

Training Evaluation Plan
Breast Cancer Education & Survivor Support Program
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General Background Information

The Breast Cancer Education & Survivor Support Program (BCESSP) at a large, regional Health System in Michigan has been in existence for over 25 years. It has helped thousands of women to adapt to their breast cancer diagnoses and treatments through every stage and step.

There are three primary functions of BCESSP. The **first** is a **Breast Care Binder** that contains important self-study information about surgery, treatments, and relevant hospital resources; it is given to every positive breast cancer patient who comes in for a surgery consultation. The **second** function of BCESSP is to facilitate community outreach by writing and distributing quarterly newsletters. The **third** function of BCESSP is to facilitate **monthly support groups** and to **curate quarterly educational programs** for breast cancer and high-risk breast patients, their families, and their caregivers. These educational programs take the form of workshops led by oncology-specific or tangential specialties and are of benefit to breast cancer patients, or they take the form of lifestyle programs like art therapy, yoga, etc.

Despite its long tenure at the Health System, BCESSP has low visibility and low attendance in its educational programs and support groups despite its outreach efforts; therefore, the need to evaluate the educational programs and support groups is imperative to determine what can be done to improve attendance, retention of interest and motivation, and the long-term viability of this arm of the program. This evaluation will be performed by the existing BCESSP Program Coordinator, who is an instructional designer, following Kirkpatrick and Kirkpatrick's (2016) Four Levels model.

Instructional Product

Instructional Product Description

- **Physician/Provider-Led Workshops** —These are monthly virtual workshops on Microsoft Teams that typically last 60 minutes and include a Q&A with the provider.
 - **Purpose & Goals:** These workshops are intended to provide important context on topics ranging from mental health to the side effects of radiation and chemotherapy, to scientific information about things like hormone-receptor positive/negative cancers, etc. The goal is improvement of one's health or life in some way because of the information learned.
- **Non-Provider-Led Workshops or Lifestyle Engagements**—These are monthly virtual offerings on Microsoft Teams that typically last 60 minutes and include a Q&A with the presenter.
 - **Purpose & Goals:** These workshops and lifestyle engagements are intended to fill in a gap to help participants improve their lives in some way. Examples of learning engagements in this category are hearing from a nonprofit who offers financial assistance, doing yoga with a trained yoga therapist, learning mindfulness, etc.
- **Peer-to-Peer Support Groups**—These are virtual meetings on Microsoft Teams twice a month with an open pool of breast cancer patients who come and go at their discretion.
 - **Purpose & Goals:** To facilitate peer relationships and bonding over a common experience, and to provide basic support through community and connection to Health System resources, as needed.
- **Stage 4 Support Groups**—These are meetings twice a month, once in person at Gilda's Club and once online on Microsoft Teams. There is a cohesive cohort in attendance across both meetings.

- o **Purpose & Goals:** This group is specifically for Stage 4 metastatic breast cancer patients to facilitate peer relationships and bonding over a common experience, and to provide basic support through community and connection to Health System resources, as needed.

Purpose, Need, and Benefit

- **Purpose:** The purpose of the BCESSP is to support breast cancer patients by providing free educational resources and support as women battle through surgery, treatment, and survivorship.
- **Need:** The need for this program is great. The [American Cancer Society](#) (2024) estimates that over 316,000 women will be diagnosed with breast cancer in 2025. In Michigan alone, an average of 10,000 positive cases of breast cancer occurs each year according to the [Michigan Cancer Dashboard for Female Breast Cancer](#) (2019).
- **Benefit:** The benefit of a program like BCESSP is that women who are experiencing breast cancer can get additional resources, education, and support within a hospital structure but at no cost to them.

Learning Objectives

1. For Physician/Provider-Led Workshops
 - Learners will develop a comprehensive understanding of both the physical and emotional impacts of breast cancer and breast cancer treatment.
 - Learners will develop a basic understanding of the medical science behind cancer and cancer treatments.
 - Learners will identify actionable steps to aid in their cancer survivorship.
2. For Non-Provider-Led Workshops or Lifestyle Engagements
 - Learners will develop a comprehensive understanding of both the physical and emotional impacts of breast cancer and breast cancer treatment.
 - Learners will develop a basic understanding of lifestyle factors and/or social determinants of health as they relate to cancer survivorship.
 - Learners will identify actionable steps to aid in their cancer survivorship.
3. For Peer-to-Peer Support Groups
 - Learners will engage in community support to improve their own survivorship and the survivorship of others.
4. For Stage 4 Metastatic Breast Cancer Support Groups
 - Learners will engage in community support to improve their own survivorship and the survivorship of others.

Evaluation Purpose, Goals, Objectives, and Scope

Evaluation Purpose, Need, Benefit, & Rationale

- **Purpose** – The purposes behind the BCESSP Program Coordinator completing a Level 1-4 evaluation of the educational and support group components of the BCESSP are to ensure that participants receive a quality learning experience that is grounded in appropriate learning theories and instructional design best practices, and to ensure that BCESSP programming contributes positively to meeting the breast care center's accreditation benchmarks through the NAPBC and NCCN. By establishing that BCESSP programming directly meets NAPBC and NCCN Guidelines (via the Level 4 evaluation), BCESSP can more substantively validate its role in the large, regional Health System in Michigan and potentially expand into other regions.
- **Need** – The need for this program evaluation is illustrated by the fact that there are no controlling standards, other than historical precedent and programming patterns, by which the BCESSP is evaluated. Because there are outside speakers who come in to present to BCESSP constituents, internal standards of practice (and learning outcomes) need to be established and met so that programming isn't based on an external goal (i.e. that of the Presenter).
- **Benefit** – The benefit of completing a thorough program evaluation will be that it identifies the weak points in the educational and support group programming arm of BCESSP and thus identifies opportunities for remediation and improvement of the educational offerings to breast cancer patients, their families, and their caregivers.
- **Rationale** - Evaluating the BCESSP using Kirkpatrick's Four Levels Model will provide an opportunity for an incredibly thorough look at the educational and support group arm of this breast cancer survivor program to determine if the program can be improved. It is anticipated that interventions in the design and delivery of educational workshops and support groups will result from the evaluation, which will lead to more impactful programming and community support for breast cancer patients moving forward.

Evaluation Goals and Subgoals: Kirkpatrick's Four Levels Model

- Determine if the educational and support group programming arm of BCESSP is having a positive outcome on breast cancer patients through the scheduling and delivery of workshops and support groups (Kirkpatrick Level 1).
- Determine if the educational and support group programming arm of BCESSP is ensuring learning and community support has taken place during individual educational experiences that are delivered to breast cancer patients (Kirkpatrick Level 2).
- Determine if the educational and support group programming arm of BCESSP is positively affecting the short- and long-term behavior of breast cancer survivors outside of the programs based on what participants learned during workshops and support groups (Kirkpatrick Level 3).
- Determine if the educational and support group programming arm of BCESSP can be aligned better with NAPBC accreditation and NCCN guidelines standards to positively affect the breast care center's accreditation status (Kirkpatrick Level 4).

Evaluation Objective

The objective of the Evaluation, using Kirkpatrick's Four Levels Model, is to improve the curation and delivery of BCESSP programs to garner increased attendance, retention, and learner motivation to effect changes in their lives and improve their cancer survivorship. Additionally, evaluating BCESSP in relation to Level 4 Accreditation Standards (i.e. NAPBC and NCCN Guidelines), will bring an increased value to BCESSP for its long-term viability.

Evaluation Context, Scope, & Process

Measurement Instruments will be administered via a Microsoft Forms Survey, which will allow for easy data collection. The table below outlines the schedule that will be followed. The Program Evaluation will take place over the course of 12 months, with the final report to the Medical Director and Administrative Manager 13 months after program evaluation initiation.

Table 1: Measurement Instruments, Rationale, and Schedule of Kirkpatrick's Four Levels Evaluation (See Appendix B)

	Level 1 (Reaction) Survey	Level 2 (Learning) Survey	Level 3 (Behavior) Survey	Level 4 (Accreditation Standards) Survey	Rationale for Administering the Survey on Stated Schedule
Provider-Led Workshops	After each workshop or program	After each workshop or program	Semi-annu ally	Semi-annually	Reaction to the learning experience and recap of what was learned during the workshop is appropriate to capture immediately; long-term integration of knowledge through behavioral changes takes longer to develop and thus is measured semi-annually
Non-Provider-Le d Workshops or Lifestyle Programs	After each workshop or program	After each workshop or program	Semi-annu ally	Semi-annually	Reaction to the learning experience and recap of what was learned during the workshop is appropriate to capture immediately; long-term integration of knowledge through behavioral changes takes longer to develop and thus is measured semi-annually
Peer-to-Peer Support Group	Quarterly	Quarterly	Quarterly	Quarterly	It would be disadvantageous to survey support group attendees after each bi-monthly meeting due to the nature of the support group as a more casual encounter than a workshop. Quarterly measurement ensures a longer period of time passes for behavior changes to be seen. Surveying quarterly, instead of semi-annually, also allows for more frequent evaluation of learner reaction and behavior integration given the support group context.
Stage 4 Support Group	Quarterly	Quarterly	Quarterly	Quarterly	It would be disadvantageous to survey support group attendees after each bi-monthly meeting due to the nature of the support group as a

					more casual encounter than a workshop. Quarterly measurement ensures a longer period of time passes for behavior changes to be seen. Surveying quarterly, instead of semi-annually, also allows for more frequent evaluation of learner reaction and behavior integration given the support group context.
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Evaluation Ethical Scope

In planning the evaluation for BCESSP, several other variables can be considered to ensure a comprehensive understanding of the complexities of the program's components.

In terms of extraneous variables that might affect the BCESSP evaluation, we must consider that participants who attend (or don't attend) programs will be affected by things like the time of day the program is taking place, its location, its duration, weather conditions, and in extreme cases, a global event like the COVID pandemic. In evaluating the program for these potential extraneous variables, we will have to consider data that might reflect participants' waning interest in attending due to those extraneous factors (Bhandari, 2025).

Confounding variables that might skew data on BCESSP evaluations could include participant health status as it affects registration interest, attendance, survey responses, and survey completeness. Because participants are cancer survivors who are sometimes still in treatment, their health improves or declines depending on a variety of factors. In taking this variable into consideration, we will remain open to the possibilities in our data evaluation (Thomas, 2023).

Target Audience

BCESSP's target audience is across a spectrum of breast cancer survivors. Any breast cancer survivor can choose to attend BCESSP's programs or support groups; they do not have to be a patient at the Large Regional Hospital System that houses BCESSP. Caregivers, spouses, or loved ones of breast cancer survivors can attend BCESSP programs because cancer survivorship is ultimately about utilizing resources available to you to move past the obstacles that a breast cancer diagnosis brings; however, this demographic would not be eligible for support groups.

The primary target audience for this Evaluation are the Breast Care Center's Medical Director and the Administrative Manager. Both ensure BCESSP functions efficiently and effectively. The secondary target audience for this Evaluation would be the members of the Quarterly Breast Steering Committee, who oversee breast care at the Large Regional Hospital System.

Determining Success of the Evaluation

Provider-Led or Non-Provider-Led/Lifestyle Workshops

Success of the workshops will be validated on the Level 1 and Level 2 surveys, which will show immediate reaction to the learning experience and initial understanding of knowledge gained. On the Level 3 survey, the ability of respondents to articulate knowledge they learned, and which they integrated into their lives over a period of time, will show that the workshops were of value to their lives, and thus will validate learning outcomes. If the respondents are able to identify the relevance of the topics they learned from the Level 4 accreditation categories in that part of the survey, then the programs will be validated as an effective measure of meeting accreditation standards.

Success Criteria for the Workshops:

- 80% of respondents were satisfied with their experience attending the workshop.
- 80% of respondents found the topic relevant to their lives or situation.
- 70% of respondents identified a way to integrate the new knowledge they learned from the workshop presentation into their lives
- 90% of respondents were able to accurately identify accreditation categories related to the workshops they attended.

Success Criteria for the Workshop Evaluation:

- Evaluator (BCESSP Program Coordinator)
 - Data is collected from, on average, 70% of attendees across all workshops and lifestyle programs.
- Medical Director & Administrative Manager
 - Value the importance of the data and results from all four levels of Kirkpatrick's model
 - Have active buy-in on the steps to take to improve BCESSP's Provider-Led or Non-Provider-Led/Lifestyle Workshops based on the Evaluation results.
 - Express satisfaction when the Evaluation validates learning outcomes and accreditation standards.

Peer-to-Peer Support Groups or Stage 4 Support Groups

Success of the two types of support groups will be validated on the Level 1 and Level 2 surveys, which will show reaction to the community support experience and initial understanding of knowledge gained as a result of participating. On the Level 3 survey, the ability of respondents to articulate knowledge they learned via community support, and which they integrated into their lives over a period, will show that the support groups were of value to their lives, and thus will validate learning outcomes. If the respondents are able to identify the relevance of the topics they learned from the Level 4 accreditation categories in that part of the survey, then the support groups will be validated as an effective measure of meeting accreditation standards.

Success Criteria for the Support Groups:

- 80% of respondents were satisfied with their experience attending the support group.
- 80% of respondents found the support group relevant to their lives or situation
- 70% of respondents acknowledge the importance of sharing their stories in community to help others like them
- 90% of respondents were able to accurately identify accreditation categories related to the support groups they attended.

Success Criteria for the Support Group Evaluation:

- Evaluator (BCESSP Program Coordinator)
 - Data is collected from, on average, 70% of attendees in the support groups.
- Medical Director & Administrative Manager
 - Value the importance of the data and results from all four levels of Kirkpatrick's model
 - Have active buy-in on the steps to take to improve BCESSP's support groups based on the Evaluation results.
 - Express satisfaction when the Evaluation validates learning outcomes and accreditation standards.

Description of Evaluation Process

Table 2: Evaluation Process & Stakeholders Involved

Evaluation Process Description – Levels 1 to 4	Rational for Evaluation of each Level	Steps to Gather Data	People and Resources Involved	Accessibility Features
Level 1 & 2 – Workshops (Provider and non-provider led) These include two types of evaluation processes: 1. Post-program surveys which will be administered through an MS form to collect learner feedback (satisfaction, engagement and relevance). 2. Facilitator to quiz participants during the workshop by asking a relevant question to assess knowledge and understanding of	Level 1 & 2 – Workshops Our rationale to conduct surveys as a primary evaluation method is fitting for this type of program since it is entirely on a voluntary basis and not mandatory for breast cancer survivors to attend. The participants that do attend will receive level 1	Level 1 & 2 – Workshops To gather survey data: • Survey will be developed in MS or google forms • Survey will be piloted/tested • Once the test survey process is complete, the survey will launch post-workshops to the participants post-workshops through email communication • Participants will have a set period to provide their feedback, after	Breast cancer patients/Survey respondents will be involved in the completion of the survey. The Program Coordinator will be responsible for developing, administering and evaluating survey feedback. The workshop facilitators will be responsible for administering	The following survey accessibility considerations are applicable: • Respondents have the option of filling in an in-person form, online survey or complete survey orally (third person transcribes the survey and collects feedback) • If responders fill out an online form: clear titles and descriptions, progress indicators, color contrast, simple fonts, keyboard navigation • Sectioning/grouping questions for ease of readability

the topic. This also adds an additional element of engagement.	& 2 surveys which will give us data for how well the program is going/how effective it is. As a secondary evaluation, we will review the results from the poll conducted by the facilitator of each workshop to better understand how well the knowledge is being transferred to the learners.	which the survey will be closed - Data will be imported into an excel spreadsheet and organized to begin the data review process To gather poll/quiz data: - Poll questions will be drafted - Workshop facilitator will administer the poll during the workshop (both provider and non-provider led) - The facilitator will share the results with the program coordinator to assess	the poll/quiz during the workshop. The Program Coordinator will be responsible for reviewing the poll/quiz results as part of the evaluation process.	- Multi-language support: Offering materials and surveys in multiple languages can help reach non-English speaking participants such as Arabic and Spanish. The following poll/quiz accessibility considerations are applicable: - Clear titles and descriptions - Color contrast - Simple fonts - Keyboard navigation - Live captioning since facilitator may read out the poll/quiz question(s) - Ensure poll has screen reader compatibility - Multi-language support (Spanish and Arabic)
Level 1 & 2 – Support Groups This includes a survey post-program to gather participant feedback (satisfaction, engagement and relevance).	Level 1 & 2 – Support Groups Since these are in-person support groups and again like the workshops - participants join on a voluntary basis. Our rationale for this is to conduct just the level 1&2 surveys to collect participant feedback (satisfaction, engagement and relevance). There are no other evaluations such as polling/quizzing	To gather survey data: - Survey will be developed in MS or google forms - Survey will be piloted/tested - Once the test survey process is complete, the survey will launch post-workshops to the participants post-workshops through email communication - Participants will have a set period to provide their feedback, after which the survey will be closed - Data will be imported into an excel spreadsheet and organized to begin	Breast cancer patients/Survey respondents will be involved in the completion of the survey. The Program Coordinator will be responsible for developing, administering and evaluating survey feedback.	The following survey accessibility considerations are applicable: - Respondents have the option of filling in an in-person form, online survey or complete survey orally (third person transcribes the survey and collects feedback) - If responders fill out an online form: clear titles and descriptions, progress indicators, color contrast, simple fonts, keyboard navigation - Sectioning/grouping questions for ease of readability - Multi-language support: Offering materials and surveys in multiple languages can help reach

	like the workshops to collect additional data.	the data review process		non-English speaking participants such as Arabic and Spanish.
Level 3 & 4 – Workshops This includes a semi-annual survey for the learners to collect feedback on the learning and behavior aspects of the workshops. There is no secondary evaluation for these levels.	Level 3 & 4 – Workshops Where the level 1&2 survey is post-program, level 3&4 survey is conducted semi-annually (twice a year). Keeping note of our audience, we want to be mindful of their time and health scenarios so we're choosing to decrease the number of times we send out surveys. This also ensures there is no survey exhaustion.	To gather survey data: - Survey will be developed in MS or google forms - Survey will be piloted/tested - Once the test survey process is complete, the survey will launch post-workshops to the participants post-workshops through email communication - Participants will have a set period to provide their feedback, after which the survey will be closed - Data will be imported into an excel spreadsheet and organized to begin the data review process	Breast cancer patients/Survey respondents will be involved in the completion of the survey. The Program Coordinator will be responsible for developing, administering and evaluating survey feedback. The Administrative Manager will also collaborate and be involved in evaluating the survey feedback (Manager of the Program Coordinator).	The following survey accessibility considerations are applicable: - Respondents have the option of filling in an in-person form, online survey or complete survey orally (third person transcribes the survey and collects feedback) - If responders fill out an online form: clear titles and descriptions, progress indicators, color contrast, simple fonts, keyboard navigation - Sectioning/grouping questions for ease of readability - Multi-language support: Offering materials and surveys in multiple languages can help reach non-English speaking participants such as Arabic and Spanish.
Level 3 & 4 – Support Groups This includes quarterly surveys of the support group participants to collect their feedback on the learning and behavior aspects of the support groups. There is no secondary evaluation for these levels.	Level 3 & 4 – Support Groups Like mentioned, support groups are hosted in a "round-robin" format, allowing participants to share updates about their life and/or treatment journey. Our rationale for conducting level 3&4 surveys on a	To gather survey data: - Survey will be developed in MS or google forms - Survey will be piloted/tested - Once the test survey process is complete, the survey will launch post-workshops to the participants post-workshops through email communication - Participants will have a set period to provide their	Breast cancer patients/Survey respondents will be involved in the completion of the survey. The Program Coordinator will be responsible for developing, administering and evaluating survey feedback. The Administrative Manager will also collaborate	The following survey accessibility considerations are applicable: - Respondents have the option of filling in an in-person form, online survey or complete survey orally (third person transcribes the survey and collects feedback) - If responders fill out an online form: clear titles and descriptions, progress indicators, color contrast, simple fonts, keyboard navigation

	quarterly basis instead of monthly (too frequent, may not have updates) or semi-annually (too late, chance of forgetting) is because the frequency is appropriate. This also gives the participants enough time to digest the conversations with other participants and provide valuable feedback.	feedback, after which the survey will be closed Data will be imported into an excel spreadsheet and organized to begin the data review process	and be involved in evaluating the survey feedback (Manager of the Program Coordinator).	- Sectioning/grouping questions for ease of readability - Multi-language support: Offering materials and surveys in multiple languages can help reach non-English speaking participants such as Arabic and Spanish.
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Stakeholder Involvement

Below is a table that explains stakeholder involvement in the analysis and evaluation of data, and the rationale behind why these stakeholders are included or excluded.

Table 3: Stakeholder Involvement

Stakeholders	Level 1	Level 2	Level 3	Level 4	How will stakeholders be involved in the evaluation?	How will stakeholders be involved in analyzing the data collected?	Rationale
Breast Cancer patients, their families, and caregivers.	x	x	x		Because they are the participants, they will provide the survey data that will fuel the evaluation.	They will not be involved in the analysis of their own data.	These stakeholders will be involved in piloting the assessments and will have an opportunity to provide feedback on the instruments. Stakeholder input at the data analysis level would be inappropriate, but getting their input on any adjustments to assessment questions during the pilot phase would show respect for this group of stakeholders and the value they bring, as individuals, to the collective attempt to assess the program.
Medical Providers--workshop presenters	x	x	x		At this time, there is no plan to include	At this time, there is no plan to include Presenters in the	Though this stakeholder group would not be involved in data analysis, it would be appropriate to let them know the assessments will be taking place moving forward with

					Presenters in the evaluation.	analysis of the data collected.	BCESSP and give them an opportunity to see the instrument's questions that relate to the learning experience they are providing prior to their workshop presentations.
Non-Medical Providers—workshop or other lifestyle engagement presenters	x	x	x		At this time, there is no plan to include Presenters in the evaluation.	At this time, there is no plan to include Presenters in the analysis of the data collected.	Though this stakeholder group would not be involved in data analysis, it would be appropriate to let them know the assessments will be taking place moving forward with BCESSP and give them an opportunity to see the instrument's questions that relate to the learning experience they are providing prior to their workshop presentations.
BCESSP Support Group Leaders	x	x	x		At this time, there is no plan to include Support Group Leaders in the evaluation.	At this time, there is no plan to include Non-BCESSP Staff Support Group Leaders in the analysis of the data collected. CAVEAT: One of the support group leaders is also the BCESSP program coordinator and thus is leading the evaluation. To avoid bias, BCESSP's Assistant Program Coordinator will analyze the data collected from the support group led by the Program Coordinator.	Though this stakeholder group would not be involved in data analysis, it would be appropriate to let them know the assessments will be taking place moving forward with BCESSP and give them an opportunity to see the instrument's questions that relate to the support groups at the time of the deployment of the pilot survey.
BCESSP Program Staff (including Program Coordinator)	x	x	x	x	Program Coordinator will lead the evaluation. The Assistant Program Coordinator will assist with creation and dissemination of surveys.	The Program Coordinator will lead the analysis of the data collected. The Assistant Program Coordinator will assist with the analysis of the data collected. Both will contribute to reporting their findings to the Manager/Director.	BCESSP program staff are the administrative arm of the program. The Program Coordinator is an instructional designer and is therefore qualified to perform a program evaluation of this type. The Assistant Program Coordinator will be mentored through the process, and with her administrative experience and tenure with BCESSP, will provide valuable insight into the analysis and reporting of the data, including acting as primary data analyzer for data collected on the support group led by the Program Coordinator to avoid bias.
Breast Center Administrative Manager Level	x	x	x	x	Will have the opportunity to review Survey	Will have the opportunity to review Survey data and contribute to	This stakeholder plays an important part in the success of BCESSP as she is the direct up-line of the

					instruments prior to deployment.	reporting findings to Director.	program coordinator. As the supervisory stakeholder, and the stakeholder responsible for their up-line, the participation of the administrative manager is imperative at all levels of the evaluation.
Breast Center Medical Director Level	x	x	x	x	Will have the opportunity to review Survey instruments prior to deployment.	Will have the opportunity to review Survey data as part of the final reporting that will come to this Director level.	This stakeholder plays an important part in the success of BCESSP as she is the medical director who oversees the BCESSP. As the director-level stakeholder, and the stakeholder responsible to their own up-line for the success of BCESSP, the participation of the medical director is imperative at all levels of the evaluation. Though she will be the recipient of the report, she will have the opportunity to review the raw data and all instruments, should she choose.
Breast Steering Committee	x	x	x	x	At this time, there is no plan to involve these stakeholders in the evaluation plan.	At the Director's discretion, the final report will be provided to the Breast Steering Committee at the quarterly meeting immediately following the end of the evaluation.	There is no need for this stakeholder level to be included in the evaluation at any time, other than receiving the report itself, because it is comprised of a very large number of providers and administrators across cancer services, none of which have a direct impact on the BCESSP's daily functionality. However, their knowledge of BCESSP's level 4 data analysis will assist in relevant, strategic decision making with regard to the breast cancer care services at the large regional hospital system.

Measurement Instrument Descriptions and Data Collection Process

Table 4: Levels 1-2 Evaluations (Also See Appendix B)

Secondary instrument: Workshop Facilitator (BCESSP Program Coordinator) will utilize Quizzing in Microsoft Teams to poll participants using a Knowledge Check.	Secondary instrument: The Knowledge Check will be a single question quiz.	When programs are offered in person, the form can also be created on paper and administered after each engagement. For in-person engagements, online versions of the form can still be administered via QR code/URL and paper surveys can be administered on paper to those who prefer to complete the survey that way. Secondary instrument: Rationale for Knowledge Check/Quizzing: Identifies opportunities for Facilitator to confirm participants are learning throughout the workshop. An example would be: "So far in the workshop, do you have at least one key takeaway? What is it?"	be put into the Teams/Zoom chat and 2. The URL will be sent via email to all registered recipients in case online attendees leave early. A requested deadline will be included to fill out the form within 24 hours. Secondary instrument: Knowledge Check Quizzing will be administered via this Microsoft Teams meeting functionality.	In-person data (when respondents use the QR code/URL to complete the Form) will be downloaded as an Excel spreadsheet. In-person data (if/when respondents use the paper copy of the survey) will have to be manually entered into an Excel spreadsheet to be in line with online data collected. Success Criteria: Because these workshops and presentations are not traditional training environments, and are informational in nature, but typically cover lifestyle or medical-related interventions that breast cancer patients can take advantage of or not, Success Criteria will be determined by acknowledgement that at least 80% of respondents found the topic relevant to their lives or situation and that at least 70% of respondents identified a way to integrate the new knowledge they learned from the workshop presentation into their lives. Secondary instrument: For the Knowledge Check Quizzing in Microsoft Teams, data will be collected after the workshop has concluded and compared against the post-program survey data and future semi-annual survey data.
Support Group Level 1 / 2 Survey (Peer-to-Peer)	Online Microsoft Form or Google Form (via QR Code or URL)	The reason this is an online survey via a fillable form (via QR Code or URL) is because these programs are currently offered online only. When programs are offered in person, the form can also be created on paper and administered after each engagement.	Support Group surveys would be administered every three months (quarterly) two ways: 1. at the end of the online meeting that marks the quarter and before the online meeting has concluded. The URL to the fillable form would be put into the Teams/Zoom chat and 2. sent via email to all registered recipients in case online attendees leave early or aren't present during that particular meeting but had been present at other	The data will be collected: Online survey data will be downloaded via Microsoft Forms/Google Forms as an Excel spreadsheet. In-person data (when respondents use the QR code/URL to complete the Form) will be downloaded as an Excel spreadsheet. In-person data (if/when respondents use the paper copy of the survey) will have to be manually entered into an Excel

			meetings over the last 3 months. Frequency of survey would not be after each monthly meeting; instead, level 1 / 2 and 3 / 4 data would be surveyed every 3 months.	spreadsheet to be in line with online data collected. Success Criteria: Because these support groups are not traditional training environments, and are community-based and peer-motivated opportunities to learn coping skills to deal with breast cancer, Success Criteria will be determined by acknowledgement that at least 80% of respondents found the support group relevant to their lives or situation and at least 70% of respondents acknowledge the importance of sharing their stories in community to help others like them.
Support Group Level 1 /2 Survey (Stage 4)	Online Microsoft Form or Google Form (via QR Code or URL) AND a paper survey.	The reason this is an online survey via a fillable form (via QR Code or URL) AND is planned as a paper survey is because these programs are currently offered online AND in person, so both methods would be relevant and necessary.	Support Group surveys for ONLINE meetings would be administered every three months (quarterly) two ways: 1. at the end of the online meeting that marks the quarter and before the online meeting has concluded. The URL to the fillable form would be put into the Teams/Zoom chat and 2. sent via email to all registered recipients in case online attendees leave early or weren't present during that particular meeting but had been present at other meetings over the last 3 months. Post-Program IN-PERSON meeting surveys would be administered on paper at the end of the support group meeting that marks the quarter, and distributed via email in case typical in-person attendees weren't present that day but had been present anytime over the last 3 months.	The data will be collected: Online survey data will be downloaded via Microsoft Forms/Google Forms as an Excel spreadsheet. In-person data (when respondents use the QR code/URL to complete the Form) will be downloaded as an Excel spreadsheet. In-person data (if/when respondents use the paper copy of the survey) will have to be manually entered into an Excel spreadsheet to be in line with online data collected. Success Criteria: Because these support groups are not traditional training environments, and are community-based and peer-motivated opportunities to learn coping skills to deal with breast cancer, Success Criteria will be determined by acknowledgement that at least 80% of respondents found the support group relevant to their lives or situation and at least 70% of respondents acknowledge the importance of sharing their stories in community to help others like them.

			Frequency of survey would not be after each monthly meeting; instead, level 1 / 2 and 3 / 4 data would be surveyed every 3 months.	
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Table 5: Level 3 & 4 Evaluations

Instrument	Instrument Design	Rationale for Instrument Design	Administered Procedures	Data be Collection Procedures
Semi-Annual Level 3 & 4 Survey (Physician/Provider-Led and Non-Provider-Led)	Online Microsoft Form or Google Form (via QR Code or URL)	The reason this is an online survey via a fillable form (via QR Code or URL) is because these programs are currently offered online only. When programs are offered in person, the form can also be created on paper and administered after each engagement. For in-person engagements, online versions of the form can still be administered via QR code/URL and paper surveys can be administered on paper to those who prefer to complete the survey that way. Because this is a semi-annual survey, both Provider-Led and Non-Provider-Led/Lifestyle will be surveyed at the same time as there will be crossover registration between the two groups, and it would be burdensome on respondents to send two separate Level 3 & 4 surveys.	Semi-annual surveys would be administered by emailing the URL to the fillable form to all participants who have registered for a program anytime in the last six months. A requested deadline will be included to fill out the form within 24 hours. For in-person engagements, the survey can still be administered via a QR code/form, but it can also be administered on paper and verbally to improve accessibility.	The data will be collected: Online survey data will be downloaded via Microsoft Forms/Google Forms as an Excel spreadsheet. In-person data (when respondents use the QR code/URL to complete the Form) will be downloaded as an Excel spreadsheet. In-person data (if/when respondents use the paper copy of the survey) will have to be manually entered into an Excel spreadsheet to be in line with online data collected. Success Criteria: Because these workshops and presentations are not traditional training environments, and are informational in nature, but typically cover lifestyle or medical-related interventions that breast cancer patients can take advantage of or not, Success Criteria will be determined by acknowledgement that at least 80% of respondents found the topic relevant to their lives or situation and that at least 70% of respondents identified a way to integrate the new knowledge they learned from the workshop presentation into their lives.
Quarterly Level 3 & 4 Survey	Online Microsoft Form or Google Form (via QR Code or URL)	The reason this is an online survey via a fillable form (via QR Code or URL) is because	Quarterly surveys would be administered by emailing the URL to the fillable form to all participants who have registered for a program	The data will be collected: Online survey data will be downloaded via Microsoft

(Peer-to-Peer Support Group)		these programs are currently offered online only. When programs are offered in person, the form can also be created on paper and administered after each engagement. For in-person engagements, online versions of the form can still be administered via QR code/URL and paper surveys can be administered on paper to those who prefer to complete the survey that way.	anytime in the last six months. A requested deadline will be included to fill out the form within 24 hours. For in-person engagements, the survey can still be administered via a QR code/form, but it can also be administered on paper and verbally to improve accessibility.	Forms/Google Forms as an Excel spreadsheet. In-person data (when respondents use the QR code/URL to complete the Form) will be downloaded as an Excel spreadsheet. In-person data (if/when respondents use the paper copy of the survey) will have to be manually entered into an Excel spreadsheet to be in line with online data collected. Success Criteria: Because these support groups are not traditional training environments, and are community-based and peer-motivated opportunities to learn coping skills to deal with breast cancer, Success Criteria will be determined by acknowledgement that at least 80% of respondents found the support group relevant to their lives or situation and at least 70% of respondents acknowledge the importance of sharing their stories in community to help others like them.
Quarterly Level 3 & 4 Survey (Stage 4 Support Group)	Online Microsoft Form or Google Form (via QR Code or URL)	The reason this is an online survey via a fillable form (via QR Code or URL) is because these programs are currently offered online only. When programs are offered in person, the form can also be created on paper and administered after each engagement. For in-person engagements, online versions of the form can still be administered via QR code/URL and paper surveys can be administered on paper to those who prefer to complete the survey that way.	Quarterly surveys would be administered by emailing the URL to the fillable form to all participants who have registered for a program anytime in the last six months. A requested deadline will be included to fill out the form within 24 hours. For in-person engagements, the survey can still be administered via a QR code/form, but it can also be administered on paper and verbally to improve accessibility.	The data will be collected: Online survey data will be downloaded via Microsoft Forms/Google Forms as an Excel spreadsheet. In-person data (when respondents use the QR code/URL to complete the Form) will be downloaded as an Excel spreadsheet. In-person data (if/when respondents use the paper copy of the survey) will have to be manually entered into an Excel spreadsheet to be in line with online data collected. Success Criteria: Because these support groups are not traditional training environments, and are community-based and peer-motivated opportunities to learn coping skills to deal with breast cancer, Success Criteria

				will be determined by acknowledgement that at least 80% of respondents found the support group relevant to their lives or situation and at least 70% of respondents acknowledge the importance of sharing their stories in community to help others like them.
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Data Analysis and Reporting Process

The Data Analysis and Reporting Process involves examining data to extract meaningful insights and presenting the findings in a clear and actionable format.

Data Analysis

There are various methods we will adopt to analyze the data. See tabulated methods below.

Table 6: Data Analysis

Method	Purpose
Organization of data by categorizing it into buckets “positive”, “negative”, and “neutral” categories.	To group similar feedback together to better understand the data. We will use an excel spreadsheet to organize our data. Additionally, organize data by level: • Level 1 data – Reaction • Level 2 data – Learning • Level 3 data – Behavior • Level 4 data – Results
Conduct data mining	Perform data mining and go through not just the ratings provided by learners but also each positive, negative and neutral comment and look for patterns or greater themes within the comments e.g. categorize the data further by identifying other themes which will further categorize the data such as presenter/facilitator, workshop topic, etc.
Develop visuals	Develop charts or graphs for the qualitative data so that we can see the ratings against our set benchmarks (based on historical program data) or industry standards. Data will be represented in the final report in the form of pie charts, bar charts, or graphs for easy visual digestion by stakeholders (i.e. Administrative Manager and Medical Director). Since no data currently exists for BCESSP, and this evaluation seeks to begin the data collection process, we anticipate that data continues to be collected over the course of the program. Future reporting will include visuals such as histograms or area charts to visually document trends across longer time periods.
Identify actionable items	Categorize all actionable feedback based on high, medium and low priority. We will prioritize the high priority items first and work

	through the feedback to continue making enhancements to the program on an annual basis.
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To summarize our data appropriately, see the tabulated process below.

Table 7: Data Summary

Method	Purpose
Start with an introduction	We will begin by stating the purpose of the 6 surveys for the BCESSP and their intention. • Survey 1: Provider-Led Level 1-2 Post-Program • Survey 2: Provider-Led Level 3-4 Semi-Annual • Survey 3: Non-Provider-Led/Lifestyle Level 1-2 Post-Program • Survey 4: Non-Provider-Led/Lifestyle Level 3-4 Post-Program • Survey 5: Peer-to-Peer Support Group Quarterly • Survey 6: Stage 4 Support Group Quarterly Survey
Highlight our key findings	We will outline our key findings for each survey. This is an opportunity for us to discuss what we found interesting or surprising with regards to the data. Were there areas that exceeded better than or poorer than our expectations? We will also use this opportunity to acknowledge any “wins.”
Showcase visuals (quantitative data)	We will then showcase the quantitative data first, which will be formatted as graphs and to show comparison with the “benchmark” data.
Showcase qualitative data key themes	Now we will showcase the qualitative data, which we can display in tables, so it is easy to digest. This data will be categorized into 2 buckets “What is going well”, “Areas of opportunity.” Here we will also showcase some testimonials from the learners on their experience to support what is going well.
State actionable recommendations	Then we will present items that we believe are actionable and showcase how we arrived at that conclusion (e.g., categorized by priority level – high, medium, low). We should showcase 2-3 items that we can prioritize as part of the next iteration of the program.
End with a conclusion	Finally, we will conclude with our key takeaways and action items for the next steps.

Reporting

Data and results will be presented to the Breast Care Center Medical Director and Administrative Manager who will evaluate the data and incorporate the results into accreditation reporting that occurs annually as well as incorporate relevant segments of the data and results into quarterly reporting to the hospital’s Breast Steering Committee which is made up of providers and non-providers, and guides breast care across the regional hospital system.

Please refer to Table 2 for a thorough review of how data will be reported for all four levels, including accessibility considerations.

Accessibility in Reporting [for Stakeholders]

When presenting the report to stakeholders, we will make the following accessibility considerations:

- Providing accessible materials (agenda, report, presentation) both in advance and using accessible technology for screen readers for the visually impaired.
- Using descriptive and clear language when representing data in graphics.
- Ensuring the physical space of any meeting room used is accessibility friendly.
- Using sound equipment to amplify voice in order to assist with hard of hearing stakeholders.
- Activating transcription and closed captioning within collaboration tools like Microsoft Teams, Google Meet, or Zoom.
- Working with an individual's support personnel to ensure a smooth experience.

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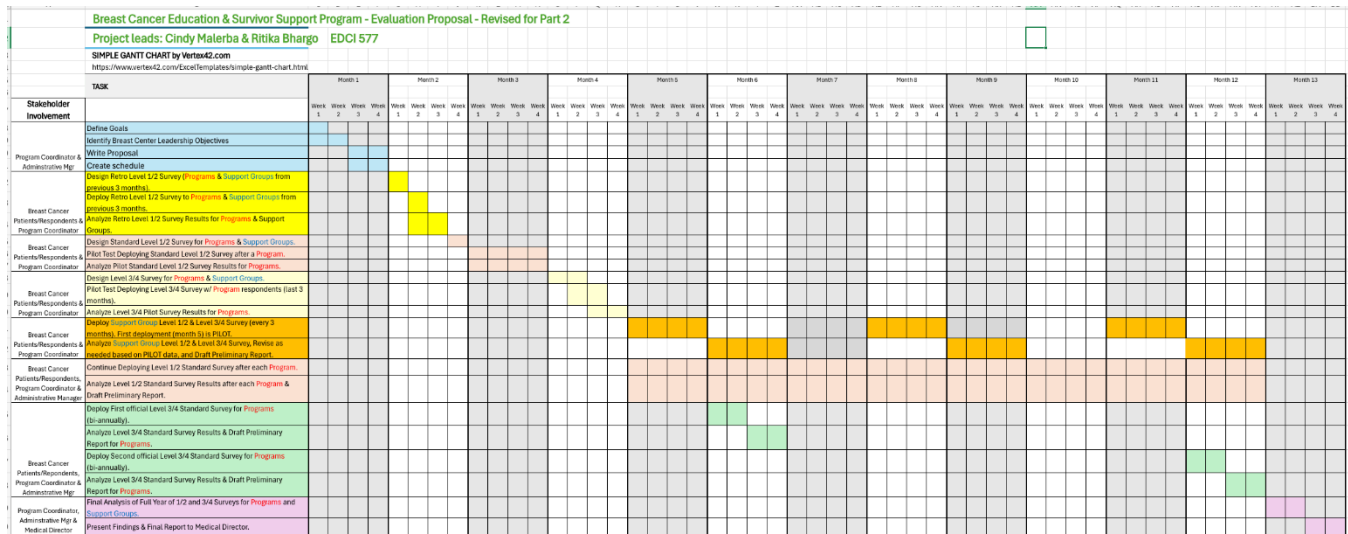
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Appendix A

Evaluation Timeline / Gantt Chart

The Gantt Chart below represents the timeline for the Program Evaluation over a 13-month period.

Updated Gantt Chart OneDrive Link: [Breast Cancer Education Timeline_Cindy Ritika EDCI 577 REVISED FOR PART 2.xlsx](#)



Appendix B

Survey Instruments

Note: Due to the nature of the BCESSP programs that we are evaluating, there are no answer keys for Level 2 measurement instruments. We do not conduct assessments such as tests, quizzes, pre- or post-assessments which seek to identify correct answers. All answers are subjective to the respondents and their participation in the programs.

Provider-Led Workshops

Link to Provider-Led Level 1-2 Post-Program Survey:

<https://forms.office.com/r/wEWXG2xsac>

Link to Provider-Led Level 3-4 Semi-Annual Survey:

<https://forms.office.com/r/nRW5xjpFYe>

Level 1 Qs (Post-Program Survey)

1. What was your primary motivation for registering for this workshop?
Question type: Open-text question.
2. The Presenter did a good job of engaging the audience on the topic using a variety of strategies (e.g. slide deck, group discussion, Q&A, etc.)
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree
3. I feel encouraged to find out more about my cancer diagnosis or treatment because of medical information I learned from the presenter during the workshop?
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree.
4. I am likely to register for another workshop like this in the future.
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree
5. Are there topics or providers you would like to see on the BCESSP schedule in the future? Please share details.
Question type: Open-text question.

Level 2 Qs (Post-Program Survey)

1. I learned valuable information from the presenter that is relevant to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

2. I am likely to integrate most or some of the suggestions the presenter made during the presentation.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
3. I was able to ask personalized questions to the presenter related to the topic and as it relates to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
4. Please list one key takeaway you learned from the presentation that you can implement in your life.
Question type: Open-text question.
5. Are there topics you would like to see on the BCESSP schedule in the future? Please share details.
Question type: Open-text question.

Level 3: Learner Long-term Knowledge Use and Integration (Semi-annual survey)

1. Please identify which BCESSP programs you have attended over the last 6 months.
List....
Question Type: Check all that apply.
2. Since the program(s) above, I have integrated or implemented what I learned during the program(s) in my daily life.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree
Sub Q: Please list the ways you have integrated or implemented what you learned during the program(s)
Question Type: Open-text question
3. My quality of life has been enriched as a result of the integration of the knowledge I gained from the provider-led program(s) into my daily life.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree
Sub Q: Please list and explain the ways your life has been enriched.
Question Type: Open-text question
4. My health has improved as a result of the integration of the knowledge I learned during the provider-led program(s) into my daily life.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree
Sub Q: Please list and explain the ways your health has improved.
Question Type: Open-text question
5. In retrospect over the last six months, I see value in BCESSP Provider-Led programs as important opportunities to gain knowledge that will help improve my health, quality of life, or cancer journey in some way.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree
6. In retrospect over the **last six months**, I was successful at integrating knowledge I learned from BCESSP provider-led workshops into my life, in the ways I anticipated being able to integrate that information.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please add clarifying details about your successes or obstacles in integrating the knowledge you learned in BCESSP programs over the last six months.

Question Type: Open-text question

7. Over the **next six months**, I plan to integrate knowledge I gained from BCESSP provider-led workshops into my life in order to improve my health, quality of life, or cancer journey in some way.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list the things you plan to integrate over the next six months, which you learned in BCESSP programs.

Question Type: Open-text question

Level 4: Organizational Goals Met (Semi-annual survey)

(parentheticals are for internal reference only, not to be included on final survey)

1. (NAPBC question) During the program(s), the presenter(s) provided evidence-based information that falls into any of the following categories.

Question Type: Check all that apply.

- a. **Persistent symptoms & functional issues associated with breast cancer or breast cancer treatment.** (Example: nerve pain; post-surgical healing; fatigue, lymphedema; chemotherapy-induced neuropathy; radiation side effects; physical recovery after surgery, including returning range of motion in the shoulder, etc.)
- b. **Social and behavioral determinants of health for maximizing symptom management, physical function, or social well-being.** (Examples: access to medical providers' perspectives via free workshops, connection to financial resources for cancer survivors, recommendations to participate in community-based support groups, recommendations to utilize relevant resources like physical therapy, exercise programs, etc.)
- c. None of the above

2. (NCCN question) During the program(s), did the presenter(s) provided evidence-based information that falls into any of the following categories for **healthy living and survivorship**?

Question Type: Check all that apply.

- a. Physical Activity
- b. Food and Supplements
- c. Weight and metabolism
- d. Infections
- e. Making Treatment Decisions (i.e. ability to have candid conversations with providers and your care team about the decisions you want to make for yourself)
- f. None of the above

3. (NCCN question) During the program(s), did the presenter(s) provide evidence-based information that falls into any of the following categories for **late and long-term effects of cancer or cancer treatment**.

Question Type: Check all that apply.

- a. Second cancers

- b. Hormone-related symptoms
- c. Heart Disease
- d. Lymphedema
- e. Cognitive Dysfunction
- f. Sexual Dysfunction
- g. Fertility
- h. Fatigue
- i. Sleep
- j. Pain
- k. Mental Health
- l. Work Challenges
- m. Making Treatment Decisions
- n. None of the above

4. As a result of attending the program(s), I have an improved level of confidence about knowledge I learned about these topics as they relate to my health and my long-term survivorship.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

5. As a result of attending the program(s), I have implemented the following short or long-term interventions into my daily life in order to improve my survivorship.

Question Type: Check all that apply.

- a. Practicing Healthy Eating Habits
- b. Monitoring my weight and implementing a weight loss program, as recommended by my Care Team
- c. Taking Supplements Approved by My Care Team
- d. Regularly Seeing a Mental Health Provider
- e. Increasing or Initiating Physical Exercise, under supervision
- f. Seeing a Physical Therapist
- g. Seeing a Sleep Doctor
- h. Seeing a Pain Specialist
- i. Seeing a Sexual Health Specialist
- j. Seeing a Fertility Specialist
- k. Seeing a Heart Specialist
- l. Addressing my health with my employer, including requesting and receiving ADA Accommodations
- m. Regular Screening for Secondary Cancers or Side Effects Relevant to my condition (e.g. seeing a Dermatologist for a skin check regularly after Radiation, etc.)
- n. None of the above

6. Is there anything you would like to add about the BCESSP's programs, including suggestions for future workshop topics?

Question type: Open-text question.

Non-Provider-Led or Lifestyle Workshops

Link to Level 1-2, Non-Provider-Led / Lifestyle Post-Program Survey:

<https://forms.office.com/r/0hbeBVpKQX>

Link to Level 3-4, Non-Provider-Led/Lifestyle Semi-Annual Survey:

<https://forms.office.com/r/qxUtF3ZE0z>

Level 1 Qs (Post-Program Survey)

1. I am satisfied with the information I learned during the workshop.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
2. In what ways did the workshop exceed or did not exceed your expectations?
Question type: Open-text question.
3. I am likely to apply what I've learned in the workshop to enhance my lifestyle.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
4. In what ways do you anticipate applying the knowledge learned?
Question type: Open-text question.

Level 2 Qs (Post-Program Survey)

1. I learned valuable information from the presenter that is relevant to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
2. I am likely to integrate most or some of the **lifestyle** suggestions shared during the workshop.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree
3. Please list one key takeaway you learned from the presentation that you can implement in your life.
Question type: Open-text question.
4. Are there topics or providers you would like to see on the BCESSP schedule in the future? Please share details.
Question type: Open-text question.

Level 3: Learner Long-term Knowledge Use and Integration (Semi-annual survey)

1. Please identify which BCESSP non-provider-led or lifestyle programs you have attended over the last 6 months.
Question type: Check all that apply.
2. Since the program(s) above, I have integrated or implemented what I learned during the program(s) in my daily life.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list the ways you have integrated or implemented what you learned during the program

Question Type: Open-text question.

3. My quality of life has been enriched as a result of the integration of the knowledge I gained from the non-provider-led or lifestyle program(s) into my daily life.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list and explain the ways your life has been enriched.

Question Type: Open-text question.

4. My health, well-being, or outlook has improved as a result of the integration of the knowledge I learned during the non-provider-led or lifestyle program(s) into my daily life.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list and explain the ways your health, well-being, or outlook has improved.

Question Type: Open-text question.

a.

5. In retrospect, over the last six months, I see value in BCESSP non-provider-led or lifestyle program(s) as important opportunities to gain knowledge that will help improve my health, quality of life, or cancer journey in some way.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

6. In retrospect over the last six months, I was successful at integrating knowledge I learned from BCESSP non-provider-led or lifestyle program(s) into my life, in the ways I anticipated being able to integrate that information.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please add clarifying details about your successes or obstacles in integrating the knowledge you learned in BCESSP programs over the last six months.

Question Type: Open-text question.

7. Over the next six months, I plan to integrate knowledge I gained from BCESSP non-provider-led or lifestyle program(s) into my life in order to improve my health, quality of life, or cancer journey in some way.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list the things you plan to integrate over the next six months, which you learned in BCESSP programs.

Question Type: Open-text question.

Level 4: Organizational Goals Met (Semi-annual survey)

(parentheticals are for internal reference only, not to be included on final survey)

1. Please identify which BCESSP non-provider-led or lifestyle program(s) you have attended over the last 6 months.

List....

Question type: Check all that apply.

a. List....

2. (NAPBC question) During the non-provider-led or lifestyle program(s) (s), the presenter(s) provided evidence-based information that falls into any of the following categories. Check all that apply.

Question type: Check all that apply.

- a. Persistent symptoms & functional issues associated with breast cancer or breast cancer treatment. (Example: nerve pain, post-surgical healing, fatigue, lymphedema, chemotherapy-induced neuropathy, radiation side effects, physical recovery after surgery, including returning range of motion in the shoulder, etc.)
 - b. Social and behavioral determinants of health for maximizing symptom management, physical function, or social well-being. (Examples: access to medical providers' perspectives via free workshops, connection to financial resources for cancer survivors, recommendations to participate in community-based support groups, recommendations to utilize relevant resources like physical therapy, exercise programs, etc.)
3. (NCCN question) During the program(s), the presenter(s) provided evidence-based information that falls into any of the following categories for healthy living and survivorship.

Question type: Check all that apply.

- a. Physical Activity
 - b. Food and Supplements
 - c. Weight and metabolism
 - d. Second cancers
 - e. Hormone-related symptoms
 - f. Heart Disease
 - g. Lymphedema
 - h. Cognitive Dysfunction
 - i. Sexual Dysfunction
 - j. Fertility (NCCN)
 - k. Fatigue
 - l. Sleep
 - m. Pain
 - n. Mental Health
 - o. Work Challenges
 - p. Making Treatment Decisions (i.e. ability to have candid conversations with providers and your care team about the decisions you want to make for yourself)
 - q. None of the Above
4. As a result of attending the non-provider-led or lifestyle program(s), I have an improved level of confidence about knowledge I learned about these topics as they relate to Healthy Living or Healthy Lifestyles and my survivorship.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

5. As a result of attending the non-provider-led or lifestyle program(s), I have implemented the following long-term interventions into my daily life in order to improve my health, lifestyle, and survivorship.

Question type: Check all that apply.

- a. Practicing Healthy Eating Habits
- b. Monitoring my weight and implementing a weight loss program, as recommended by my Care Team

- c. Taking Supplements Approved by My Care Team
 - d. Regularly Seeing a Mental Health Provider
 - e. Increasing or Initiating Physical Exercise, under supervision
 - f. Seeing a Physical Therapist
 - g. Seeing a Sleep Doctor
 - h. Seeing a Pain Specialist
 - i. Seeing a Sexual Health Specialist
 - j. Seeing a Fertility Specialist
 - k. Seeing a Heart Specialist
 - l. Addressing my health with my employer, including requesting and receiving ADA Accommodations
 - m. Regular Screening for Secondary Cancers or Side Effects Relevant to my condition (e.g. seeing a Dermatologist for a skin check regularly after Radiation, etc.)
 - n. None of the Above
 - o. Other
6. Is there anything you would like to add about the BCESSP's programs, including suggestions for future workshop topics?
- Question Type:** Open-text question

Peer-to-Peer Support Groups

Link to Peer-to-Peer Support Group Quarterly Survey:

<https://forms.office.com/r/bCzng41SBF>

Level 1 Qs: (QUARTERLY survey)

1. What was your primary motivation to register for this support group?
Question type: Open-text question.
2. The experience I had during the meeting(s) resonated with my needs.
Question type: Likert 5-point Scale: Strongly agree to Strongly disagree.
3. I am likely to attend this support group again in the future.
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree
4. I believe that community support from this group will assist me in my cancer and survivorship journey.
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree.

Level 2 Qs: (QUARTERLY survey)

1. I have learned valuable coping skills from the support group that are relevant to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
2. I have learned the benefit of community support for breast cancer survivors as a result of attending this support group.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

3. I have integrated, or I plan to integrate things I learned from the support group into my life in some way.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

4. Please list 1-2 items that you have learned that you plan to integrate into your life. **Question type:** Open-text question

5. By participating in the support group, I have learned the value of sharing my own insights and experiences with others to improve their survivorship.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

Level 3: Learner Long-term Knowledge Use and Integration (QUARTERLY survey)

1. How many support group meetings have you attended over the last three months?

Question Type: Open-text question.

2. Over the last three months, I have integrated or implemented things I learned or experienced during the support group(s) into my daily life.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list the ways you have integrated or implemented what you learned or experienced.

Question Type: Open-text question.

3. Over the last three months, my quality of life has been enriched as a result of my participation in the support group(s).

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree)

Sub Q: Please list at least one way your quality of life has been enriched.

Question Type: Open-text question.

4. Over the last three months, I have been able to see the value in BCESSP support groups as important opportunities to gain knowledge and peer support that will help improve my health, quality of life, or cancer journey in some way.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Level 4: Organizational Goals Met (QUARTERLY survey)

1. During the support group meetings, I received peer-generated support which has helped me maximize my symptom management.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

2. During the support group meetings, I received peer-generated support which has helped me maximize my physical function.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

3. During the support group meetings, I received peer-generated support which has helped me maximize my social well-being.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

4. Please list at least one example of peer-generated support you have received during BCESSP support group meetings, and its significance to your health and survivorship.

Question Type: Open-text question.

5. Is there anything you would like to add about your experience in the support group? You can use this area to provide comments or requests.

Question Type: Open-text question.

Stage 4 Support Groups

Link to Stage 4 Support Group Quarterly Survey:

<https://forms.office.com/r/BaRvHPLhhc>

Level 1 Qs: (QUARTERLY survey)

1. What was your primary motivation to register for this support group?

Question type: Open-text question.

2. The experience I had during the meeting(s) resonated with my needs.

Question type: Likert 5-point Scale: Strongly agree to Strongly disagree.

3. I am likely to attend this support group again in the future.

Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree

4. I believe that community support from this group will assist me in my cancer and survivorship journey.

Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree.

Level 2 Qs: (QUARTERLY survey)

1. I have learned valuable coping skills from the support group that are relevant to my personal cancer journey.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

2. I have learned the benefit of community support for breast cancer survivors as a result of attending this support group.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

3. I have integrated, or I plan to integrate things I learned from the support group into my life in some way.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

4. Please list 1-2 items that you have learned that you plan to integrate into your life.

Question type: Open-text question.

5. By participating in the support group, I have learned the value of sharing my own insights and experiences with others to improve their survivorship.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

Level 3: Learner Long-term Knowledge Use and Integration (QUARTERLY survey)

1. How many support group meetings have you attended over the last three months?

Question Type: Open-text question.

2. Over the last three months, I have integrated or implemented things I learned or experienced during the support group(s) into my daily life.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

Sub Q: Please list the ways you have integrated or implemented what you learned or experienced.

Question Type: Open-text question.

3. Over the last three months, my quality of life has been enriched as a result of my participation in the support group(s).

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Sub Q: Please list at least one way your quality of life has been enriched.

Question Type: Open-text question.

4. Over the last three months, I have been able to see the value in BCESSP support groups as important opportunities to gain knowledge and peer support that will help improve my health, quality of life, or cancer journey in some way.

Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree

Level 4: Organizational Goals met (QUARTERLY survey)

1. During the support group meetings, I received peer-generated support which has helped me maximize my symptom management.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

2. During the support group meetings, I received peer-generated support which has helped me maximize my physical function.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

3. During the support group meetings, I received peer-generated support which has helped me maximize my social well-being.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

4. Please list at least one example of peer-generated support you have received during BCESSP support group meetings, and its significance to your health and survivorship.

Question Type: Open-text question.

Appendix C

BCESSP Retro Surveys

The Retro Surveys, as referenced in Appendix A (Gantt Timeline), will be the first survey instruments deployed to capture the previous three months of data all in one chunk. Because no assessments have been performed up until the deployment of the Retro Survey, they will serve as an important starting point for establishing benchmarks. The Retro Survey will then be refined into the Pilot Surveys (though they are not drafted for this evaluation, they will be a natural revision of the existing questions), and further refined into the finalized Survey Instruments (see Appendix B). For purposes of this evaluation, a condensed version of Survey Instruments from Appendix B was combined to represent the Retro Survey instruments to showcase the presentation of questions that might be grouped to achieve a comprehensive Level 1-4 data analysis and review.

BCESSP Retro Surveys (capturing prior 3 months of Level 1-4 data)

These Retro Survey instruments are not presented in usable Microsoft Forms, like those in Appendix B, but are available here for review. Color coding is employed for ease in identifying Kirkpatrick's Four Levels .

Level 1: Red

Level 2: Blue

Level 3: Green

Level 4: Purple

Workshops (Provider-Led and Non-Provider-Led/Lifestyle COMBINED Retro Survey Instrument):

1. Please identify which BCESSP programs you have attended over the last 6 months.
Question Type: Multiple Choice [List]. Choose all that apply.
2. What was your primary motivation for registering for the workshop(s)?
Question type: Open-text question.

3. I feel encouraged to find out more about my cancer diagnosis or treatment because of medical or lifestyle information I learned from the presenter(s) during the workshop(s)?
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree.
4. I am likely to register for other BCESSP workshops in the future.
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree
5. I learned valuable information from the presenter(s) that is relevant to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
6. I am likely to integrate most or some of the suggestions the presenter made during the presentation.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
7. I was able to ask personalized questions to the presenter related to the topic and as it relates to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
8. Please list one key takeaway you learned from the presentation(s) that you have implemented in your life.
Question type: Open-text question.
9. My quality of life has been enriched as a result of the integration of the knowledge I gained from the BCESSP program(s) into my daily life.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
a. Sub Q: Please list and explain the ways your life has been enriched. **(Open-ended)**
10. My health has improved as a result of the integration of the knowledge I learned during the provider-led program into my daily life.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree
a. Sub Q: Please list and explain the ways your health has improved. **(Open-ended)**
11. In retrospect over the last three months, I see value in BCESSP Provider-Led programs as important opportunities to gain knowledge that will help improve my health, quality of life, or cancer journey in some way.
Question Type: Likert 5-point scale: Strongly Agree to Strongly Disagree)
12. During the program(s), the presenter(s) provided evidence-based information that falls into any of the following categories.
Question type: Multiple choice. Check all that apply.
 - a. Persistent symptoms & functional issues associated with breast cancer or breast cancer treatment (NAPBC) (Example: nerve pain, post-surgical healing, fatigue, lymphedema, chemotherapy-induced neuropathy, radiation side effects, physical recovery after surgery, including returning range of motion in the shoulder, etc.)
 - b. Social and behavioral determinants of health for maximizing symptom management, physical function, or social well-being (NAPBC) (Examples: access to medical providers' perspectives via free workshops, connection to financial resources for cancer survivors, recommendations to participate in community-based support groups, recommendations to utilize relevant resources like physical therapy, exercise programs, etc.)

13. During the program(s), the presenter(s) provided evidence-based information that falls into any of the following categories for **healthy living and survivorship**.

Question Type: Multiple choice. Check all that apply.

- a. Physical Activity (NCCN)
- b. Food and Supplements (NCCN)
- c. Weight and metabolism (NCCN)
- d. Infections (NCCN)
- e. Making Treatment Decisions (NCCN) (i.e. ability to have candid conversations with providers and your care team about the decisions you want to make for yourself)

14. During the program(s), the presenter(s) provided evidence-based information that falls into any of the following categories for **late and long-term effects of cancer or cancer treatment**.

Question Type: Multiple choice. Check all that apply.

- a. Second cancers
- b. Hormone-related symptoms
- c. Heart Disease
- d. Lymphedema
- e. Cognitive Dysfunction
- f. Sexual Dysfunction
- g. Fertility (NCCN)
- h. Fatigue
- i. Sleep
- j. Pain
- k. Mental Health
- l. Work Challenges
- m. Making Treatment Decisions (i.e. ability to have candid conversations with providers and your care team about the decisions you want to make for yourself)

15. As a result of attending the program(s), I have an improved level of confidence about knowledge I learned about these topics as they relate to my health and my long-term survivorship.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree

16. As a result of attending the program(s), I have implemented the following long-term interventions into my daily life in order to improve my survivorship.

Question Type: Multiple choice. Check all that apply.

- a. Practicing Healthy Eating Habits
- b. Monitoring my weight and implementing a weight loss program, as recommended by my Care Team
- c. Taking Supplements Approved by My Care Team
- d. Regularly Seeing a Mental Health Provider
- e. Increasing or Initiating Physical Exercise, under supervision
- f. Seeing a Physical Therapist
- g. Seeing a Sleep Doctor
- h. Seeing a Pain Specialist
- i. Seeing a Sexual Health Specialist
- j. Seeing a Fertility Specialist
- k. Seeing a Heart Specialist

- l. Addressing my health with my employer, including requesting and receiving ADA Accommodations
 - m. Regular Screening for Secondary Cancers or Side Effects Relevant to my condition (e.g. seeing a Dermatologist for a skin check regularly after Radiation, etc.)
17. Are there any workshop topics you would like to see on the BCESSP schedule in the future? Please share details.
- Question type:** Open-text question.

Support Groups (Peer-to-Peer and Stage 4 COMBINED Retro Survey Instrument)

1. Which support group have you attended over the last three months?
Question Type: Multiple Choice: a) Peer-to-Peer or b) Stage 4
2. What was your primary motivation to register for this support group?
Question type: Open-text question.
3. How many support group meetings have you attended over the last three months?
Question type: Open-text question
4. The experience I have had over the last three months during the meeting(s) resonated with my needs.
Question type: Likert 5-point Scale: Strongly agree to Strongly disagree.
5. I am likely to attend this support group again in the future.
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree
6. I believe that community support from this group will assist me in my cancer and survivorship journey.
Question type: Likert 5-point Scale: Strongly Agree to Strongly Disagree.
7. I have learned valuable coping skills from the support group, over the last three months, that are relevant to my personal cancer journey.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
8. I have learned the benefit of community support for breast cancer survivors, over the last three months, as a result of attending this support group.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
9. By participating in the support group, I have learned the value of sharing my own insights and experiences with others to improve their survivorship.
Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.
10. Over the last three months, I have integrated or implemented things I learned or experienced during the support group(s) into my daily life.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

- a. Sub Q: Please list the ways you have integrated or implemented what you learned or experienced
(Open-ended)

11. Over the last three months, my quality of life has been enriched as a result of my participation in the support group(s).

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

- a. Sub Q: Please list at least one way your quality of life has been enriched. (Open-ended)

12. Over the last three months, I have been able to see the value in BCESSP support groups as important opportunities to gain knowledge and peer support that will help improve my health, quality of life, or cancer journey in some way.

Question type: Likert 5-point scale: Strongly Agree to Strongly Disagree.

13. During the support group meetings over the last three months, I received peer-generated support which has helped me **maximize my symptom management**.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

14. During the support group meetings over the last three months, I received peer-generated support which has helped me **maximize my physical function**.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

15. During the support group meetings over the last three months, I received peer-generated support which has helped me **maximize my social well-being**.

Question Type: Likert 5-point Scale: Strongly agree to Strongly disagree.

16. Please list at least one example of peer-generated support you have received during support group meetings over the last three months, and its significance to your health and survivorship.

Question Type: Open-text question.

17. Please reflect on at least one reason why BCESSP's Support Group is an important facet of your cancer survivorship journey.

Question Type: Open-text question.

18. Do you have any additional comments about, or requests regarding, BCESSP Support Groups?

Question Type: Open-text question.

Rubric

Students' Name:

CONTENT	GUIDELINES				Pts.
	Excellent—5	Good—4	Satisfactory--2-3	Major Revisions—0-1	
Identification of Evaluation Goals, Purpose, Objectives, and Scope	There is a clear, well-focused project, program, course, or other solution. It is defined in terms of goal(s), purpose, objectives, identification of stakeholders, and target performers (audience). Clearly written goal statement, purpose statement, and objectives. A clear description of the project, program or course that was evaluated	Project is clear but a piece(s) of key supporting information is missing or too general. One of the following is missing: goal statement, purpose statement, and objectives, stakeholders, or target audience.	Project is somewhat clear but there is a need for more supporting information. Two or more of the following is missing: goal statement, purpose statement, and objectives, stakeholders, or target audience.	Project is not clear. There is a seemingly random collection of information.	Must be included (and revised if needed from instructor feedback). If not included, 5 point deduction (- 5pts).
	Excellent—9-10	Good—6-8	Satisfactory—3-5	Major Revisions—1-2	
Description of the Evaluation Process (Update)	Specific processes to complete evaluation are outlined and included within a timeline or Gantt Chart or another chart included in Appendix A. Rationale for evaluator decisions is provided as necessary. Accessibility considerations described	Processes are outlined in general and included in a timeline or Gantt Chart or another chart included in Appendix A. Rationale for evaluator decisions is provided, as necessary.	Processes are outlined in general and either timeline is missing or errors or other omissions. Necessary rationale for evaluator decisions is missing.	Incomplete or missing process outline. No timeline.	/10 Pts.
	Excellent—5	Good—4	Satisfactory—2-3	Major Revisions—0-1	
Stakeholder Involvement (Update!)	Overall stakeholder involvement is described well.	Stakeholder involvement is described overall and also mentioned	Stakeholder involvement is mentioned, but it is not clearly	Stakeholder involvement is missing from most or all the report.	/5 Pts.

	Stakeholder involvement is described for each of the processes and steps of the evaluation.	in each of the processes and steps of the evaluation.	described, or it is not included in each of the processes and steps.		
	Excellent—9-10	Good—6-8	Satisfactory—3-4	Major Revisions—0-2	
Measurement Instrument Descriptions (Update!)	Instruments for Levels 1-4 are created as appropriate and are ready for use in the evaluation setting (Instruments are included in Appendix B). Complete descriptions of each instrument are provided (body of report). Rationale for selection of instrument attributes is clear. Accessibility considerations are described.	Includes instruments for all levels. Some instruments may not be ready for use (drafts). Rationale for selection of instrument attributes is not clear or not convincing.	Includes essential information but there are 1-2 omissions, errors, incomplete descriptions, or no rationale.	Content is minimal OR there are several omissions or errors.	/15 Pts.
	Excellent—9-10	Good—6-8	Satisfactory—3-4	Major Revisions—0-2	
Data Collection (Update!)	A description of the procedures (steps) to be used to gather the data in the proposed setting. A very detailed and clear description was provided for the data collection procedures. Data collection was included in the Gantt Chart or timeline.	A description of the procedures (steps) included. Enough detail was provided for the procedures that another person could conduct the evaluation of the instructional product, but a little more detail would be helpful. Data collection steps are noted in	Includes essential information but there are 1-2 omissions, errors, incomplete descriptions, or no rationale. Procedures could be clearer or more detailed or logical Significant detail of the data collection is not clear. Data collection steps are not clear	Content is minimal OR there are several omissions or errors. Procedures are not clear, complete, or logical. Significant detail of the data collection is not clear. Data collection missing from	/15Pts

		the Gantt Chart or Timeline.	in the Gantt Chart or Timeline.	timeline/Gantt Chart	
	Excellent—13-15	Good—9-12	Satisfactory—5-8	Major Revisions—0-4	
Data Analysis (Update!)	Data analysis procedures are provided and summarized for each Level (1-4) relative to target or expected measures. Method used to analyze results for all instruments identified. Methods to control for other factors identified. Rationale for decisions provided.	Data analysis procedures are provided and summarized for each level or described as they would be collected. One key part of the method for analyzing results is weak. Method to control for other factors is weak. Rationale is weak.	Some data analysis procedures are summarized for each level or described as they would be collected. More than one key part of the analysis process is missing or incomplete. Methods to control for other factors are missing. Rationale for some analysis is missing.	Data analysis procedures and logic are less than credible (suspect). Multiple components of the analysis process are missing.	/15 Pts.
	Excellent—13-15	Good—9-12	Satisfactory—5-8	Major Revisions—0-4	
Reporting Process (Update!)	A description of the reporting process is provided for Levels 1-4. A description of how the data, results, and recommendations would be provided for Levels 1-4 Examples are provided Features were added to ensure reporting was accessible to stakeholders.	A description of the reporting process for Levels 1-4 is provided but could be more detailed A description of how the data, results, and recommendations would be provided for Levels 1-4, but could be more detailed Examples are provided. Consideration of accessibility for reporting is weak.	A description of the reporting process for Levels 1-4 is weak A description of how the data, results, and recommendations is provided for Levels 1-4 is weak Few, if any, examples are provided and are weak. Consideration of accessibility for reporting is missing	Descriptions of the reporting process are minimal or multiple components of the reporting process are missing	/15pts

	Excellent—13-15	Good—9-12	Satisfactory—5-8	Major Revisions—0-4	
Appendices (Instruments and other items) (Update!)	Appendix A - Timeline/Gantt Chart/ Other Project Management Tool is provided. Appendix B - level 1-4 instruments and administration procedures are provided. Answer keys are provided (Level 2 and 3?). Appendices are referenced and explained in the text of the body of the paper.	Appendix A - Timeline is provided but could be more detailed. Appendix B - instruments and administration procedures are provided but could be more detailed. Answer keys are provided (Level 2 and 3?). Appendices are referenced and explained in the text of the body of the paper.	Appendix A - Timeline minimal detail is provided. Appendix B - instruments and administration procedures provided lack in quality and/or detail. Answer key for Level 2 or 3 is missing or missing lacks details. Appendix C - Mock data results provided lack in quality and/or detail. Appendices are mentioned in the body of the paper.	Appendix A - Timeline very weak or missing. Appendix B - instruments and administration procedures are very weak or missing. Answer key for Level 2 or 3 is missing. Appendix C - Mock data results are very weak or missing. One or more Appendices are not mentioned in the body of the paper.	/15pts
Formatting - grammatical, punctuation, spelling, and some APA items	Professionally written paper, without organizational, grammatical, punctuation, or spelling errors, and with some APA required items. Up to 10 points may be deducted for writing and formatting errors				
Total					/ 90 Pts

Instructor Comments: