ISOQOL 2021

Abstract categories:

- Theoretical work

  - Abstracts in this category use theory to advance the understanding of HRQL phenomena. Such work might include novel efforts to explain known associations or relationships observed in the literature; modifications or extensions to theories that are routinely or historically used in HRQL research and applications; or applications of an established theory from another field to HRQL phenomena. Abstracts in this category should not be presenting new data (including qualitative or formative work) or meta-analyses, but may reference published data in support of a theory.

- **Methodological**

  - Work in this category reports on qualitative or quantitative methods for developing and evaluating patient-reported health status, as well as methods for analyzing and interpreting scores from such measures of health assessments. While the work might feature a particular disease area or measure, the primary aim of the work is to present a method rather than present findings about a particular measure or population.

- Application: Clinical Research

  - Abstracts in this category use patient-centered measures to better understand the nature, prevention, treatment and management of different health conditions. Approaches used in this category could include qualitative or quantitative, randomized or non-randomized, cross-sectional or longitudinal, and meta-analyses.

- Application: Clinical Care Applications

  - Abstracts in this category include reports of efforts to integrate the patient's voice more effectively into clinical encounters. Examples include descriptions of experiences implementing a standardized PRO collection system in a single clinic, reports of the development of a streamlined questionnaire battery for patients to complete prior to visits, and efforts to develop better reports for clinicians of patients' PRO data over time. It is expected that abstracts in this category are more descriptive in nature with limited sample sizes. Larger and/or randomized studies should be categorized as Clinical Research.

- Application: Policy

  - Abstracts in this category focus on issues relevant to the requirement, development and large-scale (e.g., Health System, Government) application of patient-reported outcomes in health care practice, regulatory, and population/surveillance settings. Abstracts may include program evaluation,

case studies and economic analyses.

Abstract submissions should have the following sections: Aims, Methods, Results Conclusions for a **combined word count of 350 or fewer**. Optional: up to three supporting files (JPG preferred)

Abstract title should be 10-250 characters in sentence case.

Health condition (must select 1 or 2)

- Cancer

- Cardiology

- Endocrinology/Diabetes/Obesity

- Mental Health

- Musculoskeletal/Rheumatic

- Nephrology/Urology

- Neurological

- Rehabilitation

- Respiratory

- **Other Health Condition**

Population (must select 1 or 2):

- Children and Adolescents

- Older People

- Caregivers and Relatives

- Cultural and Ethnic Minorities

- Vulnerable Populations

- **General Populations**

- Other Populations

Title: Development of an online training platform to facilitate the implementation of

goal attainment scaling in clinical trials

Authors: Kari Knox, Susan, Sanja Stanojevic, Taylor Dunn, Justin Stanley, Chere Chapman, Kenneth Rockwood

Words: 337/350

Aims: Goal attainment scaling (GAS) is a patient-centric outcome measure that can be used to measure individualized patient goals and the extent to which those goals are achieved following an intervention. Identifying meaningful and Specific, Measurable, Achievable, Relevant/Realistic, and Time-bound (SMART) goals can be difficult and time-consuming for naïve GAS interviewers. Training has long been an essential aspect to facilitate the implementation of GAS. Many established training programs require up to 8 hours or sessions across multiple days, which is costly and constitutes a substantial time commitment. With the rapid switch to remote training due to COVID-19, our objective was to develop a comprehensive online training program to facilitate GAS use.

Methods: We used a commercially available online platform, "Thinkific", to host and develop a comprehensive GAS training program. This platform allows for various adult learning methods to be employed, including video and written content, and also them to be utilized in an accessible format. The training content was developed to give the user a broad understanding of GAS and its implementation. Modules focused specifically on how to develop SMART, meaningful goals, which is a core competency for implementing GAS.

Results: We developed a 1.5-hour online training course for interviewers who wish to implement GAS as an endpoint in clinical trials. The course consists of five modules, each taking between 20 and 40 minutes to complete. The course content offers step-by-step instructions for conducting GAS visits as well as guidance and recommendations for best GAS practices. Skills and knowledge were evaluated with a quiz at the end of some modules. Various scenarios were provided to mimic real-life interactions.

Conclusion: Training is a key component to ensuring patient-centric outcome measures, such as goal attainment scaling, are feasible in clinical trial settings. However, with the time and budgetary constraints that come with clinical trials, training needs to be time-sensitive while still being effective. Here, we have developed a comprehensive online training that will facilitate GAS, allowing it to be used more readily in clinical studies, especially within the COVID-19 era.