

THE NATIONAL CANCER INSTITUTE'S

*Cancer
Patient
Education
Network*

C PEN

**National Cancer Institute
Cancer Patient Education Network
Strategic Plan 2000 – 2002**

Approved by the
Cancer Patient Education Network
Steering Committee

July 2000

VISION

The vision of the National Cancer Institute's Cancer Patient Education Network is to lead the advancement of patient, family, and community cancer education nationwide.

MISSION

The National Cancer Institute's Cancer Patient Education Network represents the cancer education leadership of NCI-designated cancer centers to promote excellence in patient, family, and community education across the continuum of cancer care.

HISTORY AND ACCOMPLISHMENTS

The National Cancer Institute's (NCI) Cancer Patient Education Network (CPEN) was established in 1989 by the Patient Education Section (PES) of the NCI Office of Cancer Communications. The network was specifically created to: 1) increase cancer patient educators' access to the NCI Patient Education Program (materials, services, and technical expertise); 2) encourage networking, information exchange and resource sharing among cancer patient educators; and 3) provide NCI with a direct link to patients.

A needs assessment was conducted in 1988 and early 1989 which shaped the vision for a network of cancer patient educators. Based on the results of a survey of 43 patient educators at NCI-designated cancer centers and a survey of 112 randomly selected patient educators from hospitals throughout the country, PES staff convened 2 planning meetings in 1989. Representatives from NCI-designated comprehensive and clinical cancer centers met to discuss the goals and activities of such a network.

During the network's early years activities included sponsorship of an annual conference, development of a directory and resource guide of patient education programs, and distribution of a newsletter (*Patient Education Notes*). Beginning in

1990, the annual conferences became a centerpiece of network activities and state-of-the-art educational programs. For several years, the meeting format has included a continuing education program open to any health professional interested in cancer patient education. Over time, the major responsibility of planning the annual meetings has shifted from NCI staff to the CPEN members hosting the conference.

In 1993, the *Guidelines for Establishing Comprehensive Cancer Patient Education Services*, developed by a task force of members, were adapted from standards developed by the American Society for Healthcare Education and Training to serve as a model to help cancer centers, hospitals, clinics, and teaching institutions develop and improve the delivery, management and quality of their cancer patient education services. The *Guidelines* have assisted numerous CPEN members with their program planning, development, and evaluation responsibilities. A new committee revised the *Guidelines* in 1998 and promoted their use at numerous national conferences sponsored by organizations such as the Society for Public Health Education (SOPHE) and the Association of Community Cancer Centers (ACCC).

In 1996 and 1997, several activities were initiated which strengthened CPEN's infrastructure. A task force drafted by-laws, which were approved by the membership and the first steering committee was also elected. In addition, the communications infrastructure was bolstered by the launch of an electronic Listserv in 1998 and a Web site in 2000 (<http://cpen.nci.nih.gov/>).

Since 1997, several committees and project teams have been established:

- Annual Meeting Planning Committee
- Awards Committee
- By-Laws Committee
- Complementary and Alternative Medicine Committee
- Electronic Communications Committee
- Externally Funded Endeavors Project Team
- Guidelines Committee
- Learning Centers Committee
- New Member Orientation and Mentoring Committee
- Research Committee
- Staff Development Committee
- Translations Committee
- U.S. Pharmacopoeia Project Team

BACKGROUND

In light of the expansion of CPEN's membership and activities during the past 10 years and the increasing time, financial, and resource challenges facing many cancer educators, the Steering Committee recognized the need to develop a strategic plan for CPEN. The goal of the strategic plan is to guide the progress and direction of CPEN through the development of purposeful strategies that will foster the growth of the CPEN, serve the changing membership and its evolving needs, and maintain CPEN's continuity over time. In addition to developing these strategies, the Steering Committee realized a need to document CPEN's core values and ideals, which describe the primary focus of the CPEN network.

Outlined below are the network's core values and three strategic goals, each with their own strategies and action steps. The entire CPEN membership will be responsible to help achieve the strategic goals and strategies, but specific committees and task forces will be asked to take the lead in completing the action steps. The Steering Committee will be responsible for monitoring the measurable outcomes over the next 2 years. With the help and support of all CPEN members, the 2000-2002 CPEN Strategic Plan will guide the Network into the next decade of excellence in cancer education.

Note: Strategies, Action Steps, and Measurable Outcomes are for May 2000 to May 2002. The CPEN Steering Committee will monitor the Strategic Plan at mid-year and year-end points and appropriate adjustments will be made.

CORE VALUES

- Enhance the ability of cancer educators to educate diverse audiences
- Provide a forum for sharing information about evidence-based cancer education practices
- Foster excellence in the development, implementation, administration, and evaluation of cancer patient education programs
- Guide members in advocating for cancer education across the continuum of cancer care
- Empower members to serve as cancer education leaders among health professionals involved in cancer care

STRATEGIC GOALS

- I. Optimize the efficiency and effectiveness of CPEN's structure
- II. Foster the professional development of CPEN members as leaders in cancer education
- III. Promote evidence-based cancer education practices

Strategic Goal I

Optimize the efficiency and effectiveness of CPEN’s structure

Strategy	Action Steps (Year 2000—2002)
Implement Strategic Plan	<ul style="list-style-type: none"> • Send out the Strategic Plan to the entire CPEN membership for questions and comments (OESI) • Incorporate suggestions as necessary and approve the final document (SC)
Review By-Laws	<ul style="list-style-type: none"> • Review By-Laws, particularly the Membership section and Mission Statement (BLC) • Propose by-laws changes, amend as necessary, and call for a vote from the CPEN membership (BLC)
Formalize committee structures and responsibilities	<ul style="list-style-type: none"> • Require that minutes be taken during all CPEN-related meetings, including conference calls (SC) • Submit minutes to the OESI liaison and/or enter them directly onto the CPEN web site (CC) • Submit annual report of committee activities to OESI liaison prior to annual meeting (CC)
Promote collaboration within CPEN and between NCI cancer centers, non-NCI cancer centers, and like-minded organizations	<ul style="list-style-type: none"> • Define goals of collaboration (SC, OESI) • Develop a list of target organizations which with CPEN should consider collaboration (SC, OESI) • Schedule meetings with groups to discuss potential collaborations (SC, OESI) • Establish formal liaisons with groups (OESI, SC) • Invite pharmaceutical companies to support creative endeavors within CPEN (SC)
Promote CPEN and cancer education within NCI cancer centers and within other professional organizations	<ul style="list-style-type: none"> • Explore creation of a CPEN speaker’s kit (new task force) • Present at the ONS meetings (fall and spring) (CPEN, SC) • Present at other professional meetings (CPEN, SC) • Develop an informational brochure about CPEN (OESI, SC) • Issue press release at the local level regarding the CPEN annual meeting (AMC, OESI) • Explore mechanisms of funding for patient education programs and research through the NCI’s core grant mechanism or Extraordinary Opportunities in Cancer Communications grants (OESI) • Work with OESI on grant opportunities from NCI (OESI, CPEN)

Measurable Outcomes

- All CPEN-related meetings, including conference calls, have their minutes recorded and submitted
- All CPEN committees submit an annual report of activities to the liaison prior to the annual meeting
- The establishment of two new collaborations
- A joint program is conducted with another like-minded organization

Strategic Goal II

Foster the professional development of CPEN members as leaders in cancer education

Strategy	Action Steps (Year 2000—2002)
Create a new member orientation and mentoring program	<ul style="list-style-type: none"> • Offer consultation to newly designated NCI cancer centers (NMC, CPEN) • Conduct an annual meeting orientation session and offer diverse training opportunities (NMC, AMC, OESI) • Mail new members a welcome packet (OESI) • Encourage use of the Web site and Listserv for exchange of information (NMC) • Initiate mentoring program (NMC)
Promote professional development of all CPEN members	<ul style="list-style-type: none"> • Make the CPEN membership aware through the Listserv, Web site, and facsimile, of meetings related to cancer research and patient education (OESI) • Execute Leadership Exchange Program between OESI staff and CPEN members (OESI) • Explore possibility of conducting a state of the art Cancer Summit on cancer education (SC, OESI)
Assist CPEN members in exploring a variety of funding mechanisms for cancer education	<ul style="list-style-type: none"> • Document the benefits of patient, family, and community cancer education by collecting examples of patient education outcome evaluation strategies from NCI cancer centers (RC, CPEN) • Publish an article on soft vs. hard funding for institution's patient education programs (CPEN)

Measurable Outcomes

- 90% of the new members attend the orientation session at the annual meeting
- The Leadership Exchange Program is held on an annual basis
- 100% of CPEN committees report at the annual meeting
- 90% of the CPEN membership is registered on the CPEN Listserv (currently ~85%)
- An article on soft vs. hard funding is published in a peer-reviewed journal
- A manuscript will be written compiling the collection of patient education outcome evaluation strategies

Strategic Goal III

Promote evidence-based cancer education practices

Strategy	Action Steps (Year 2000—2002)
Identify evidence-based practices by examining the literature and activities at NCI cancer centers	<ul style="list-style-type: none"> • Develop a working definition of evidence-based practices (RC) • Complete manuscript describing knowledge gleaned from the past decade of cancer patient education evaluation and research (RC)
Promote research utilization	<ul style="list-style-type: none"> • Publish manuscript in peer-reviewed journal (RC) • Develop abstract for and poster presentation of findings from the manuscript for 2000 NCI CPEN meeting and for submission to relevant peer-reviewed conferences in 2001 (RC) • Encourage CPEN members to present their evidence-based practices at the annual meeting and other conferences (AMC) • Utilize monthly Research Committee conference calls as opportunities for presentations on evaluation and research utilization as well as other topics (RC)
Explore the development of grant-supported cancer education research collaborative group	<ul style="list-style-type: none"> • Identify research needs (RC) • Identify potential grantors for pilot collaborative study among cancer centers (RC) • Develop plan to write grant for pilot study (RC)

Measurable Outcomes

- Creation of abstract and poster for 2000 CPEN annual meeting
- Publication of manuscript in peer-reviewed journal
- Successful completion of plan for writing grant for pilot collaborative study