Caring the Pacific Way Course Emphasizes Survivorship and Palliative Care in USAPI
by Jeannette Koijane

Achieving a true care continuum for people with cancer and their families is a goal of the U.S.-Associated Pacific Islands (USAPI) Comprehensive Cancer Control (CCC) programs, especially in areas where no treatment is available and the emphasis is on good palliative and end-of-life care. In order to work toward this goal, a course was held for CCC leadership April 22-24, 2009 in Honolulu entitled “Caring the Pacific Way: Cancer Survivorship and Palliative Care.”

The course was a collaboration between the National Cancer Institute’s Cancer Information Service (CIS) Pacific Region; the Pacific Center of Excellence in the Elimination of Disparities (Pacific CEED), a program funded by the U.S. Centers for Disease Control and Prevention; and Kokua Mau, Hawai’i’s hospice and palliative care organization. CIS provided overall course coordination, including soliciting pre-course input on topics of interest, collaborating with speakers to target presentations, and providing the course evaluation. CIS also presented NCI resources and conducted a presentation on creating effective trainings.

Day 1 of the course emphasized palliative care. It began with story-sharing by and discussion with a Chuukese man, whose wife passed away while receiving palliative care, and her palliative care physician. Through this discussion, participants learned about the interdisciplinary team; the emphasis on managing pain and physical, emotional, and spiritual symptoms; and providing the need for good communication. This provided an introduction to the topics that would be presented through Day 1 of the course. Day 1 evaluations showed a significant increase in knowledge of palliative care, comfort level with the topics, and perceived ability to discuss related topics.

Day 2’s highlight was each jurisdiction presenting their assets mapping exercise, a planning tool developed in April 2008 by CIS Pacific, which encourages groups to focus on their community assets instead of their weaknesses. Other topics included running patient support groups; “models of care” from the Guam hospice and from a home-based program established through a Honolulu community health clinic; an overview of the Northern Mariana Islands Palliative Care Week; Guam’s planned cancer passport program; traditional medicine; and the Marshall Islands’ off-island referral program. CIS staff presented NCI resources to build the CCC leaders’ awareness and knowledge of these resources, in light of the CIS Partnership Program closing in January 2010. Day 2 evaluations showed improvements in knowledge, attitudes, and perceived ability to discuss related topics.

For the final day of the course, CIS Pacific staff showcased NCI’s Trainer’s Guide for Cancer Education and provided hands-on exercises of creating effective training sessions using principles of adult learning. The CIS team received high marks from participants for their innovative use of a variety of teaching methods and tools, all designed to engage adults in the learning process. Participants significantly increased their knowledge and will use the materials presented in future trainings.

In their overall evaluations, participants remarked that in addition to the course learning objectives being met, materials were well-presented, and the content was relevant. Pain management, active listening, and spiritual issues were the highest rated topics. Sharing stories by cancer survivors was a high point, as were small group exercises. Additional trainings were requested on topics across the care continuum, and Kokua Mau, with CIS guidance, is developing a curriculum on basic palliative care for community colleges in the Pacific.

The Caring the Pacific Way course was a positive step towards providing the USAPI cancer leadership with skills and knowledge needed to create a care continuum. For more information on this course, contact Jeannette Koijane at jkoijane@crch.hawaii.edu.

Caring the Pacific Way course participants engage in an icebreaker before getting to work.

‘Palliative care is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social, and spiritual problems is paramount. The goal of palliative care is the achievement of the best possible quality of life for patients and their families.’


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