

Breast Cancer Education & Survivor Support Program – Evaluation Proposal Part 1

Cindy Malerba & Ritika Bhargo Chari
Group 2
February 16, 2025



(Source: Poulos, K. (2021, October 22).

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.

First is the Breast Care Binder that is given to all positive breast cancer patients at the time of their consultation with a surgical oncologist. The Breast Care Binder contains important self-study information about surgery and recovery, radiation, chemotherapy, and other relevant hospital services like Integrative Medicine, the Lymphedema Clinic, the BCESSP, etc. The Breast Care Binder is distributed quarterly to Breast Care Centers under the program's purview.

The second function of BCESSP is to facilitate community outreach by writing a quarterly newsletter, which includes the dissemination of the newsletter and other outreach materials to members of the community.

The third and final function of BCESSP is to facilitate monthly support groups and to curate quarterly educational encounters with breast cancer and high-risk breast patients, their families, and their caregivers. These educational encounters 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. Currently, interested participants register by emailing the program office; in the near future, a Microsoft Form will be used to RSVP for programs. While all programming is currently virtual in the aftermath of the COVID pandemic, except one Stage 4 support group, there is a general goal to create more fully in-person or hybrid engagements, where appropriate.

Despite its long tenure at the Health System, BCESSP has low visibility and low attendance in its educational programs and support groups despite the outreach efforts it makes to reach its audience. One reason for this could be the COVID pandemic's shift of programming online, and patients' desire for more in-person programming now that the pandemic is over. Therefore, the need to evaluate the educational programs and support groups, and the methods of communication used to solicit participation, is imperative to determine what can be done to improve attendance, retention of interest and motivation, and long-term viability of this arm of the program. This evaluation will be performed by the existing Program Coordinator for BCESSP following Kirkpatrick and Kirkpatrick's (2016) Four Levels model.

Instructional Product Analysis

Instructional Product Description

- **Physician/Provider-Led Workshops** —These are monthly virtual workshops on Microsoft Teams that typically last 60-90 minutes and include a Q&A with the provider. There is a goal to have them move back to fully in person or be hybrid.
 - **Purpose:** Breast cancer patients have a lot of technical and medical information to process when they receive a diagnosis, as they are going through treatment, and well into survivorship. These workshops with providers 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.
- **Non-Provider-Led Workshops or Lifestyle Engagements**—These are monthly or quarterly program offerings on Microsoft Teams. There is a goal to make them hybrid at one of the hospital campuses.
 - **Purpose:** Breast cancer **patients** need as many tools as they can get to overcome a diagnosis and the short- and long-term effects of treatments. 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 art therapy, learning mindfulness, etc.
- **Peer-to-Peer Support Groups**—These are virtual meetings on Microsoft Teams twice a month (once at 1pm and once at 5:30pm) with an open pool of breast cancer patients who come and go at their discretion. There is rotating attendance as new positive cases express interest in joining and veteran members have adjusted to illness.
 - **Purpose:** 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. Not a referral service, but recommendations are sometimes given.
- **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.
 - **Purpose:** 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. Not a referral service, but recommendations are sometimes given.

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 occur 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.

Goal and Subgoals

- The goals of the Physician/Provider-Led Workshops are to provide key medical information or resources to breast cancer patients and to create an opportunity for participants to ask questions outside of a medical appointment.
- The goal of the Non-Provider-Led Workshops or Lifestyle Engagements is to provide key lifestyle or well-being resources or information to breast cancer patients so that quality of life can be improved.
- The goal of Peer-to-Peer Support groups is to create a community of breast cancer patients who can speak freely with one another about their experiences while in a setting that is supportive, non-judgmental, and inclusive.
 - Subgoal: Resources are often shared for treatments, side effects, and referrals.
- The goal of the Stage 4 Metastatic Breast Cancer Support Group is to create a community of Stage 4 breast cancer patients who can speak freely with one another about their experiences while in a setting that is supportive, non-judgmental, and inclusive.
 - Subgoal: Resources are often shared for treatments, side effects, and referrals.

Anticipated Benchmarks

Because we don't have historical data from previous workshops for this program or industry standard data, we cannot determine an exact benchmark until the first round of data can be collected in the RETRO Survey we have planned that will capture the previous 3 months' worth of Level 1 & 2 data from workshops and support groups. From there, we will build our full benchmarks for the remaining data analysis. Below are a few anticipated Benchmarks based on logical assumptions:

- **Participant Satisfaction**—at least 80% of Learner-participants are satisfied with their experience in either a program or a support group.

- **Attendance, Participation & Retention**—at least 50% of Learner-participants return for at least one more program or support group.
- **Participant Knowledge** —at least 80% of participants acknowledge at least one key takeaway from each program or support group attended.

Learner Behaviors & Attitudes

- BCESSP seeks to create opportunities for Participants to be exposed to information and resources that will better their lives in some way as breast cancer survivors.
- Participants should exit each learning opportunity (be it a workshop or a support group) with at least one take-away, including but not limited to an actionable step to take, a topic to research more, or the confidence in oneself that a peer was assisted emotionally through support provided to another, etc.
- BCESSP seeks to engender positive encounters between Participants and medical providers, non-medical providers, and peers through programming, which will bolster individual Participants' abilities to function and thrive in their daily lives.

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.

Success Criteria

Success criteria for the workshops:

- 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

Success criteria for the support groups:

- 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.

Additional notes:

- Post-Attitude Survey should show enjoyment and motivation and be administered after each program
- Post-Survey should show knowledge learned during the learning engagement and be administered after each program.
- Bi-Annual, Post-Program Surveys should show the impact of learning engagements on participants over the course of time.
- Bi-Annual, Post-Program Surveys should show they meet Breast Center Leadership Outcomes.
- Bi-Annual, Post-Program Surveys should assess NAPBC and NCCN adherence to guidelines (i.e. meets accreditation standards).

Accessibility of Instruction

- Currently, all Physician/Provider-Led Workshops are held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service, but for those who attend the meeting online, Microsoft Teams has live video captioning and transcription options. Typically, the Provider's PowerPoint slides, and a recording of the presentation are sent to registered participants after the fact for review.
- Currently, all Non-Provider-Led or Lifestyle Workshops are held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service, but for those who attend the meeting online, Microsoft Teams has live video captioning and transcription options. If relevant, the Provider's PowerPoint slides, and a recording of the presentation are sent to registered participants after the fact for review.

- Currently, all Peer-to-Peer Support groups are held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service, but for those who attend the meeting online, Microsoft Teams has live video captioning and transcription options.
- Currently, one Stage 4 Metastatic Breast Cancer Support group is held virtually on Microsoft Teams. Accessibility considerations are limited for participants who do not have a computer or internet service, but for those who attend the meeting online, Microsoft Teams has live video captioning and transcription options.. A second Stage 4 Metastatic Breast Cancer Support group is held in person at Gilda's Club on the first floor of the building, which has a handicap accessible ramp. There are no accessibility considerations currently in place to address deaf or hard of hearing patients and more can be done to improve this.

Table 1: Ways in which Instructional Product Accessibility could be improved

Add multi-language support	Accessible Technology	Flexible Scheduling
• Offering materials and sessions in multiple languages can help reach non-English speaking participants such as Arabic and Spanish.	• Ensure that the virtual platform is user-friendly and accessible to people. This includes providing closed captioning, screen reader compatibility, and easy navigation features etc. • Due to the virtual nature of the sessions, other accessibility concerns include access to functioning technology and a stable internet connection.	• Offer virtual sessions at various times to accommodate different schedules.

Instruction Audience and Instruction Context

Instruction Audience

- The instruction audience for Provider Workshops and Non-Provider Lifestyle Workshops are targeted at breast cancer patients, their family members, or caregivers.
- Audience members come from a diverse set of backgrounds, including age, ethnicity, nationality, language, socioeconomic background, educational background, etc.
 - Audience members with breast cancer are across a very wide spectrum of breast cancer stages, treatments, and diagnoses.
- The instruction audience for support groups are targeted to only breast cancer patients.
 - Audience members come from a diverse set of backgrounds, including age, ethnicity, nationality, language, socioeconomic background, educational background, etc.

- o Audience members for the Peer-to-Peer Support Group have breast cancer and are across a very wide spectrum of breast cancer diagnoses, stages, and treatments.
- o Audience members for the Stage 4 Metastatic Support Group are in a special category of those whose breast cancer has spread.

Instruction Context

- Instructional context for Provider Workshops and Non-Provider Lifestyle Workshops—these educational encounters are conducted online on Microsoft Teams (currently).
 - o In the near future, the instruction for Provider Workshops and Non-Provider Lifestyle Workshops will be conducted in a hybrid manner on Microsoft Teams and in a “Cancer Center Classroom” that seats approximately 20 people and is equipped with online meeting technology.
 - o Instruction begins with an Introduction of the Presenter by the meeting facilitator.
 - o Presenter instructs participants in the topic of the presentation using a Microsoft PowerPoint slide deck.
 - o The Presenter incorporates a Question & Answer period either throughout the presentation or at the end of instruction.
- Instructional context for Peer-to-Peer Support Groups—these educational encounters are conducted online on Microsoft Teams.
 - o The group facilitator welcomes everyone into the virtual room.
 - o Each participant shares an update about her life, treatment, or health journey in a round-robin format.
 - o The group facilitator and participants offer resources, where necessary.
- Instructional context for Stage 4 Metastatic Breast Cancer Support Groups—these educational encounters are conducted online on Microsoft Teams and in person/hybrid.
 - o Group facilitators welcome everyone into the virtual room or the physical room.
 - o Each participant shares an update about her life, treatment, or health journey in a round-robin format.
 - o The group facilitator and participants offer resources, where necessary.

Accessibility of the Instruction Context

- Online instructional engagements using Microsoft Teams have built-in Accessibility Features for closed captioning for the hearing impaired.
 - There are no additional ADA considerations being taken to address visual impairments, which do sometimes manifest with participants whose chemotherapy affects their vision. More can be done in this area.
- In-person Support Group meetings for the Stage 4 Metastatic meeting and any future hybrid in-person meetings are in an ADA accessible first-floor room of a commercial building that is wheelchair accessible.
- There are not currently any ADA considerations for deaf or hard of hearing for in-person instructional engagements. More can be done in this area to ensure that closed captioning is available.

Evaluation of the Instructional Product

Evaluation Purpose, Need, Benefit

- **Purpose** – The purposes behind the BCESSP Program Coordinator completing an 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, 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 so that internal learning outcomes are met and 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.

Evaluation Goals and Subgoals

- 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 (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 (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 (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 (Level 4).

Evaluation Rationale

- Evaluating the BCESSP using Kirkpatrick's Four Levels 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.

Stakeholders

Table 2: Stakeholders

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?
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.
Medical Providers--workshop 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.
Non-Medical Providers--workshop or other lifestyle	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.

engagement presenters						
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 Support Group Leaders in the analysis of the data collected.
BCESSP Program Staff	x	x	x	x	Program Coordinator will lead the evaluation. Assistant Program Coordinator will assist with creation and dissemination of surveys.	The Program Coordinator will lead the analysis of the data collected. Assistant Program Coordinator will assist with the analysis of the data collected. Both will contribute to reporting their findings to Manager/Director.
Breast Center Administrative Manager Level	x	x	x	x	Will have the opportunity to review Survey instruments prior to deployment.	Will have the opportunity to review Survey data and contribute to reporting findings to Director.
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.
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.

Evaluation Context, Scope, & Process

General Overview of BCESSP Program Schedule & Environment:

- Breast cancer patients, families, and their caregivers can sign up for programming by emailing the program office. Soon, participants will be able to register using a Microsoft Form or other internal registration system.
- BCESSP Medical Provider-based workshops/programs occur monthly online or in person and are scheduled quarterly. Data will be collected by the BCESSP Program Coordinator in the form of a survey. Data collection for **Levels 1 & 2** will occur **after each workshop** program. Data collection for **Levels 3 & 4** will occur **semi-annually**.
- BCESSP Non-Medical Provider-based workshops/programs occur monthly online or in person and are scheduled quarterly. Data will be collected by the BCESSP Program Coordinator in the form of a survey. Data collection for **Levels 1 & 2** will occur **after each workshop** program. Data collection for **Levels 3 & 4** will occur **semi-annually**.
- BCESSP support groups occur twice a month, either online or in person. Data will be collected by the BCESSP Program Coordinator in the form of a survey. Data collection for **Levels 1-4** will occur **quarterly** for support groups.

- Informal evaluations in person, by phone, or email will take place randomly by the BCESSP Program Coordinator when interacting with workshop/program or support group participants in order to evaluate Levels 1-3. Because the BCESSP Program Coordinator has frequent interactions with participants outside of workshops/programs and support groups, this type of evaluation tool will be useful when conversations veer toward program effectiveness, and documentation of the evaluation will be kept in a file and added to the formal report at the end of the year.

Scope of Evaluation, via Kirpatrick's Four Levels (See also Appendix A)

- Level 1 & 2 RETRO survey will take place immediately to capture recent past workshops/programs and support group experiences (past 3 months).
- Level 1 & 2 evaluation will take place after each workshop/program, ongoing.
- Level 3 & 4 evaluation of workshops/programs will take place bi-annually.
- Level 3 & 4 evaluation of support groups will take place quarterly.
- Final report to Medical Director and Administrative Manager will take place 13 months after program evaluation initiation.

Measurement Instruments and Data Collection

Table 3: Levels 1-2 Evaluations (See also Appendix B)

Instrument	Instrument Design	Rationale for Instrument Design	Administered Procedures	Data Collection Procedures
Post-Program Level 1/2 Survey (Physician/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.	Post-Program surveys would be administered two ways: 1. At the end of each online engagement before the online meeting is concluded, the URL to the fillable form would 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.	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.
Post-Program Level 1 / 2 Survey (Non-Provider-led/Lifestyle)	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.	Post-Program surveys would be administered two ways: 1. At the end of each online engagement before the online meeting is concluded, the URL to the fillable form would 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.	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.

Accessibility Considerations for Level 1 / 2 Surveys for Physician/Provider-Led & Non-Provider-Led/Lifestyle ONLINE or IN-PERSON learning engagements:

- **Add multi-language support:**
 - a. Offering materials and SURVEYS in multiple languages can help reach non-English speaking participants such as Arabic and Spanish.
- **Accessible Technology:**
 - a. Ensure that the virtual platform USED FOR THE SURVEY is user-friendly and accessible to people. This includes providing closed captioning, transcripts, screen reader compatibility, and easy navigation features, where applicable etc.
 - b. Due to the virtual nature of the SURVEY, other accessibility concerns include access to functioning technology and a stable internet connection.
- **Flexible Scheduling:**
 - a. Offer ALTERNATIVES TO virtual or in-person SURVEYS at various times to accommodate different schedules, in case of cancer treatment scheduling conflicts, etc.
- **Hard copy or Orally delivered Survey:**
 - a. Offer an alternative to a digital survey in hard copy or verbally assessed and documented by the facilitator.

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 weren't present during that particular meeting but had been present at other 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.	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.
--	---	--	---	---

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. Frequency of survey would not be after each monthly meeting; instead, level 1 / 2 and 3 / 4 data would be surveyed every 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.
Accessibility Considerations for Level 1 / 2 Surveys to Peer-to-Peer Support Groups and Stage 4 Support Groups, both ONLINE or IN-PERSON. ● Add multi-language support: a. Offering materials and SURVEYS in multiple languages can help reach non-English speaking participants such as Arabic and Spanish. ● Accessible Technology: a. Ensure that the virtual platform USED FOR THE SURVEY is user-friendly and accessible to people. This includes providing closed captioning, transcripts, screen reader compatibility, and easy navigation features, where applicable etc. b. Due to the virtual nature of the SURVEY, other accessibility concerns include access to functioning technology and a stable internet connection.				

- **Flexible Scheduling:**
 - a. Offer ALTERNATIVES TO virtual or in-person SURVEYS at various times to accommodate different schedules, in case of cancer treatment scheduling conflicts, etc.
- **Hard copy or Orally delivered Survey:**
 - a. Offer an alternative to a digital survey in hard copy or verbally assessed and documented by the facilitator.

Data Analysis and Reporting Process

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

Table 4: 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.
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, delivery 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.
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.

To summarize our data appropriately, see the tabulated process below.

Table 5: Data Summary

Method	Purpose
Start with an introduction	We will begin by stating the purpose of the 4 surveys for the BCESSP and their intention.
Highlight our key findings	We will outline our key findings. This is an opportunity for us to discuss what we found interesting or

	surprising with the data. Was there an area 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.

Data and results will be presented to the Breast Care Center Medical Director and 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.

Benchmarks & Success Criteria

Because we don’t have historical data from previous workshops for this program or industry standard data, we cannot determine an exact benchmark until the first round of data can be collected in the RETRO Survey we have planned that will capture the previous 3 months' worth of Level 1 & 2 data from workshops and support groups. From there, we will build our full benchmarks for the remaining data analysis.

Anticipated benchmarks, however, are the following:

- **Participant Satisfaction**—at least 80% of Learner-participants are satisfied with their experience in either a program or a support group.

- **Attendance, Participation & Retention**—at least 50% of Learner-participants return for at least one more program or support group.
- **Participant Knowledge** —at least 80% of participants acknowledge at least one key takeaway from each program or support group attended.

Success criteria for the workshops:

- 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

Because we don't have historical data from previous workshops for this program or industry standard data, we cannot determine an exact benchmark at this time.

Success criteria for the support groups:

- 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

Because we don't have historical data from previous support groups from this program or industry standard data, we cannot determine an exact benchmark at this time.

Presenting to Stakeholders

The process we would be using to present our data to our stakeholders would be in the form of a presentation. Our goal is to present data in the most streamlined and effective way so that it is easy for the stakeholders to understand and follow along. The presentation would include the following:

- A clear introduction – State the purpose of the meeting and provide an overview of the program and each survey
- Overview of the data – Present key findings such as quantitative and qualitative data analysis
- Showcase visuals – Present the findings in visual formats e.g., tables, graphs/charts, use a word cloud for the qualitative data
 - Word cloud – positive feedback, what themes/words were most common
 - Word cloud – areas for opportunity, what themes/words were most common
- Action plan – Showcase our recommendations

- A strong conclusion – Provide key takeaways and next step

Along with the presentation, we will submit a report which will have greater detail of the data as the presentation will be more high-level results.

Reporting on Level 1 & 2 Data

Because Level 1 data is more about satisfaction about the learning event itself, a basic pie chart would be an effective way of communicating a summary of the results for Level 1.

Because Level 2 data has more subjective answers about knowledge learned during the learning event, an effective way of communicating a summary of results for Level 2 would be to provide both a pie chart for quantitative data and excerpts of open-ended responses to showcase qualitative data.

We will be including charts, graphs, and tables to present our results. In order to be appealing to the busy Medical Director and Breast Center Manager, who will want to see easily digestible and succinct data summaries, we will ensure visually appealing and uncluttered graphics that enhance the importance, impact, and retention potential of the results. This report will be easy to integrate into any future Breast Steering Committee meeting presentations, whose audience would be a broad swath of Providers and Administrators within the Health System.

Accessibility in Reporting

To ensure accessibility of our reporting (presentation and report), we will:

- Add interaction and animation where possible to keep the presentation engaging
- Ensure the presentation will be accessible by:
 - o Use clear and simple layouts
 - o Bold and large headings, subheadings
 - o Legible fonts and text sizes
 - o Choose the right colors and ensure contrast (e.g., no light text on light backgrounds etc.).
 - o Use tables to make text easier to read
 - o Avoid text-heavy slides

Accessibility Considerations for Measurement Instruments:

All Surveys (Levels 1-4) can be administered digitally, on paper, over the phone, and in person to meet accessibility needs.

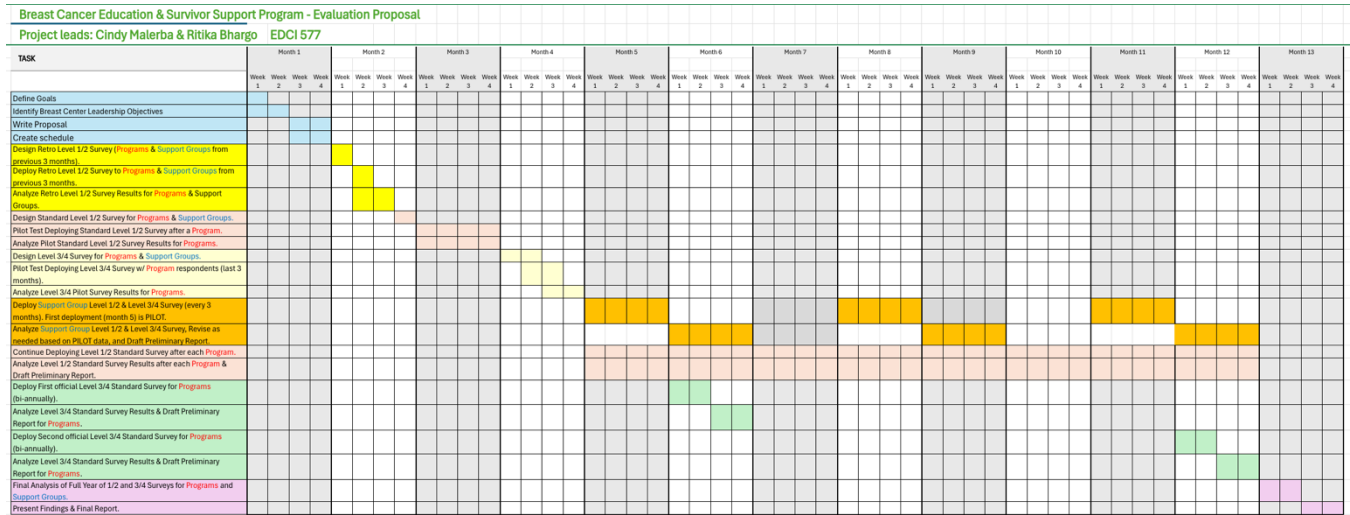
References

- American Cancer Society. (2024, January 12). *Key Statistics for Breast Cancer*. American Cancer Society.
<https://www.cancer.org/cancer/types/breast-cancer/about/how-common-is-breast-cancer.html>
- Guidelines Detail*. (n.d.). NCCN.
<https://www.nccn.org/guidelines/guidelines-detail?category=1&id=1419>
- Kirkpatrick, J. D., & Kirkpatrick, W. K. (2016). *Kirkpatrick's four levels of training evaluation*. Association for Talent Development.
- Michigan Cancer Dashboard: Female Breast Cancer in Michigan*. (2019). Michigan.gov.
<https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/cancer-epidemiology/female-breast-cancer-dashboard>
- NAPBC Standards and Resources*. (n.d.). ACS.
<https://www.facs.org/quality-programs/cancer-programs/national-accreditation-program-for-breast-centers/standards-and-resources/>
- Poulos, K. (2021, October 22). *Can outreach and education solve the problem of inequity in breast care? Part 3 - Ferrum Health*. Ferrum Health.
<https://ferrumhealth.com/can-outreach-and-education-solve-the-problem-of-inequity-in-breast-care-part-3/>
- Simple Gantt Chart*. (2021, December 3). Vertex 42.
<https://vertex42.com/ExcelTemplates/simple-gantt-chart.html>.

Appendix A

Revised Gantt Chart:

Breast Cancer Education Timeline_Cindy Ritika EDCI 577_REVISED FOR PART 1.xlsx



Appendix B

Level 1 & 2 Measurement Instruments

Note: Due to the nature of the BCESSP program that we are evaluating, there are no answer keys for Level 2 measurement instruments. We are not conducting assessments such as tests, quizzes, pre- or post-assessments, etc.

Provider-Led Workshops

Level 1 Qs:

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:

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.
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.

Non-Provider-Led/Lifestyle Workshops

Level 1 Qs:

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:

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 at least one thing you think you can implement in your life as a result of this workshop.
Question type: Open-text question.

Peer-to-Peer Support Groups

Level 1 Qs:

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:

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.

Stage 4 Support Groups

Level 1 Qs:

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:

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.

Rubric

Students' Names: Cindy Malerba & Ritika Bhargo

Content	Description	Pts.
General Background		
General Background	General background and context information	/5
Instructional Product		
Instructional Product	- Purpose, need, and potential benefit of instruction - Goal and subgoals of instructional product - Learning objectives listed - Instruction success criteria provided - Description of any accessibility features of the instruction	/5
Instructional Audience and Instruction Context	- Audience with which the product is used - Context and environment used for the instruction - Description of accessibility of instructional context	/5
Evaluation of the Instruction		
Evaluation Purpose and Goals	- Overall purpose, need, and potential benefit of evaluating the instructional product - Goal and subgoals for evaluating the instructional product	/5
Evaluation Rationale	Rationale/reason for why the instructional product is a good candidate for a four-level evaluation	/5
Stakeholders	Key and additional stakeholders are described	/5
Evaluation Context and Scope	- Identify/describe the proposed context and environment for the evaluation - Description of things you might need to consider for an accessible evaluation - Timeline of major events	/10
Document		
Formatting and Writing	Grammar, Spelling, Punctuation, APA formatting, etc. Additional points will be deducted for significant writing errors.	
TOTAL		/40

Instructor Comments: