Dissemination of evidence-based breast cancer screening guidelines and practices:

*Evaluation of a train-the-trainer curriculum*

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Disclosures

- Merck – Nexplanon Trainer
Background

- PP advisory committee developed a breast cancer screening train-the-trainer (TTT) program
- 100 affiliate clinicians were trained as trainers (trained over 1000 clinicians)
- Six curriculum components were introduced
Curriculum Components
Objectives

- Evaluate the quality of curriculum components
- Discover which components were replicated by trainers
- Evaluate whether the curriculum was effective in:
  - increasing knowledge
  - standardizing clinical practices
Methods

- Pre-training survey
  - baseline knowledge of breast cancer screening
  - baseline clinical practices
  - confidence providing the services

- Post-training survey (3-months)
  - retention of information from TTT
  - which components were replicated and feedback

- Post-training survey (6-months)
  - which components were replicated and feedback
  - post-training clinical practices
Results – Curriculum Components

% Very Helpful

- eLearning: 90%
- Didactic Lecture: 80%
- SP Practice: 95%
- Breast Model Practice: 60%
- Trainer Resources: 50%
Results – Practice Change

- Trainers were more likely to spend three or more min on CBE post-training (56% compared to 95%)
- Trainers used circular breast search pattern during CBE less often post-training (60% compared to 3%)
- Trainers used vertical strip breast search pattern during CBE more often post-training (46% compared to 89%)
Results – Mean Knowledge Scores

- Mean knowledge scores of breast cancer screening guidelines increased post-training (15.9 to 18.5)
- In particular increase in knowledge in these areas:
  - screening recommendations for women ages 20-39
  - when to initiate CBE screening
  - recommendations for women with increased genetic risk for breast cancer
Results – Curriculum Replicated

- >1000 clinicians were trained in some curriculum component in first six months
- Most frequently replicated training component was eLearning module completion
- Others replicated (Case Study Exercises, Silicone Breast Model Mass Detection, and Didactic Lecture Presentation)
- Almost half of the trainers were unable to replicate the use of CBE practice on standardized patients
Conclusion

- Train-the-trainer curriculum components rated “very helpful”
- Training improved participants knowledge, comfort, and standardization of practices
- Effective training model of how to disseminate evidence-based breast cancer screening recommendations