

Metastatic Castration Sensitive Prostate Cancer



MANAGING TREATMENT SIDE EFFECTS WEBINAR FACILITATOR GUIDE

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Overview

Program Overview

This Facilitator Guide provides models to leverage this webinar for an educational session. It includes a participate together model and a virtual classroom model. Both methodologies involve discussion around the materials after the group has viewed the webinar.

A proposed agenda, materials, and more specific guidelines for each piece of the agenda are provided on the following pages. Alternatives are also listed for materials and activities as appropriate. These are not finite but intended as suggestions for how to adapt the presentation and activities for your group and environment.



Schedule and Materials

Proposed Agenda

Length of session: 1 hour

- **Introduction and set-up: 2 minutes**
- **Webinar: 40 minutes**
- **Group discussion: 18 minutes**

Materials

- Audiovisual equipment for participants to see and hear the webinar
- Access to the webinar
- Printed supporting materials (optional), which are available in the Resources tab of the webinar



Introduction and Webinar

Introduction: 2 minutes; Webinar: 40 minutes

Tell learners what to expect from the educational session. Share with them the general content of the webinar (management of side effects from androgen deprivation therapy [ADT] to treat metastatic castration-sensitive prostate cancer), the approximate length of the video (40 minutes), and the intent to conduct a group discussion after watching the webinar. Encourage attendees to take notes so they can refer to them during the conversation. After setting the scene, you will play the webinar for the group.

Group Discussion: 20 minutes

Depending on the size of the group and the setup of the room, you may want to conduct the post webinar discussion in a variety of ways. Have the group summarize the highlights of the webinar in their own words,

including a summary of the case discussion in the webinar. This helps to solidify the memory of the content. You want everyone to participate in this, so it may help to do a round-robin where each person states a point of learning and why it is relevant to their role or practice. If the case study from the webinar is discussed, focus on summarizing the case as it was presented before discussing how it might have been different. Once participants have summarized the key points, you can transition to a more in-depth discussion.

Option 1: Have all attendees participate in the conversation at once. Suggested questions are included following option 2.

- Have one or more participant take notes on a flip chart (in person) or in Word or PowerPoint (virtual).
- At the end of the discussion, have the group vote on which themes and takeaways for clinical practice were most significant.
 - If the event is in person, have participants place stickers next to the themes on the flip chart.
 - If the event is virtual, use polling functionality to have participants vote on themes.
- Collect outstanding questions and determine a plan to resolve them.
 - This can be accomplished by assigning questions to a participant who can share the answers with the group afterward, or you can commit to doing so as the facilitator.

Option 2: Divide participants into subgroups and appoint a leader of each to guide the discussion. Provide the leaders with the suggested discussion questions below (and related materials, if appropriate) if this is the model you are going to use.

- Divide participants into teams and ask for a volunteer or assign someone to lead the conversation.
 - If the education session is virtual, check the Zoom resources on page 5 to see how to create breakout rooms for small group discussions.
- Have the teams document the themes and clinical takeaways from their discussions on a flip chart (in person) or in Word or PowerPoint (virtual).
- At the end of the small group discussion, ask each group to determine which themes were most significant.
- The discussion leader will share out the most significant themes and takeaways for clinical practice to the larger group.
- This method may take longer, but you could limit it by only allowing a representative from each team to speak for two minutes.

For both options, wrap up the discussion.

- Make a list of unanswered questions (e.g., related to variances in the scenario, specific questions regarding how something is handled in your institution).
- Determine who will find the answer to each of the questions.
- Determine how you will inform the group of the answers you find (e.g., follow-up meeting, email).
- Make an agreement to hold each other accountable. (This may be a group decision, or you may want to have people pair-up.)
- Have the group or pair determine what it means to hold each other accountable. This may include the following:
 - Reaching out when you encounter a situation like the one presented in the case study so you can discuss
 - Agreeing to coach (and be open to coaching) if someone is seen not implementing what was learned
- Reinforce how learners can earn nursing continuing professional development (NCPD) credit.

Here are some suggested discussion questions and conversation starters. Feel free to use these questions or create your own. There is no minimum or maximum number of questions you must cover. Let the conversation evolve naturally!

- Go back in the recording and pause the webinar to review the diagrams and have a participant summarize them in their own words. How might they have represented the concept differently than what is presented?
- What additional risk is caused by luteinizing hormone-releasing hormone (LHRH) antagonists' blockage of the pituitary gland's responsiveness to LHRH? How can the risk of tumor flare be mitigated?
- What are the most common side effects from ADT treatment for prostate cancer? What has been your personal experience helping patients manage these side effects? (If you don't have personal experience with caring for patients undergoing ADT, have you cared for patients with similar treatment side effects from other therapies? Describe the experience.)
- Describe concerns related to ADT treatment and comorbidities. What are supportive therapies that might help to mitigate these risks? How might you educate patients about the need for these supportive therapies?
- How might the specific nature of ADT side effects affect adherence? What has been your experience in that regard? Describe your approach to encouraging patient adherence in these cases.
- Discuss the importance of addressing side effects related to sexual health and body image with patients and their partners. How does the timing and frequency of these conversations relate to treatment decision-making?
- Consider the differences in ADT options (e.g., intramuscular versus subcutaneous administration, flexibility in dosing frequency) and their most common side effects. How can these considerations help guide the decision-making process?



Virtual Session Considerations

If you choose to present this case study remotely, you will have a few extra considerations.

Requirements

- Access to a laptop or desktop computer
- Internet connection
- License/account for Zoom or similar virtual meeting platform

Preparing for Your Meeting

- Test your internet connection prior to the meeting to ensure you have a stable connection. If you are presenting remotely, you will need to host the meeting on a computer to use the correct functionality within Zoom.
- If you are using this case study for a chapter meeting or activity and your chapter needs a Zoom license, please contact Shannon Holzer at sholzer@ons.org.

- Consider a cofacilitator in case you are disconnected during the meeting. The cofacilitator can manage the meeting in your absence until you are able to reconnect. You must assign this responsibility to an individual through the Zoom software. Read more about this [here](#).
- The following Zoom resources are available to help:
 - [Host and cohost controls in Zoom](#)
 - [Sharing your screen](#)
 - [Sharing computer audio](#)
 - [Testing computer or device audio](#)
 - [Recording Zoom meeting](#)
 - [Enabling breakout rooms](#)

Group Participation Considerations

- To have everyone see and participate simultaneously, you will want to have the participants join with video and audio and share your screen with the group. In most applications (e.g., Zoom, GoToMeeting), there is a way to share your screen. Test this in advance so you are not figuring it out as the session gets started.
- The model provides two options for discussing the webinar.
 - In option 1, it may be harder in a virtual session to get large groups to engage and talk. You may want to use a round-robin approach to get the conversation started or use polling functionality to generate discussion.
 - In option 2, if you want to divide the group into teams, you can usually do breakout groups in an application. However, you will need to appoint a group leader, who will lead the guided discussion. This model may require a presession meeting with the group leaders to make sure they understand the technology and the activity.
- With a large group discussion, it is hard to jump into a conversation, particularly if you can't see everyone on the call. Because of the lost visual cues and lags in connections, a session will need to be a little more structured than it would need to be in person.
 - Consider having people "raise their hands" (usually there is a button) to be able to speak.
 - Consider conducting a round-robin discussion where everyone speaks. This could be done using a predetermined order (by putting a list of the order in the chat); it could be done by calling on people in whatever order you determine; or it could be done by having each person call on the next person after they speak.