Curriculum
Patient Education

- For the patient and family with cancer, empowerment is essential to their ability to cope with the crisis of cancer. Patient education plays a major role in empowering patients and families with cancer. Educating patients about their disease, its implications, side effect management, and quality of life, can reduce patient anxiety, enhance coping mechanisms, reduce decisional conflicts, promote patient autonomy and independence, and improve the experience for patients and families. Patients who understand their disease and the importance of their treatment show greater compliance with therapy, which translates into better outcomes. Cancer patients seek information as a method of coping and to regain control after a cancer diagnosis.

- Cancer Patient education is developed using guidelines to ensure that issues such as clarity, readability, tone, overall appearance, and consumer evaluation are considered when developing new patient education. Click the following link to access Guidelines for the Development of Patient Education Materials:
  

- Educating patients about treatment is important, but the need is more crucial for patients receiving cancer systemic therapy because the majority of treatments are given in the outpatient setting. Because of the potentially serious side effects and toxicities that can occur with systemic therapy treatments, this places a great responsibility on patients and families to monitor and report treatment related side effects and toxicities. Cancer patients receiving systemic therapy require accurate and reliable information to maintain patient safety and to enable them to adequately perform self care and cope with side effects of treatment. Providing this information is an essential and crucial dimension of oncology nursing practice.

- Studies on informational needs of patients with cancer are documented in the literature. Information needs vary across the course of illness and treatment. Information of highest priority to patients and families centres around the cancer diagnosis and treatment related information. Recurrent themes relating to diagnosis are stage and prognosis, and themes relating to treatment are treatment options, purpose, how treatment works, how treatment is given, drug information, side effects, effectiveness of treatment, self care, effects on work and family relationships, and coping strategies. In
a study conducted in a Canadian ambulatory systemic therapy clinic, the most commonly expressed information needs of patients receiving systemic therapy for cancer treatment were side effects of treatment, drug information, and coping strategies. For cancer treatment naïve patients, the major informational needs were side effects of treatment, treatment procedure and administration, and coping strategies.\(^4\)

- Skalla et al found that patients wanted individualized practical information about how treatment would affect their daily life; they reported the most distressing side effects were the ones that patients were least prepared to handle.\(^9\)

- The Nova Scotia Cancer Patient Education Committee (NSCPEC) is a collaborative effort of Cancer Care Nova Scotia, Capital Health Cancer Care Program, Cape Breton Cancer Centre and the District Health Authorities in Nova Scotia. The committee’s mandate is to ensure every adult cancer patient receives excellent, evidence-based, consistent and timely education in an appropriate format and setting. Building on several qualitative studies that have identified education, information and communication needs as top priority amongst people who have cancer as well as the inconsistent, incomplete and on occasion, insensitive approaches of Health Care Providers attempting to address these needs have resulted in the development of Education Standards for Adults Affected by Cancer. There are seven Standards with two versions available to you;


- There are many factors influencing patients’ ability and readiness to learn. Internal factors include age, sex, education, literacy, culture, language skills, religious practices, occupation, and previous life experiences and coping styles, emotions, and motivation.\(^2,10\) Pain and physical discomfort, for example, are distracters to learning.. When performing patient assessments, the oncology nurse must be aware of barriers to learning. Pain can affect learning because attention is directed toward a distressing symptom and not the verbal exchange of information. All attempts should be made before attempting to educate to effectively control a patient’s discomfort. Older adults are particularly at risk for misinterpreting information, particularly if they are experiencing visual or hearing difficulties. A responsible adult should be present when new material is offered so he or she can support the older adult patient and reinforce education pertaining to treatment-related problems and side effects.\(^6\)
External factors include the knowledge and skill of the educator, educational media, and environmental factors (lighting, ventilation, distractions), and the timing of the instruction.\(^2\)

**Assessment of Learning Needs**

- An assessment must be conducted before initiating patient education to assess learning needs, readiness to learn and situational and psychosocial factors influencing learning. Questions to be considered in the learning needs assessment include:
  
  - Literacy level, reading skills, personal preference for learning, cultural or religious aspects, pain level, and amount of anxiety should be determined by the oncology nurse using an effective assessment tool.\(^6\)
  
  - Demographic information such as age, occupation, education, literacy level, ethnic or cultural background, etc
  
  - What does the patient already know, what is their current level of knowledge/skill, understanding of the situation, treatment, self care, tests, etc; what are their expectations of treatment
  
  - What does the patient need to know. Prioritize information based on need to know versus nice to know. Identify cognitive, psychomotor and affective learning needs.
  
  - What does the patient want to know; This may differ from what the nurse wants the patient to know
  
  - How does the patient learn best i.e. what is their preferred learning style (i.e. visual, auditory, demonstration, one-on-one or group format)
  
  - Is the patient physically and emotionally ready to learn i.e. are there visual, hearing, speech, language, or cognitive impairments to learning, emotional distress
  
  - What are the patient’s attitudes, reactions, and feelings about the disease and treatment
  
  - Are there cultural or religious beliefs that may impact teaching
➢ What are the patient’s social supports; what social or environmental factors may impact learning or ability to carry out self care, for example

➢ Home and community environment

**Implementation of teaching**

- Providing patients with information and learning methods they prefer is challenging. Education is an ongoing process and it is generally agreed that education should be provided in a variety of ways to meet the individual needs of patients. Formal or informal approaches utilizing individual or group teaching supported by various teaching strategies such as print material, computer based education programs, interactive multimedia technology, audiovisual programs and support groups are widely used. Regardless of the approach used, oncology nurses must continuously reinforce and supplement educational information throughout provision of care. Development of comprehensive patient education programs utilizing learning methods that are preferred and most effective for specific patient populations will provide more effective teaching and learning.

Patient satisfaction and quality of life during the initial phase of cancer treatment are increased when effective education is presented prior to chemotherapy treatment.⁶

Guidelines to facilitate education can be found at:


These Fundamentals incorporate adult learning principles into educational activities.⁶ Health care professionals need to understand and apply these principles to make learning more effective, personalized, and individualized for patients.

Adult learning theory and older adult learning theory merit consideration during development of educational materials for older adults. Andragogy is the science of adult learning, and Knowles (1990) constructed an andragogical model of adult learning that received considerable attention in the literature. Knowles’ theory is based on several distinct assumptions about adult learners: Adults need a reason to learn; the motivation to learn stems from the belief that the knowledge will be useful or beneficial. Adults are self-directed and learn best when their experiences and accumulated knowledge
can be applied as a resource and are therefore made relevant to the new material.

- **Adults need to know why they need to learn.** Adults learn best when they perceive a need to learn. Ask patients about their goals and concerns; explain the importance of education and the need to prevent and manage problems and provide self care, etc. Be alert to cues signaling the patient’s need to learn. The more the patient recognizes the need to learn, the more relevant or important he or she perceives the information to be, the more motivated they will be to learn and incorporate the information presented.

- **Adults need to be self directed.** Offer a variety of learning methods i.e. readings, audiovisuals, demonstration, etc. Adults retain information when taught with tools that correspond to their own learning style.

- **Adults’ past experiences are resources for learning.** Ask about past learning experiences or life experiences; use this knowledge to convey information or prepare patients for new tasks. Teaching should take prior learning and experiences into account.

- **Adults’ readiness to learn emerges from life’s developmental stages.** Capitalize on the readiness to learn prompted by this new life stage.

- **Adults’ learning is task oriented or problem oriented.** Use patients’ interest in learning about their new problems. Identify tasks that patients need to accomplish during cancer chemotherapy treatment. Adults are most interested in learning that will improve their well being or solve their problems especially their immediate problems.

- **Adults are motivated by internal pressures.** Focus on issues important to patients as these enhance motivation to learn i.e. quality of life, ability to work, etc.

- Recognize and remove barriers to learning. For example anxiety and emotional distress can impede learning. It is important to recognize and acknowledge the patient’s emotional responses before proceeding with implementing teaching. Implement necessary environmental adaptations to ensure that teaching takes place in an environment conducive to learning.
Where possible provide education prior to first chemotherapy experience. This helps to alleviate some of the anxiety associated with the chemotherapy experience and may facilitate retention of information.\(^5\)

Ensure consistency in education. Develop formal processes to ensure that each health professional conveys consistent information i.e. standardized education handouts, use of checklists when providing pre chemotherapy education, etc.

Give information in small amounts when possible so as not to overwhelm patients. Avoid information overload. Proceed from simple to complex. The depth and amount of information needs to reflect the patient’s learning and coping style and time constraints. Reevaluate learning needs on an ongoing basis and provide information throughout the disease continuum. Utilize opportunities for patient education during each encounter. Be aware of “teachable” moments.

Ensure that the quality of print materials meets the patients reading abilities, knowledge base and is culturally sensitive.

Allow sufficient time and opportunity for repeat demonstration of motor skills and repetition of material.

Involve family/significant other in the learning process where possible.

Use plain simple language without medical terminology.

Reduce distraction and competition from other demands.

Suggest patients prepare a question list before appointments; recommend they take notes or have a family member or friend accompany them to appointments/ teaching sessions.

Make referrals to appropriate agencies for support/reinforcement of learning where necessary.

Communication of teaching to other health team members is essential. Documentation of teaching and patient responses is essential if there is to be a coordinated and consistent approach to patient teaching.
Evaluating the patient’s understanding at the end of teaching is important to determine whether additional teaching/reinforcement is needed. Informal evaluations may be done during conversations with patients; subjective and objective data may be used in evaluating learning. Modify the teaching based on evaluation data.

Content to include in education of patients receiving systemic therapy for cancer treatment:

- Safe handling of cytotoxic drugs/wastes: need for and use of safe handling practices, cytotoxic precautions, safe handling of drugs at home, use of spill kits
- Understanding of disease, systemic therapy treatment, treatment goals, plan of care, treatment schedule and location
- What to expect on day of treatment
- Drug action, side effects and self care management
- Emotional responses and coping strategies
- How and where to access help
- Self administration of medication
- Community support services and programs
- Role of health care team
- Clinical trials
- Follow up care and schedule

Patients newly diagnosed with cancer receive many benefits from education that are timely and tailored to individual needs. Anxiety, which is common in the initial phase of cancer diagnosis and treatment, is decreased with effective education while comprehension, retention, and quality of life are increased. Education for new patients with cancer should occur prior to treatment in an environment situated to enhance learning. Quality of life during the brief period from diagnosis to treatment is improved when anxiety is lessened, coping is enhanced, and needs are met during education. In conclusion, getting to know patients more thoroughly before attempting to provide them with education ensures a more positive experience and results in improved patient satisfaction. 6
Patient Education Resources:


- Canadian Cancer Society
References


