Introduction of a new chemotherapy education framework into the Chemotherapy Day Unit at the Peter MacCallum Cancer Centre

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Rationale for changes to education

• High levels of pre-treatment anxiety in patients commencing chemotherapy

• Chemotherapy patients have a high level of need for self-care information

Suggested that current pre-chemotherapy preparation was not optimal and may benefit from tailoring to meet individual needs
Basis for revised education

• Preparing patients for threatening procedures
• Tailoring to the needs of specific individuals
• Emphasising evidence-based self care
• Psychosocial support
New Resources

- Chemotherapy educational DVD
- Question Prompt List
- Patient drug information sheets
- Evidence based self-care brochures
Other changes

• Communication Skills training

• Patients receive DVD and Question Prompt list prior to education

• Patient education sessions completed in the week before treatment commences in a private room

• Education session followed by CDU tour

• Phone and face-to-face follow-ups
Patient benefits of revised education

- Decreased patient information and support needs (psychological and sensory-procedural)
- Decreased psychological distress for those with elevated levels prior to chemotherapy
- Reduction in incidence and severity of vomiting
Aims

• Implement the new education framework into usual care in the Chemotherapy Day Unit (CDU)

• To evaluate the implementation
Project stages

1. Staffing
2. Updating resources
3. Enabling documentation
4. Training and evaluation
5. Implementation and evaluation
6. Education content evaluation
7. Dissemination
8. Long-term Quality Assurance
9. Sustainability
1. Staffing

- 2 nurses employed (PT)
  - CDU nurse on secondment
  - DNSCR staff
- Previously educators in RCT
- CDU nurse acted as ‘liaison’ with other CDU staff and nurses

BARRIER: Staff Attitudes
2. Updating/Developing Resources

- Updated/developed 57 drug sheets
- Updated 16 self-care brochures
- DVD and Question Prompt List being translated into 6 languages (Roche)
- Resources available on intranet/CHARM

BARRIERS: Time, drug sheet review, costs of translation.
3. Enabling Documentation

• CHARM templates developed

• Templates record:
  – Background psychosocial information
  – Patient issues raised/discussed
  – Resources provided
  – Issues for follow up
  – Referrals

BARRIERS: None – fitted well with newly installed CHARM software.
Background psychosocial information:

Main concerns raised:

- Other written information supplied:

Issues for follow up:

Referrals made (if applicable):

Phone number info: [enter the phone number the patient would prefer the follow up call to be made to]
4. Training

- Training Kit developed
  - Step-by-step review of framework
  - Benefits of new framework
  - Communication skills refresher
  - Case studies
  - Summary checklist/referral guides
  - Written at level suitable for new graduates

BARRIERS: None
Educating Patients for Chemotherapy

A training guide for chemotherapy nurses

Chapter 1: Overview
1.1 Aim
1.2 How is the new education different to current practice?
1.3 Contents of the training guide
1.4 Assessment
1.5 What should I do to prepare for training?

Chapter 2: Improving patient education
2.1 Rationale for changes to patient pre-chemotherapy education
2.2 Pre-chemotherapy education research
2.3 Education principles
2.4 Education timelines
2.5 New resources
2.5.1 Looking after yourself during chemotherapy DVD
2.5.2 Question prompt sheet
2.5.3 Patient drug information sheets
2.5.4 Self-care brochures
2.6 Nurse training

Chapter 3: Education framework
3.1 Initial education
3.1.1 Introduction
3.1.2 Assess patient anxiety levels
3.1.3 Session overview
3.1.4 Assess patient understanding of treatment
3.1.5 Assess level of information required
3.1.6 Assess and discuss the question prompt sheet and DVD
3.1.7 Introduce and discuss the patient drug information sheets
3.1.8 Review who to contact at the hospital and when
3.1.9 Introduce and discuss self-care brochures
3.1.10 Introduce the "Coping with Chemotherapy" booklet
3.1.11 Discuss the follow-up phone call
3.1.12 Summarize the main points of the session
3.1.13 Assess patient understanding
3.1.14 Conclude the session
3.1.15 End of Chemotherapy Day Unit
3.1.16 Documentation

3.2 The follow-up phone call
3.2.1 Review documentation from the initial education session
3.2.2 Call patient
3.2.3 Introduction
3.2.4 Assess patient experience of chemotherapy treatment and any issues that may have arisen
3.2.5 Re-assess patient issues from the initial education session
3.2.6 Summarize and reinforce the information provided
4. Training (cont’d)

• Development of training session (1.5 hrs)
• Presentation by current CDU nurse who has educated with new framework to advocate nurse/patient benefits
• Discussion Case Studies
• Development of evaluation questionnaire
  – Revision of training where necessary

BARRIERS: Limited times for training and nursing availability to attend
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Unsure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The session aims/objectives were clearly communicated</td>
<td>7 (70%)</td>
<td>3 (30%)</td>
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<tr>
<td>2. The teaching style of the presenters assisted in the understanding of content</td>
<td>7 (70%)</td>
<td>3 (30%)</td>
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<td>3. The participants were invited to share their ideas and knowledge</td>
<td>8 (80%)</td>
<td>2 (20%)</td>
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<tr>
<td>4. The presenters allowed time for questions</td>
<td>7 (70%)</td>
<td>3 (30%)</td>
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<tr>
<td>5. The content delivered met the session aims/objectives</td>
<td>7 (70%)</td>
<td>3 (30%)</td>
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<tr>
<td>6. The session provided me with resources which will assist me with educating patients for chemotherapy</td>
<td>9 (90%)</td>
<td>1 (10%)</td>
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<tr>
<td>7. The session provided me with a clear framework which will assist me with educating patients for chemotherapy</td>
<td>9 (90%)</td>
<td>1 (10%)</td>
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<tr>
<td>8. The training session was an appropriate length</td>
<td>7 (70%)</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
<td>1 (10%)</td>
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<tr>
<td>9. The Training Kit was clearly presented</td>
<td>8 (80%)</td>
<td>2 (20%)</td>
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<tr>
<td>10. I am likely to refer back to the Training Kit in future</td>
<td>8 (80%)</td>
<td>2 (20%)</td>
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</tbody>
</table>
5. Implementation & evaluation

- Availability of project team to answer questions and trouble-shoot
- Nursing interviews to collect feedback (n=6)
  - Thoughts on implementation process
  - Benefits/drawbacks
  - Documentation/resources
  - How to improve
  - Results fed-back to team with solutions

**BARRIERS:** Clinic space for educations
5. Implementation evaluation

• No formal CT education training previously received
• Appreciated framework checklist as structure or guide
• Incorporated easily into educations
• Made aware of importance of ‘patient focus’ and not just following their own schedule of what they think patient needs to hear/learn
5. Implementation evaluation

- Patients better prepared, less anxious and can take in more information
- Gives patients more time to ‘understand’
- Privacy of room allows better discussion
- Follow-up calls detecting unreported issues
- Nurses not distracted by ward duties
- Nurses feel doing a better job (higher satisfaction, less pressure/stress)
- Organise other issues which may have been overlooked (saves time on floor later)
5. Implementation & evaluation

• Resources greatly valued

• Documentation acceptable
  – Time management
  – Getting used to process
  – Some uncertainty
5. Implementation & evaluation

- Education days long and draining (need to complete fewer educations and follow-ups)
- Missing breaks (rostering)
- Guilt over not being available to help on the ward
- Getting DVD and prompt list to patients before educations
- Uncertainty over phone education processes
5. Implementation & evaluation

• Solutions
  – Educate on more days
  – Split education roster into half days
  – More support to bookings staff and clarification of process
  – Clarification of documentation process
  – Better processes around phone educations

• Re-assess in future following changes
6. Education content evaluation

- Taping of patient education sessions in progress
- Content analysis of sessions against framework checklists in Training Kit

BARRIERS: Discomfort of staff with taping/review process
7. Dissemination

- Basics – Chemo Module 1
- Intermediate – Chemo Module 2
- Other WCMICS sites (in progress)
- Adaptation for in-patients (in progress)
- Availability of resources online (in progress)

BARRIERS: Time
8. Long Term QA

• Benchmarking and monitoring
  – % staff trained
  – % patients educated within guidelines
  – Education content

• Who is responsible, how is it done?

BARRIERS: Unknown
9. Sustainability

• Ability for CDU staff to be trained in timely fashion
  – Train the trainer program
  – Assessment program

• Updating resources
  – Drug information sheets
  – Self-care brochures

BARRIERS: lack of regularly updated external resources
Summary

• Framework addresses a clearly identified need
• Implementation successful overall but still requires fine-tuning
• Evaluation and feedback imperative for continued improvement
• Sustainability issues remain to be addressed
• Time to implement longer than expected
Acknowledgements

• WCMICS funding of implementation process

• Staff of Peter Mac CDU for their support, patience and continued feedback

• Dedicated Project Team Members
‘I think it's just wonderful the way that we review things. I think we can be proud of that. I think it’s great’.