was 3.4mm +0.11mm compared to 2.9 +0.11 mm in their final attempt. Residents reported in the surveys that their confidence to implant a needle in a supervised setting on a patient and their confidence to explain brachytherapy in an oral exam increased by a magnitude of 1.5 (Wilcoxon Signed Rank Test, p<0.05).

Conclusions: We believe this is the first simulation program for teaching HDR breast brachytherapy implant skills. We have shown that simulation can help residents improve their skills and confidence in inserting needles. This model has the potential to be developed into a module for teaching residents breast brachytherapy in a competency-based curriculum.

160 EXPLORING GLOBALIZATION IN THE CONSTRUCTION AND IMPLEMENTATION OF GLOBAL CURRICULA
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Purpose: There is a growing health human resource crisis in cancer care and a mismatch between the training curricula and the needs of patients, families and the health-care system. Given the global nature of this crisis, international organizations have focused on developing harmonized training standards or global curricula. These efforts question the rationale of how the process for developing global oncology curricula is aligned with their goals. Despite proposed advantages of global oncology curricular harmonization including physician mobility and improving the quality of care, the challenges and unintended consequences require further study. The aim of this study was to problematize the concept and implementation of a global oncology curriculum in postgraduate training and their relationship to local contexts of power and culture.

Materials and Methods: Fourteen international participants involved in the development and implementation of global oncology curricula completed in-depth, one-on-one semi-structured interviews. Snowball sampling was employed. The participant sample was representative of different geographic regions, genders and professional scopes of practice to ensure diverse perspectives were sought. Through iterative analyses, using an inductive approach, the study team discussed and reviewed the data and made revisions through collaborative analysis to enhance comprehensiveness and to improve credibility. In the final analysis, the meaning and implication of the themes were discussed yielding a conceptual analysis.

Results: Our data have articulated five key challenges for global curricula including: 1) ambiguous or conflicting perspectives on the purpose and scope of Global Oncology Curricula; 2) insufficient representation of diverse perspectives and realities in the creation of the final curriculum; 3) a rigid conceptualization of competency requirements; 4) a mismatch between the curricular requirements and local context; and 5) the influence of power relationships and decision-makers. Leveraging diversity, in all its forms including geopolitical, sociocultural and gender, are an approach to mitigating these challenges. This includes fostering representation, addressing power differentials and factoring local contexts and adaptation may be an approach to mitigating these challenges.

Conclusions: Global oncology curricula may serve important advocacy roles within the healthcare system. Leveraging diversity may positively impact the common challenges in the construction and implementation of global oncology curricula including mitigating neocolonial effects.

161 IMPROVING PATIENT COMMUNICATION AMONG ONCOLOGY TRAINEES: A SYSTEMATIC REVIEW OF COMMUNICATION INTERVENTIONS
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Purpose: Navigating difficult patient conversations is a core competency of oncologists, yet structured communication training for residents and fellows is lacking. Trainee-targeted interventions have been reported in the literature; however, no systematic review of communication skills education in oncology trainees has been performed. We analyzed the available evidence to understand the breadth and effectiveness of communication interventions in this population.

Materials and Methods: EMBASE and PubMed were queried to identify published English language studies examining targeted interventions for pediatric or adult oncology trainees aimed at improving communication skills with cancer patients. Exclusion criteria included studies without a clear intervention aimed to improve skills, or without at least one objective measurement of the intervention. Titles, abstracts, and full texts were screened by two independent reviewers, with a third author serving as an adjudicator of conflicts. Relevant data were abstracted and analysed.

Results: Of 811 studies identified, 14 were included in our analysis, representing 1,024 unique trainees (range, 11-262 participants). Three studies were randomized control trials (RCTs) and 11 were longitudinal cohort studies. Study populations were heterogeneous, including residents and fellows from medical, radiation, hematologic, surgical and pediatric oncology, spanning all post-graduate education levels. Only one study (n=11) examined a population of exclusively radiation oncology residents, and showed no significant improvement in pre- and post-intervention scores as assessed by standardized patients. Radiation oncology residents were minimally represented in other studies.

Eight curriculums focussed only on breaking bad news (BBN), while six offered general oncologic communication training with a BBN component. Ten different intervention designs were used and typically included facilitated role-play, multimedia, and didactic components. Time commitment ranged from single one-hour videos to 40 hours of in-person training over eight months. Commonly, multiple (4-8), short (1-2 hours) in-person sessions occurred throughout residency training.

Intervention arms in all RCTs showed statistically significant improvement in communication domains, including empathy, support, open-ended questions and active listening scores. Self-assessed confidence or skills improved significantly post-intervention in 10/11 studies. Eight studies included assessments by faculty, with five showing improvement and three showing no significant change. Four studies utilized assessments from standardized patients showing perceived improvement in all. Only one study had evaluation by real patients, and failed to demonstrate improvement. No studies evaluated competency more than 12 weeks post-intervention.

Conclusions: Despite variability in study interventions, patient communication training for oncology trainees improved perceived performance based on assessments from participants and standardized patients. Opportunities for further study include examining the benefit of specialty-specific training, expanding the breadth of communication scenarios beyond BBN and developing standardized metrics to evaluate the immediate and sustained effectiveness of these programs.