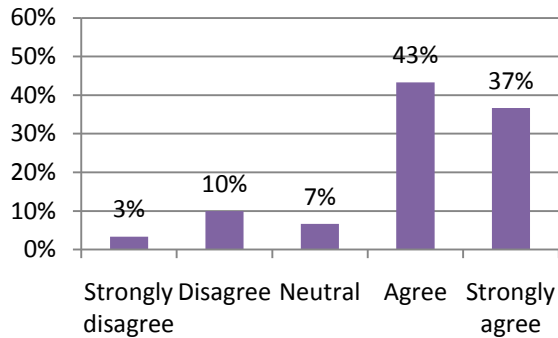
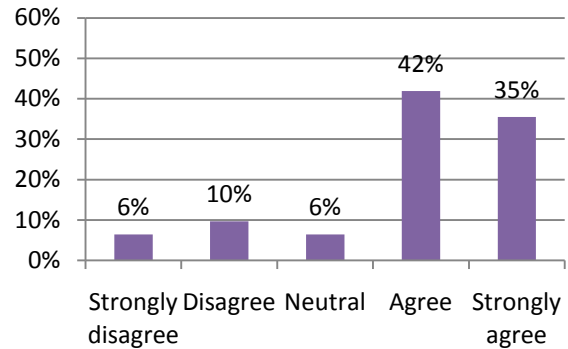


Chart 10. % agreement to 'the DVD is a useful training tool'



9. Open-ended questions

The respondents were provided with the opportunity to include any other comments. The comments included:

"Both excellent resources"

"DVD was great for a once only viewing but other than that the guidelines are an excellent resource for daily use."

"I went to the session so have not used the DVD. I found it very helpful at the time, so no doubt it would be a good resource when watched. The hardcopy is well presented and very comprehensive."

"Wonderful for lone practitioners"

"The DVD is brilliant but too long. I don't know of any clinician who has the time to watch it. Having a competent Psycho-Oncology counsellor and palliative care team around me means I've not had to refer to the Guidelines"

"I have not viewed the DVD but plan to"

"Haven't looked at DVD"

"Hardcopies are useful as many of my peers struggle with IT based information. They are also helpful as a quick handy reference in rural/remote areas where IT access cannot be guaranteed. USB is a handy portable means of carrying the information. I like the way it is set out."

"It would be great to have someone come to the workplace and explain more about the Guidelines and how we can give the information to our client/patients. Also to let us know and show the client all the information that we can give to them in layman's terms."

"Don't know whether patients with palliative care needs have benefitted from the publication of these Guidelines"

"These do not seem aimed at the practice of Social Work; although they address psychosocial needs they are medically orientated and seem to be useful. I believe they are geared to those who are new to the practice field so for me it is knowledge I already hand and I know who to ask if I am concerned about any of the issues."

"I am pleased to have these tools available to assist me in providing better care for patients and as references for teaching my colleagues."

ACKNOWLEDEMENT

This report was produced as part of the NSW Gynaecological Oncology Workforce Project – a joint initiative of the Cancer Institute NSW and Cancer Australia.

Appendix 1. Survey Instrument

[Participant code]

This survey is designed to evaluate *the Best Clinical Practice: Gynaecological Cancer Palliative Care 2008 Guidelines* (herein referred to as 'the Guidelines') and *Meeting the needs of women with Ovarian Cancer DVD (the 'DVD')*. The confidential answers you provide will allow the Agency for Clinical Innovation (ACI) and Cancer Institute NSW (CINSW) to assess use of resources, attitudes towards them and identify potential areas for improvement. This survey will take approximately 15 minutes to complete. Thank you for your participation.

1. Please indicate your primary discipline from the list below:

- Gynaecological oncologist
- Medical oncologist
- Radiation oncologist
- Palliative Care Physician
- Nurse, please state specialty and classification
- Eg. Palliative Care, Gynaecology, Community, General, CNS, RN*
- Care Coordinator
- Allied Health
- Other, please specify.....

2. Please indicate your years of clinical experience

- 0 to 4 years
- 5 to 9 years
- 10 to 19 years
- 20+ years

3. Please indicate your gender

- Male
- Female

4. Do you work in the public or private sector?

- Public
- Private
- Both

5. Please indicate the postcode of your primary practice

6. Which settings do you practice in? (*select all that apply*)

- Metropolitan
- Regional
- Rural
- Remote

7. Did you receive a hardcopy (folder) of the *Best Clinical Practice: Gynaecological Cancer Palliative Care 2008 Guidelines* ("the Guidelines") and the accompanying *Meeting the Needs of Women with Ovarian Cancer DVD* ("the DVD")?

- Yes (*continue to question 8*)
- No (*see below*)

If No	<p>Thank you for advising that you did not receive a copy of the Guidelines and DVD. Please indicate whether you would like us to send you a copy:</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Note, both the Guidelines and contents of the DVD can also be accessed online at http://www.cancerinstitute.org.au/cancer_inst/nswog/groups/gyn1.html</p> <p>This survey is now complete. Thank you for your time</p>
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The following questions relate to both the Guidelines and the DVD. Please tick one option for each resource.

8. Have you read the Guidelines and/or viewed the DVD?

	Yes in their entirety	Yes only some sections, as appropriate	No
Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Overall, how aware are you of what is included in each of the resources?

	Very Aware	Aware	Somewhat aware	Not at all aware
Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you ever refer to the resources?

	Yes	No
Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
DVD	<input type="checkbox"/>	<input type="checkbox"/>

If no, why not?

	I'm confident with the content	They aren't appropriate for my line of work	I obtain the information elsewhere	Other, please specify
Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Are you aware that the resources are available electronically on the Agency for Clinical Innovation (formerly Greater Metropolitan Clinical Taskforce (GMCT)) and Cancer Institute NSW websites?

- Yes
- No

12. Please estimate how many colleagues you have referred to the resources

	None	1 to 4	5 to 9	10+
Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following question relates to the Guidelines only.

13. What is (or would be) your preference for accessing the Guidelines?

- Hardcopy folder
- Web-based
- USB Stick (not currently available)
- Other, please specify

The following questions use a 4-point scale ranging from 1 'Strongly Disagree' to 4 'Strongly Agree', with two mid points: 2 'Disagree' and 3 'Agree'. You are asked to rate the extent to which you believe each item has been fulfilled.

14. The Guidelines provide clear, practical and concise information

Strongly Disagree

1	2	3	4
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 Strongly Agree

15. The Guidelines have improved my understanding of the palliative care needs of women with gynaecological cancers

Strongly Disagree

1	2	3	4
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 Strongly Agree

16. I have changed my clinical practice as a result of the Guidelines.

Strongly Disagree

1	2	3	4
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 Strongly Agree

17. The Guidelines assist clinicians in ensuring women with gynaecological cancer receive optimum palliative care

Strongly Disagree

1	2	3	4
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 Strongly Agree

18. Patients with palliative care needs have benefitted from the publication of these Guidelines

Strongly Disagree

1	2	3	4
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 Strongly Agree

The DVD

19. The DVD assists Clinicians by demonstrating the ideal multidisciplinary care ovarian cancer patients should receive

Strongly Disagree

1	2	3	4
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 Strongly Agree

20. The DVD is a useful training tool

Strongly Disagree

1	2	3	4
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 Strongly Agree

21. Please provide any additional comments regarding the resources (eg. strengths, opportunities for improvement)

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Thank you for your time.
Please return this questionnaire in the reply-paid envelope provided.