

Pacific CEED Legacy Projects Promising Practices & Progress Report Form

A CDC REACH US cooperative agreement #5U58DP000976-02

Project Name/Title: “NO WOMAN LEFT BEHIND” - Enhancing Breast & Cervical Cancer Screening Skills Training

Project Date/Duration:

April 12 through 5 June, 2009

Jurisdiction/Island/Village:

Yap, FSM

Audience Reached: 16 female participants; 7 of whom were health assistants (HA), 4 were certified birth attendants (CBA), 2 were community health workers (CHW), and 3 identified future health providers currently enrolled at the College of Micronesia

Contact Name/Info:

Dr. James Edilyong
Ms. Martina Reichhardt

Photo:



The Opening Ceremony



Counseling role play

Participant Quote:

“ Ilya ghinni kherr ren yai ito tabwei training ei pwe igha ighina nge I meyafi pwe aanap noa ghunei yai re’n semwai ye cancer iwe me aa yasuweni noa minikewe ai metefaghini re’n mwenen iiy semwai ei. Mi’nei, igha e ametefa yainoa, iya meyafi pwe iya ghunei metana ngang iya mwerhan pwe ipwene feor’i re’n ai ipwe ametefar rhoputon fanuai re’n mine cancer me mina kachun yar repweghan i’kito check up pwe igha epwe mwen pwe sipwe yaa u’ghu mwan an epwe werir iwe me epwe mwen yan epwe safei pwe epwe rhu’noa. Ipwan ghin tipa’ni igha ighina nge iya ghunei pwe i’pwene mwenen feori iy check up khaan me won Satawal, iwe esopw wei no igiwe si kepas rhak nge sise mwenen feori. Epwe nan i’eyi oa’te rho’pwuton fanuai re’pwe ne rong’ o rong mine yoa’ne ngu’waan mine wunu’nuun mina cancer iwe nge sapwe ina rhak pwe epwe’ne pwaan mwen yaar repwe’ne ito rei nge ra check up re’yen. Yai rhag mwerhan pwe e kach nepan time pwe...ise ghunei mine rho ka rhonuwai re nuwanei, nge won yoanengai nge I meyafi pwe e morh morh bwuut iwe e sow mini ka i’mwerhaan pwe ipwe metaf yaghini kachuw me ku’kune feor’uun nge iga rhag e mwigit time.” (Satawalese)

-Margie Sermanyoung, participant (Health Assistant from Satawal Island)

“I am very happy I attended this course as it has not only broadened my knowledge about cancer in general but it has also enabled me to clear up some of my own misunderstandings and misconceptions about it. It (the training) has



Practicing VIA on a mannequin



Practicing group counseling



Graduation day

enabled me to have a deeper sense of commitment and duty to ensure women in my community understand that it (cancer) can be prevented and even be cured if detected early, hence the importance of regular screening. I just wished that the course was conducted for a longer period as planned...because I don't know how the others feel, but (for me) although I've learned a lot, I feel I could gain even more if we had taken our time to learn the theory as well as have ample time to improve our skills on the practical aspect of the training." *(English translation)*

– Margie Sermayoung - participant (Health Assistant, Satawal Island)

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History/Background: This is the second phase of a planned training targeting female health care providers from the neighboring islands that was initiated in November 2007. The first phase, entitled “Developing Breast & Cervical Cancer Training Skills” introduced the participants to the female reproductive anatomy, the basics of cancer, the status of cancer in Yap and its potential impact, the importance of screening and early detection, health communication skills to maximize their screening recruiting potentials, develop their skills to competently perform Pap smears, teach breast self examination, conduct clinical breast examinations and finally develop local protocols for breast and cervical cancer screening.

A component of the training that was deemed essential to incorporate in the beginning of the training because of the prevailing cultural taboos surrounding the discussion of sex and the human reproductive organs (particularly in a group or circle consisting of a mixture of adult

males and females), was a section on the local vernacular vocabulary, including slang words used for parts of the human reproductive anatomy. The aim was to get them to become comfortable with the usage of these terms both in English as well as the local vernacular in due course and help prevent this from becoming an obstacle to learning as well as enable them to be comfortable when needing to use these terms when conducting awareness activities with women within their respective communities.

The training consisted of didactic lectures, power point presentations, video screening, use of mannequins and logged practical encounters of women the participants themselves recruited during the course of the training. After having performed satisfactorily under supervision, each participant was then allowed to conduct educational sessions, perform pap smears, teach self breast exam and conduct clinical breast examinations on their recruited clients.

The second phase was planned to take place 6-9 months following the completion of the first. In the interim, as an ongoing process of their learning, participants returned to their respective islands to initiate the objectives set out in their planned timelines and allowed them unsupervised exposure time to enhanced their newly acquired practical skills in breast and cervical cancer early detection.

After much planning, the second phase entitled “Enhancing Breast & Cervical Cancer Screening Skills Training” commenced in April 2009 with an expected duration of completion of 3 months. Despite meticulous efforts to ensure the original plan was adhered to, unforeseen circumstances compelled the organizers to compress the training curriculum, which resulted in the delivery of materials meeting the objective of the course, albeit within a shorter time frame. In the end, the training came to a successful completion on the 5th of June 2009. The arrangement and delivery of the course content ran similar to the first phase.

In general, the first phase was focused on the review of the latest draft of the FSM National Standards, focusing on the sections pertaining to breast and cervical cancer prevention and early detection.

The second phase of the training was timed to coincide with the National Women’s Health Week screenings, a collaborative annual undertaking, now in its second year of running, between the Yap Cancer Program, the Waab CHC and the Yap Department of Health Services. This annual event offers free medical checkups for women and amongst the battery of screening tests provided, are clinical breast examinations and Pap smears. Hence, the participants were actively involved during that week conducting clinical breast examinations and performing Pap smears.

The beginning of the 3rd phase reintroduced the participants to the normal anatomy of the female reproductive tract with special emphasis on the gross as well as the physiological changes on the cervix at different stages of a woman’s life starting from birth, through puberty, the reproductive years and ending at menopause.

The human papilloma virus and its association with cervical cancer, precursor lesions and common infections involving the female lower genital tract were also taught. The different types of screening methods for early detection of cervical cancer were discussed (including HPV DNA typing) along with their associated pros and cons.

Visual inspection with acetic acid (VIA), emphasized as the core objective of the second phase was taught in more detail with special references to visual inspection with Lugol's iodine where similarities and differences needed emphasis. Use of flash cards, developed by Jhpiego was a useful teaching tool that helped a lot in enabling participants to correctly identify the results of VIA tests and make decisions regarding further management of positive and suspicious for cancer results. In addition, the use of mannequins also contributed significantly in enabling the participants, particularly those that didn't attend the first phase of the training, to become comfortable in performing speculum examinations before their first encounter with actual clients.

A great deal of time was spent reviewing as well having activities involving role playing for both group counseling to recruit target women for screening, as well as individual counseling for women who have accepted to be screened with VIA, before, during and post-screening including counseling for negative, positive and suspicious for cancer results. Sessions on infection control, equipment maintenance and supply procurement were also given.

Practical sessions were also allotted to participants to perform counseling and conduct VIA on their recruited volunteers, following satisfactory performance under supervision. A session on the concept of "see and treat approach" or single visit approach (SVA) with VIA and treatment of positive lesions (meeting the recommended guidelines for treatment) during the same screening session was also given but participants requested, because of time constraints, this to be a set goal for a future training as they felt they needed more time to acquire confidence through practice before they can be comfortable in doing unsupervised treatment of VIA positive lesions with cryotherapy.

The 4th and final phase involved a review of VIA in the beginning of the week followed by lectures on the new WHO and SPC's STI Comprehensive Case Management Modules that was recently developed and revised for the Pacific Island Countries.

Goal and Objectives:

To develop the knowledge, skills and attitudes needed for the neighboring islands female health care providers to provide VIA screening services for cervical cancer in the neighboring island communities of Yap. This is in line with the FSM National Standards & Client Management Guidelines on Cervical Cancer and addressed Objective 2 of the Yap State Comprehensive Cancer Control Plan under the encompassing goal of **"WHEN CANCER OCCURS, FIND IT EARLY**. Objective 2 stated that **"By 2009, begin to see an increase in the breast, cervical and prostate cancer screening rates in Yap"**. Some of the stated strategies to fulfill this overall objective includes;

Strategy 2.1: *Train, retrain and cross train all dispensary health care workers on how to perform both clinical breast exams (CBE) and pap smears and also to be able to teach self-breast exams (SBE) to women.*

Strategy 2.3: *Initiate cervical cancer screening in the YOI¹ dispensaries.*

In addition, this project indirectly addressed Objective 1 of the Yap State Comprehensive Cancer Control Plan which states that **"By 2008, increase public awareness on the importance of regular screening and the screening methods available for early detection**

¹ Yap Outer Island (sometimes also referred to as Yap Neighboring Islands)

of certain cancers, including Breast, Cervical and Prostate Cancer”.

Planning & Development:

The planning of the training involved the input and participation of various stakeholders. The course content for the first phase was adapted and modified from a training course on Pap smear designed by the United Kingdom’s National Health Service for primary health care providers and nurse practitioners. The Health Communication component was adapted from CDC/DCPC CHW Training Packet and A Handbook of Enhancing CHW Programs. The materials and in particular, the PowerPoint presentation slides used for the Cancer 101 component were of the modules developed by the National Cancer Institute and titled “**The ABCs of Cancer- Awareness Beats Cancer** with slight modification on the cancer statistics slides to reflect Yap’s situation in comparison with other Pacific Island countries.

The second phase’s course content and design were directly obtained and/or modified from various courses conducted by others, mainly in third world countries. The FSM National standard content was designed from the information contained in the guideline and focused on enabling the participants to appreciate the need for developing and maintaining standards and the relationship between the level of available resources and the level of standard of care. The VIA component was largely adapted from a training manual from PATH² prepared by Dr. John W. Sellers et al with significant contributions from Dr. R. Sankaranarayanan from IARC³ and his wife Lakshmin as well as others, entitled Course in visual methods for cervical cancer screening: Visual inspection with acetic Acid and Lugol’s iodine. Some of the materials from this manual were substituted with those obtained from **The 2nd Asia Regional Clinical Skills Training Course on the Single Visit Approach** conducted in March 2009 in Manila, Philippines organized by Jphiego⁴ with CECAP⁵ (Philippines). This was the 2nd training of its kind and it followed the successful outcome of the same course conducted in Thailand a few years earlier. The focus and approach taken to conduct the course parallels that set out in the aforementioned manual from PATH and hence it was convenient to chose materials from both sources to develop the VIA component of the training. The choice of material to use from which source was based on the one viewed to be most relevant, appropriate and deemed easier for participants to comprehend better the concept being taught.

The following is a list of the project’s partners with their associated roles:

Partner	Role(s)
The Yap Comprehensive Cancer Control Program	-Organization and act as the focal point that links all the other agencies together -Make available some of the training resources -Funding source
The Waab CHC	-Provided logistic support and help with refreshments
Yap State Department of Health Services	-Gives support for the training and allowed the participants to leave their posts

² Program for Appropriate Technology in Health

³ International Agency for Research on Cancer

⁴ An affiliate of John Hopkins Hospital

⁵ Cervical Cancer Prevention Network

Division of public health -Family planning program -NCD program	-The family planning coordinator (Ms. Naty Margalsho, a midwife and nurse practitioner) moderated some modules in the STI component of the course, supervised some of the trainees during practical sessions, and was an examiner during the final examination. -The NCD coordinator conducted supplementary classes on importance of physical activity and diet on reducing a woman's cancer risk
Yap AHEC	-Provided the classroom, the teaching materials, use of their office equipments, and designing and printing the certificates
Yap Medical Association	-Minimize interruption of training sessions by making alternative arrangements for trainer's clinical obligations.
The Council of Tamol	-By its support, it resulted in the support of the project by the neighboring islands' communities.
Neighboring Islands senators	-As for the Council of Tamol, having the support of neighboring islands leadership impacted greatly on participants and their families as well as their communities decisions to partake in the course.
The Catholic Church	-its support was crucial also in communities' decision to participate.
Pacific CEED	-Providing major portion of funding for logistics for participants and trainers
University of Hawaii	-Technical assistance
CDC	-Technical assistance

Implementation:

Products or deliverables created were:

- Certification of participants to do cervical cancer screening using VIA
- A video documenting the training
- A training curriculum which follows

Four week-long five day a week course, which covered the following topics:

- 1) Introduction to the course and its objectives
- 2) Anatomy and Reproductive Health
 - a) Gross anatomy of the female genitourinary system
 - b) Normal anatomy and physiology of the vulva, vagina, and cervix
 - c) Abnormal vagina and cervix; natural history of cervical cancer
 - d) Cervical and vaginal infection and inflammation
- 3) Vernacular vocabulary for human anatomy
 - a) Local and slang terms for female reproductive anatomy
 - b) Cultural restrictions on discussions on human sexuality (e.g. discussions with relatives or when members of the opposite sex are present)
- 4) Local medicine and health beliefs

- a) Local medicine as first option when ill
- b) Non-traditional, non-Western medical practices (including acupuncture, Chinese herbal medicine, Filipino medicines, dietary supplements from the USA)
- 5) STIs, Hepatitis-B
 - a) Key signs and symptoms of STIs in women
 - b) Clinical assessment and treatment of STIs
 - c) Management of sexually transmitted infections
 - d) Prevention of STIs
 - e) Hep-B
- 6) Introduction to cancer and healthy living
 - a) What is cancer
 - b) Common risk factors for cancer
 - c) Importance of healthy diet, exercise, and screening
 - d) Treatment methods for different cancers
- 7) Methods of Screening
 - a) Cervical cancer screening, including pap smears, VIA, VILI, HPV-DNA typing
 - b) Breast cancer: self-exam, clinical manual exam, mammography
 - c) Screening methods for other cancers: colo-rectal, mouth, prostate, liver, etc.
- 8) Communication, Counseling and Informed Consent
 - a) Promoting screening in the community
 - b) Counseling a patient ready for screening: Informed choice
 - c) Counseling a patient with test results*
 - d) Confidentiality and patient safety
 - e) Active listening techniques
 - f) Taking a sexual history
- 9) FSM national health standards
 - a) FSM National Standards for Primary Prevention and Risk Assessment
 - b) FSM National Standards for Breast Cancer Early Detection
 - c) FSM National Standards for Cervical Cancer Diagnosis & Treatment
- 10) Protocols
 - a) How to developing a jurisdiction-specific protocol for screening, including who is responsible for what, what age group to target, how to store samples and who to deliver them to, plans to have a box on the boat for dropping off specimens, how are the results going to be disseminated, proper follow-up for reporting results
 - b) Infection prevention: Proper handling of specimens, cleaning equipment and work area, importance of personal hygiene
 - c) Importance of cancer registry data
- 11) VIA screening for cervical cancer
 - a) VIA screening for referral
 - b) VIA one-step screening and treatment
- c) Introduction to the week-long clinical training option (that additional training would be based on Dr. James' 2009 unit 2 material and material used in the PI course.

Evaluation:

The formative assessment of the first phase of the training consisted of a total of marks earned through attendance, participation, quizzes, assignments, practical performances, fulfillment of the required number of clients encountered for Pap smears and clinical breast examinations (logbooks), a final exam consisting of an oral component and a written component, the completion of a project (cancer activities timeline for each provider) and finally the satisfactory sampling rate of each participant from the samples they took during the course.

Assessment of participants for the second phase was similar to that outlined for the first phase. The overall performance of each participant was gauged based on scores attained through attendance, participation, assignment, quizzes, pre and post tests, logbook of VIA encounters, practical performance, a midcourse image assessment (this consisted of a total of 20 slides made up of a mixture of VIA positives, VIA negatives, and cervical cancer images that the participants had to classify correctly and indicate their management option based on their classification) and the final examination that consisted of a written portion and an oral component.

The latter component involved the evaluation of each participant's performance at 3 test stations by 3 examiners.

The 1st station required each participant to do counseling regarding a topic picked by the examiners, which varied from counseling prior to performing a speculum exam, before putting the client on the examination table, counseling about a specific result of a VIA test, etc.

The 2nd station had a mannequin to test each participant's knowledge relating to the process of actually doing a VIA, from preparation of the required equipments, setting up the woman for examination, attention to infection control precautions, the preliminary abdominal examination, ongoing counseling at each step, lighting set up, speculum examination, doing the VIA, post-test counseling, follow up plan, preparation and setting up for the next client, etc.

The 3rd station involved the random selection of a flashcard when the examinee had performed the speculum examination on the mannequin and has indicated she has done the acetic acid application on the cervix. She is then shown the flashcard and told that's the cervix she is looking at and at this juncture, she is required to indicate if the test is negative, positive or suspicious for cancer and what the next step is for a negative result; if positive, can it be treated with cryotherapy and why or why not; and if suspicious for cancer, what would the next step be. After each examinee is done, the examiners deliberate on their individual assessment of the examinee at each of the 3 stations and the final score is given as the sum of the averaged score given for each station.

Overall, individual evaluation based on the comparison of pretests and post-tests performances and observed skill acquisition indicated that at the end of both trainings, all participants had significantly improved knowledge and skills compared to the beginning of each course, albeit at varying degrees.

As part of ensuring upkeep of knowledge and skills, these providers will be visited in the field at least once a year to observe their performance and have them be evaluated with the use of flashcards. The latter will be conducted in a way similar to that of the midcourse image assessment but instead of writing down their answers on a piece of paper, they will do so verbally.

Lessons Learned:

Strengths

- The involvement of various stakeholders in the project ensured a spirit of commitment from all individuals and agencies taking part including full support from the participating communities, island chiefs, the neighboring islands leadership, the leaders of the

predominant faith-based group, etc. and the cooperation within the various divisions of the Yap State Health Services, enabled a smooth running of the course.

- Having an instructor from the same cultural background was initially viewed as a possible disadvantage although the ability to deliver information both in English and the local vernacular or their combination of usage was thought to be an offsetting advantage as communication using English only might prove to be a barrier to learning when considering the educational levels of the participants. In the beginning of the course, this was proven to be the case but after completing the section on using local vernacular for the human reproductive anatomy, this previously perceived obstacle (having the trainer from the same cultural background) became a defining influence that contributed positively to the participants' subsequent rate at which they assimilate concepts as well as the depth to which they understood these concepts. The ability to deliver subjects with the use of both English and the local vernacular, as expected, was a great advantage and impacted greatly on the level of understanding of all participants.
- The use of evidence-based materials with some slight modification for appropriateness and the use of previously successful course designs eliminated the need to develop a completely new curriculum that may potentially prove ineffective.
- The trainers' actual participation in a recent VIA training workshop as a refresher course greatly helped in guiding the manner in which the training was conducted.

Weaknesses

- Difficulties in having definite dates of sail of the only available boat resulted in constant shifting of training dates making it difficult for planning purposes for both the participants, trainers and other involved stakeholders.
- Although minimal, compared to the first phase of the training, unplanned interruptions because of trainers' clinical obligations resulted in periods of inactivity and make up time which was inconvenient for all.
- The need to compress the course curriculum from its original timeline of 3 months to 1 month due to the need to target the completion date to be set prior to ship's schedule of next departure was a challenge for both organizers, trainers/curriculum developers, and the trainees. Missing the trip would result in the trainees staying back unnecessarily just to wait for the next trip which could possibly take another month to even 6 months. The associated expense would be significant. Furthermore, the impact of their prolonged absence from their service posts as well as their families needed to be borne in mind.
- Some needed materials for the course were not available when needed so that constant modification had to be done, especially with the practical and activity portions of the course.

Recommendations:

- In our setting, it turned out that having a trainer from the same cultural background resulted in initially perceived cultural barriers turned into positive influences that contributed to enhancing the process of learning. However, this may not be true in other settings. Hence, it is imperative that each training setting be critically appraised by relevant individuals prior to deciding on whether or not it would be wise to have a trainer from the same cultural background as the trainees.
- Have at least 2 trainers so they can take turn teaching and substitute one another when one is unavailable. In addition, especially if the total number of participants is 8 or more, it will be time saving, during sessions when participants are divided up into groups to do an

activity, if 1 trainer attends to a group compared to having only 1 trainer attending to all the groups by going one group at a time.

- Have at least 1 helper to assist in setting up, photocopying documents, and do clerical duties.
- Ensure all needed course materials are available before the start of the training.
- If possible and if available, at least one of the identified trainers should consider attending a VIA training course that is offered at a time that is as close as possible to the planned training's commencement date as it will benefit him/her as a refresher course that can potentially help guide him/her when conducting the training.

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