

A Continuing Professional Development Programme

# Evaluation of the National Cancer Education Programme

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For Registered Nurses Working in an Inpatient Setting

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in an inpatient setting

In conjunction with the Health Service  
Executive (HSE) and the Office of  
the Nursing and Midwifery Services  
Director (ONMSD)

Authors Hilary Murphy, Louise Mullen  
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Finally special thanks to the staff of the National Cancer Control Programme for their continued support to the programme.

# Abbreviations

<b>ABA</b>	An Bord Altranais
<b>ANP</b>	Advanced Nurse Practitioner
<b>CEU</b>	Continuing Education Units
<b>CLD</b>	Centre for Learning and Development
<b>CNM</b>	Clinical Nurse Manager
<b>CNME</b>	Centre(s) of Nurse and Midwifery Education
<b>CNS</b>	Clinical Nurse Specialist
<b>CPD</b>	Continuous Professional Development
<b>HSE</b>	Health Services Executive
<b>HIQA</b>	Health Information and Quality Authority
<b>NCCP</b>	National Cancer Control Programme
<b>NMBI</b>	Nursing and Midwifery Board of Ireland
<b>ONMSD</b>	Office of the Nursing and Midwifery Services Director
<b>QIP</b>	Quality Improvement Project

# 1 Purpose

The purpose of this report is to present the evaluation of the National Cancer Education Programme for Registered Nurses working in an inpatient setting. The programme is Nursing and Midwifery Board of Ireland category 1 approved with 21 CEU.

A national programme design team was established to oversee development of the programme and ensure it was designed to address service and educational needs of registered nurses (Appendix I). The programme was implemented nationally in 2016 following a pilot programme in Tallaght Hospital (November 2015). The target audience for this programme includes all nurses working in acute hospital wards and departments, nursing homes and in community based hospitals/hospices. All nurses are central to the delivery of high-quality cancer services and as such need to have relevant cancer information to help them recognise, assess, and manage cancer patients in any inpatient setting (McAllister, 2001).

By the end of 2016, 345 nurses have completed the programme.

The programme evaluation aims to assess:

- |   |
|---|
| • Participation   |
| • Appropriateness of course content                             |
| • Implementation of aspects of learning into their nursing care |
| • Development and improvement for future delivery               |

# 2 Introduction

The National Cancer Control Programme (NCCP) is committed to providing education programmes and resources to nurses and other healthcare professionals. The *Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland NCCP, 2012* emphasises the need for all nurses to have a minimum level of knowledge and training in cancer care. In 2014 the NCCP developed the *Cancer Education Programme for Registered Nurses Working in an Inpatient Setting*. This provided a three day nurse education programme specially designed for nurses working in inpatient settings in non-cancer specialist areas. This report details the needs assessment, curriculum development, implementation and evaluation of the programme.



## 3 Background

Cancer is the second most common cause of death in Ireland. Almost 38,000 new cases are diagnosed each year. Common cancers like breast, lung, prostate and colorectal account for over 50% of all invasive cases (NCRI 2012-2014). Incidence will double by 2040 due to the increase in Ireland's ageing population. Thankfully survival will continue to improve, largely due to early diagnosis and advances in treatment.

Ireland's second National Cancer Strategy was published in 2006. This highlighted the status of Ireland's cancer services and identified key priorities. To implement the recommendations of the National Cancer Strategy, the NCCP was established in 2007. A principle role for the NCCP was to reform and restructure cancer services in Ireland. The key objective is to improve cancer patients' outcomes. Nurses, being at the front line of service delivery, have an important role in recognising the signs and symptoms of cancer and prompting early intervention and treatment (Shafter, 1997). The NCCP in partnership with the Office of the Nursing and Midwifery Services Director (ONMSD) published *The Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland in 2012* (NCCP) to guide and support nurses in the provision of quality cancer care in the context of multidisciplinary teams for cancer care. The new National Cancer Strategy 2017-2026 further endorses continuous education in nursing

Recommendations in the NCCP Nursing Education Programme were presented under four themes:

- Patient centred care
- Leadership in cancer nursing
- Cancer education, knowledge, skills and experience of the nurse
- Delivering evidenced based practice and cancer research

This framework facilitated the development of a number of nursing education programmes to meet the needs of nurses caring for patients with cancer, The NCCP Cancer Education programme is a continuing professional development (CPD) programme that facilitate nurses who work in Health Service Executive (HSE) acute hospitals, care of the elderly units, nursing homes and community based hospitals / hospices to enhance their knowledge, skills and competence in cancer care.

The scope of the framework encompasses all registered nurses who care for patients with cancer in Ireland from generalist to specialist settings. Every nurse, at some stage of their career, cares for patients diagnosed with cancer at different points of the disease continuum and across all population groups. The framework describes the competencies required by registered nurses caring for patients with cancer (Appendix II). Core cancer nursing competencies are relevant to all nurses caring for cancer patients regardless of setting. Education is key when caring for patients with cancer. Nurses should benefit from cancer specific education programmes that focus on cancer prevention, early recognition, treatment modalities and patient pathways. The framework recommended that there should be opportunities for registered nurses to partake in CPD in cancer care.

## 4 Aims and Objectives

The aim of the NCCP Nurse Education Programme “*Cancer Education Programme for Registered Nurses working in an Inpatient Setting*” is to enable registered nurses to carry out their role in caring for patients throughout their cancer journey with up to date knowledge and understanding of best practice in cancer care.

*The objectives are to increase knowledge and competence in:*

- Promoting disease prevention and positive lifestyles
- Recognition of signs and symptoms of cancer
- Knowledge of oncological emergencies
- Knowing how to access support and seek specialist interventions
- Cancer treatment and prognosis
- Relief of pain and other symptoms
- Providing support through the diagnostic process and treatment trajectory
- Promoting survivorship
- Patient and family support

The programme follows the competency domains as set out by An Bord Altranais (2010) and supports the principles of the *Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland* (2012).

# 5 Development of the NCCP Programme

## 5.1 Introduction to the programme

The NCCP and the Directors of Nursing and Midwifery Planning and Development Units in the HSE are committed to the delivery and national roll out of this education programme. The programme uses current educational structures which are in place for nursing education nationally. Fourteen programmes were delivered in 2016 and 345 participants attended.

The content of the educational sessions constitutes the theoretical instruction as outlined in the Indicative Content as guided by An Bord Altranais Requirements and Standards for Nurse Post Registration Education Programmes (An Bord Altranais, 2007) and Requirements and Standards for Post-Registration Nursing and Midwifery Education Programmes – Incorporating the National Framework of Qualifications (An Bord Altranais, 2010, 2007).

*The programme requires inter-professional educational input:*

• Members of the CNME
• Advanced Nurse Practitioner (ANP)
• Clinical Nurse Specialist (CNS) in Oncology and Haematology
• Oncologists
• Palliative Care CNS or ANP
• Health Promotion and NCCP personnel
• Other relevantly qualified and experienced personnel from the remainder of the education team

## 5.2 Curriculum development

The programme format and content were developed following focus group research with nurses to identify their training priorities. In early March 2014 the NCCP led by a research psychologist, conducted a learning and development needs assessment with registered nurses and clinical nurse specialists in a large urban academic hospital (n=4) and in a regional hospital setting (n=9). The results, presented in Table 1, informed the programme design. This was a small sample size and there are limitations to the extent that results can be generalised. However, the priority needs were consistently identified across all three of the groups.

**Table 1 Summary of main issues arising in focus groups with generalist and specialist nurses.**

<b>Generalist nurses Hospital A</b>	<b>Generalist nurses Hospital B</b>	<b>Specialist nurses Hospital B</b>
<ul style="list-style-type: none"> <li>• Pain relief</li> <li>• End of life care</li> <li>• Talking to patients and families Reassurance and breaking bad news</li> <li>• Dilemmas of how much information to discuss or withhold from patients and families</li> </ul>	<ul style="list-style-type: none"> <li>• Palliative care support communicating with patients and families</li> <li>• Knowing a pathway for who to contact for advice or support</li> <li>• Symptom care including wound care</li> <li>• Answering patient queries</li> </ul>	<ul style="list-style-type: none"> <li>• Dealing with diagnosis and treatments</li> <li>• Pain management and assessment</li> <li>• Assessment and symptom management</li> <li>• Knowing and linking with specialist hospital services, and designated cancer centres</li> </ul>

The study found that generalist nurses need to have cancer specific information to help them to recognise, assess, and manage cancer patients in an inpatient setting. The issues of most immediate relevance to the care they give in an inpatient setting is training in assessment of signs and symptoms, pain management, symptom management for palliative care and end of life care. The programme content was developed to reflect these priorities.

The programme is delivered through lectures and interactive group projects over three days. The content includes; cancer biology and prevention, clinical presentation of common cancers, diagnosis, recognising emergencies and care pathways.

Prior to programme attendance a reading list (Appendix III) is sent to participants so they may obtain maximum benefit from the classroom based sessions.

Each programme facilitator is required to support participant learning and to encourage participants to take responsibility for their own learning (Zepke, 2011). Facilitation, therefore, is considered to be an interactive process. Its focus is to assist participants to learn, rather than prescribing what is to be learnt. This acknowledges that learning can occur in a variety of settings, outside of the classroom. For the participants on this programme, learning will be consolidated in their respective workplace setting and healthcare environment.

The programme consists of three days of classroom learning. This approach is designed to enable the registered nurse to move from one cancer topic to another over a short time period. Allowing them to focus on the needs of their patient population enables them to deliver holistic nursing care.

**Day 1:** Cancer Epidemiology, Cancer Biology and Nursing Care

**Day 2:** Treatment Modalities and Support

**Day 3:** Psycho-oncology, Survivorship, Palliative and End of Life Care

### 5.3 Group-Based Learning

Due to time restraints of the three day programme, all of the site specific cancers cannot be addressed. A work book has been devised to address the epidemiology, diagnosis, treatments (surgery, chemotherapy and radiotherapy) of the five most common cancers. On day one of the programme, all participants are randomly assigned to a group of five. Each group addresses a specific common cancer. The participants are then given a cancer scenario or direction and asked to address this from epidemiology to survivorship. The common cancers are presented on the afternoon of day three. Each group presents to the other participants and are assessed by the clinical facilitator, an advanced nurse practitioner (ANP) or clinical nurse specialist (CNS) of the designated cancer site to ensure that the knowledge presented is accurate. Discussion and questions are encouraged.

Group work was compiled to enable participants to expand and develop their knowledge on the site specific cancers and treatments.

• Breast	• Lung	• Colorectal	• Prostate	• Testicular
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### 5.4 Quality Initiative Project

In the RCSI and Saolte groups an additional quality initiative project (QIP) was piloted within the education programme to focus participants on improving aspects of patient care. To guide the participants a QIP template was designed (appendix V) and a “buddy system” adopted where each participant had access to an assigned oncology CNS for the duration of the QIP (5 months).

*Examples of the QIP in the North East included:*

• Fatigue management
• Education around central venous access devices (CVADs)
• Paracetamol usage in possible neutropenic sepsis
• Various protocols and mnemonics guide references and patient care pathways

*Examples of the QIP in Letterkenny included:*

• An Information Leaflet for patients with Diabetes who are diagnosed with Cancer
• What is Cancer? - Easy read factsheet for Intellectual Disability Clients
• Improve mouth care in Palliative Care, at home and in inpatient units. Provide leaflet for Patients, Carers in unit and on discharge home with information on importance of mouth care and a guide on how to perform same
• Palliative Care: Pain relief for those with advanced dementia using a multi disciplinary approach in long term care setting

A semi structured interview was carried out with both registered nurses and CNSs to review what changes, if any, had occurred following both the education programme and the quality initiative.

## 6 National Programme Rollout

The pilot for this programme was run in a single hospital. Following positive evaluation national implementation commenced in 2016. Table 2 details the programmes run to date. To date 345 people have completed the programme, all hospital groups and regions are represented.

**Table 2 Programmes run out to end 2016**

<b>Hospital Group</b>	<b>Number of programmes and location</b>
<i>Ireland East</i>	<b>1</b> Mater Hospital Centre for Learning and Development (CLD)
<i>RCSI Hospital Group</i>	<b>3</b> Our Lady of Lourdes Drogheda Centre Nurse Midwifery Education (CNME) Cavan Hospital
<i>Dublin Midlands</i>	<b>5</b> Tallaght Hospital CLD (including pilot) Tullamore Regional Centre Nurse Midwifery Education (RCNME)
<i>Saolta Group</i>	<b>3</b> Galway CNME video linked to Castlebar and Roscommon Letterkenny CNME
<i>South/South West</i>	<b>2</b> Waterford Hospital CNME Kerry general Hospital CNME
<i>UL Hospital Group</i>	
<b>Total</b>	<b>14 programmes to end of 2016 with 345 participants</b>

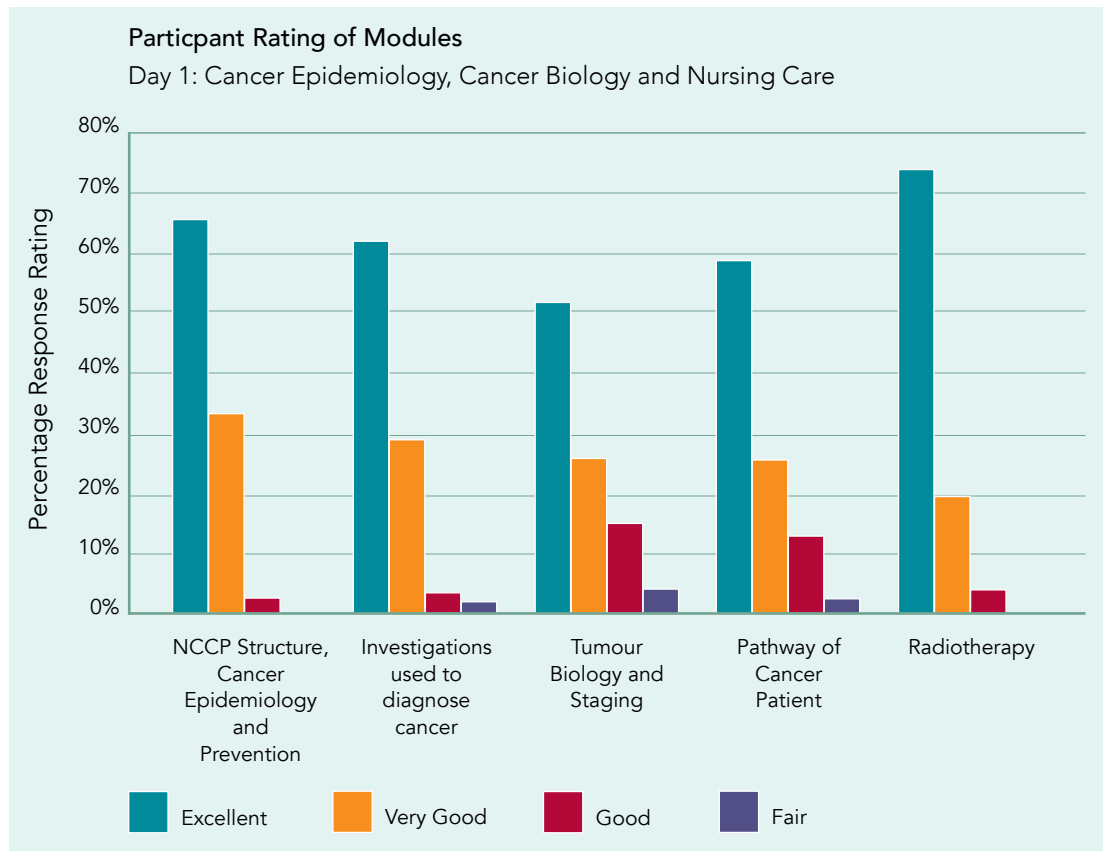
# 7 Programme Evaluation

## 7.1 Participant Evaluations

Participants were asked to separately evaluate the three lecture days and programme material. The evaluation forms were given daily to the participants and completed and returned to the education programme organiser on the day. Over 95% completed the evaluation forms with 90% commenting on all three days. A copy of the evaluation form is provided in Appendix IV.

Results for all programmes nationally are presented in Figures 1, 2, and 3 below, along with some comments from participants.

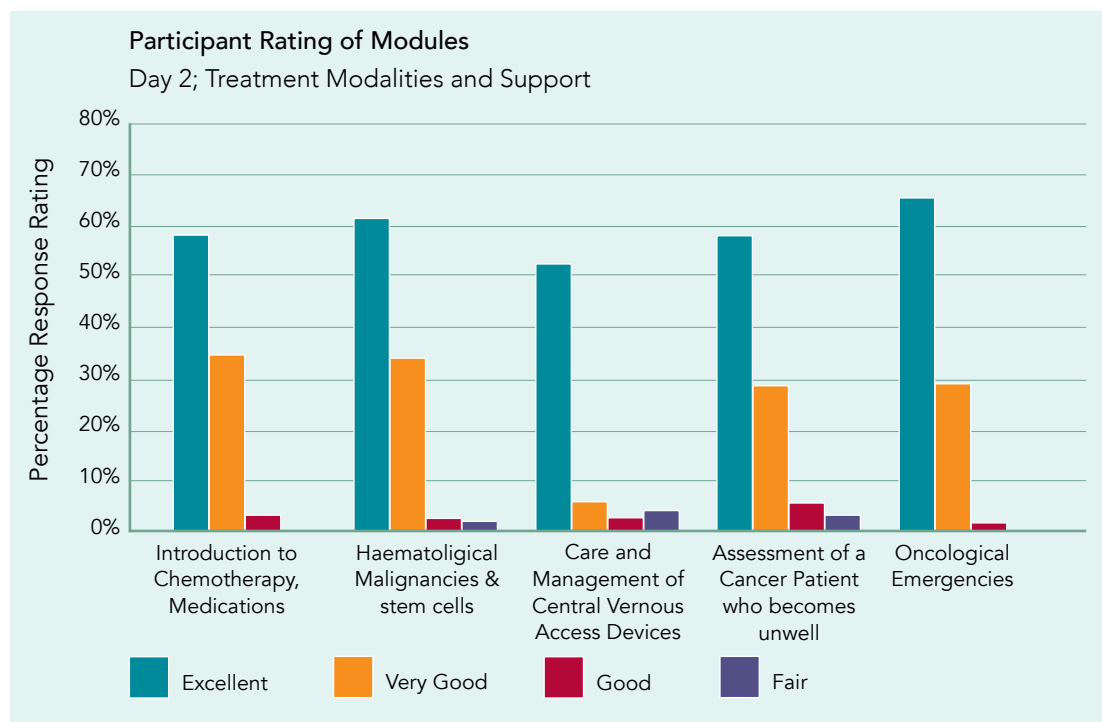
Figure 1 Day 1 Cancer Epidemiology, Biology and Nursing Care



### Participant comment:

*"As there is no designated cancer ward in my Hospital we receive all types of cancer patients with complications. The programme opened my eyes into treatment plans and I am able to explain treatment plans especially to patients having active or palliative chemotherapy".*

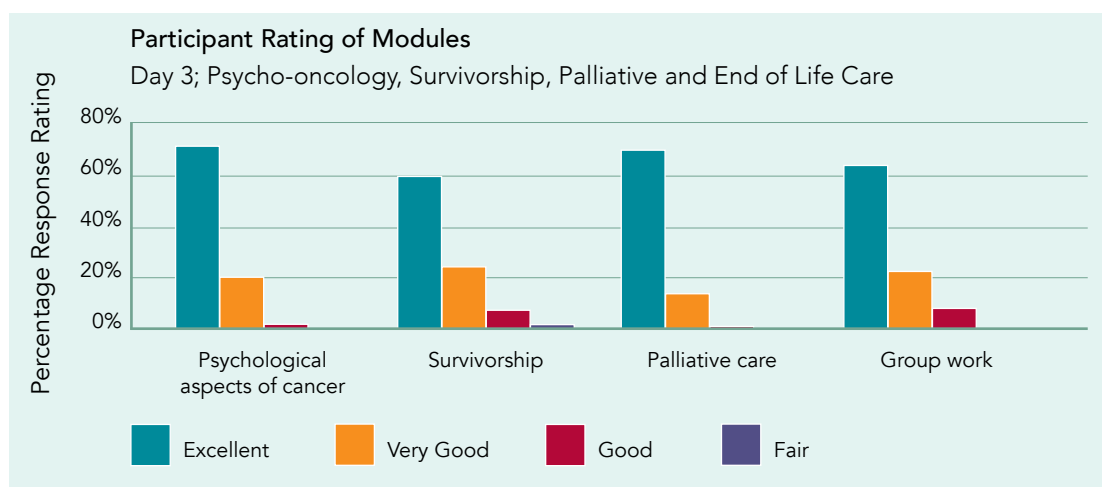
Figure 2 Day 2 Treatment Modalities and Support



**CNS Oncology comment:**

*"The contact from the wards has improved communications between the teams and allows us to know promptly when our active patients have been admitted. There has been an overall improvement because of this".*

Figure 3 Day 3 Psycho-oncology, Survivorship, Palliative and End of Life Care



**Participant comment:**

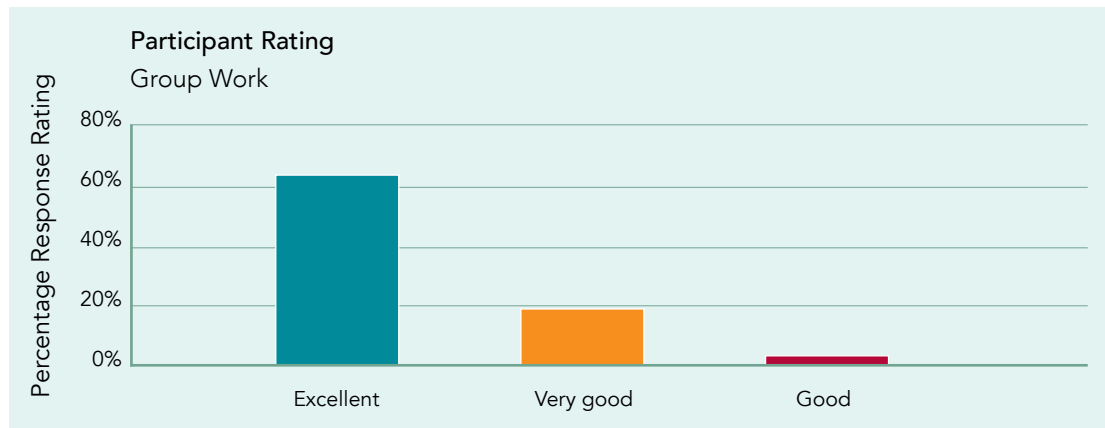
*"Yes it certainly did, it made me more empathetic towards the patient especially when you realise the intensity of the treatment programme they have to endure".*



## 7.2 Group based learning evaluation

The evaluation of the group work as shown in Figure 4 shows that the majority of participants nationally found this exercise a challenging and an excellent learning experience. The self-directed learning and discussion within groups encouraged the participants to understand the patient through their cancer pathway from diagnosis to survivorship. It increased knowledge of the five most common cancer types, Breast, Prostate, Colorectal, Lung and Testicular.

Figure 4 Evaluation of Group Work



### Participant comment:

*"I found the case studies very informative and the practical class very useful. I found I learned more through the group classes than just formative lecture".*

## 7.3 Quality Initiative Project Evaluation

The quality initiative project (QIP), provided an extra active learning component. It was very popular with the participants as it encouraged engagement with their own work environments and colleagues. It addressed areas such as; fatigue management, education around central venous access devices(CVAD's), paracetamol usage in patients with possible neutropenic sepsis, various protocols and mnemonics guide references, transfer and contact information leaflet to cancer centres. Appendix VI

### Participant comment:

*"Last week I came across a husband with his wife's hospital bed covered in maps as they did not know Dublin well, I was able to reassure them and show them the leaflet with the map of Dublin transport, car parks and all the contact details of who they would be meeting. Getting a cancer diagnosis must be dreadful but not knowing where you are going or to who must make it worse".*

## 7.4 Questionnaire Survey of Participants

In April 2016 a survey was undertaken to ascertain the impact of the nurse education programme in terms of implementation in the participants' base hospital. All participants (n=345) who have completed the programme to date were sent a link to complete an online survey on the programme. The survey consisted of four open-ended questions. Three reminders were sent to participants with a final response rate of 45%. The results were analysed using qualitative methodology and the themes that emerged are detailed below.

- Q1 Impact on your own lifestyle in regard to cancer prevention and health lifestyle
- Q2 Improve knowledge and confidence in dealing with patients through their cancer journey
- Q3 Implementation of any change in your daily nursing practice
- Q4 Resource for cancer nursing for your colleagues

### 7.4.1 Awareness of cancer, cancer prevention and lifestyle

Following completion of the education programme nurses had an increased awareness of cancer, cancer patients and their specific needs. Updated evidence on the value of cancer prevention and healthy lifestyle was provided to the nurses in the programme. This was useful to the respondents' daily practice, as they encouraged patients and made patients and families aware of the importance of behavioural change and engagement in the screening programmes. After the education programme, nurses stated that they had better understanding of what patients are going through and may face, including their emotional needs. There was an increased knowledge about different types of cancer patients and different responses to cancer treatments. This made nurses more confident about providing information to patients and families. Nurses stated that they were more alert to early detection and the importance of symptom awareness and the national screening programmes.

#### Participant comment:

*"Giving time to patients to express their fears for their mortality and being able to listen, just listen".*

### 7.4.2 Information and evidence

Nurses were better able to provide appropriate information on cancer prevention and healthy lifestyle, early detection and the national screening programmes. They were able to provide this information with confidence to both patients and their families. The combination of improved confidence and resource material led nurses to put learning into practice in a number of instances. The information meant better management of specific symptoms that were highlighted during the education programme, in particular post chemotherapy side effects, aftercare and oncological emergencies. Nurses found that the information provided by the education programme made them more knowledgeable and better able to interpret results of tests for patients. The increase in knowledge led to more detail being provided at handovers.

### Participant comment:

*"As the speakers gave very interesting talks and were able to back up the information with research it meant that I would have gone and spoken to friends and family to heighten cancer awareness in regard to cancer prevention and healthy lifestyle".*

### 7.4.3 Personal effect on participant

The nurses who undertook the programme stated that they found opportunities to provide cancer prevention and advice to patients and families. They also found themselves examining their own and their family's choices. This encouraged them to live healthier lifestyles.

### Participant comment:

*"It caused me to reflect on my lifestyle and consider preventative changes for myself and my family".*

### 7.4.4 Unique position of nurses

Nurses felt energised to spread positive messages around lifestyle and factors that are preventive of cancer. Nurses stated that they had increased the time spent with cancer patients. They engaged more in active listening and had increased empathy for what individual patients are going through. There was a self reported increase in the time spent on health promotion.

### Participant comment:

*"I have acquired valuable knowledge on cancer. I may consider myself an improved resource. I also believe there should be follow up and continuous learning. Through the education programme I have received valuable assistance in terms of resources and the specialists in the field are very helpful".*

Nurses stated that they had been imparting their knowledge with colleagues on the ward. The education programme had also provided knowledge and information materials that they were able to teach and pass on to students attending their clinical placements. In addition to being more knowledgeable, nurses were better able to assess and explain and more accurate when relaying information back to colleagues. There was better communication with the oncology day unit and there was confidence regarding the need to involve palliative care earlier. A number of success factors were identified by nurses in the process of evaluating the programme.

- Ability to back up information with research
- Lectures were given by experts in the field and notes and references were provided
- Programme is delivered by ward based nurses and experts
- The information is continually being updated with new practice and research
- Specialist cancer services were identified and how to contact them
- Nurses trained from the same hospital shared knowledge and discussion

## 8 Discussion

The Cancer Education Programme for Registered Nurses Working in an Inpatient Setting was implemented using a continuous improvement cycle. An evaluation questionnaire was provided to nurses after the pilot programme and each of the education programmes. Participants were asked if they would like any other topics which were considered most relevant to their practice. The programme working group reviewed responses and made appropriate changes to the curriculum ensuring it met the needs of the participants. This may have resulted in the exceptionally positive evaluations the participants provided.

The initial approach of using focus group research to identify gaps was essential to the programme's success. The focus groups were used to identify what specialist nurses thought non specialist nurses needed to know to care for cancer patients under their care in general acute settings. Generalist nurses were asked to discuss what issues they had in relation to cancer patients under their care and what their needs for information and training were. They identified a number of areas in which they did not feel confident including pain management, palliative and end of care issues, assessment and alleviation of sign and symptoms. The curriculum was developed to directly address these gaps.

Nurses must be registered with NMBI (formally An Bord Altranais) to practice nursing in Ireland. Competence is a complex, multi-dimensional phenomenon and is defined as 'the ability of the registered nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice' (Nursing and Midwifery Board of Ireland, 2015).

Following completion of the education programme nurses competence were enhanced leading to a more competent delivery in a more responsive, efficient and timely service to continuously improve the cancer patients experience. The participants experienced an active learning environment where there was active participation, self-motivation and responsibility for learning.

Accountability for an individual's nursing practice set within the context of multidisciplinary team working is actively promoted on the programme. This encourages a seamlessly integrated care process for all individuals involved with the cancer journey.

The philosophy of health promotion and the nurses' role in patient education is a critical element of the programme. Nurses play an important role in encouraging healthy lifestyles to prevent cancer, promoting screening and early detection, and in caring for and counselling patients at all stages of their cancer journey, including survivorship, palliative care and end of life care.

Furthermore the programme's philosophy is based on the beliefs and values we hold about nursing, nursing knowledge, clinical practice and nurse education. This was essential for participants and created a challenging and enjoyable experience, through which nurses were able to articulate the personal and practice outcomes clearly. Nursing is an art and a science evolving and responding to a continually changing environment in order to provide care that is safe, appropriate, effective, and efficient in achieving the desired patient outcomes.

## 8.1 Recommendations

The National Cancer Strategy 2017-2025 reiterates the importance of continuing cancer education. The target audience for this nurse education programme included all nurses working in acute hospital wards and departments, nursing homes and in community based hospitals/hospices. All nurses are central to the delivery of high-quality cancer services and as such need to have relevant cancer information to help them to recognise, assess, and manage cancer patients in any inpatient setting (McAllister, 2001). This model may also provide a model for the development and delivery of education to other members of multidisciplinary teams.

Following the positive results that emanated from this evaluation of the National Cancer Education Programme for Registered Nurses Working in an Inpatient setting, it is recommended that;

- the programme will continue and be expanded to all areas of the country
- the programme will be continuously adapting to meet the needs of as many nurses as possible
- the programme should be rolled out further and made available to all allied health professionals as a priority
- All centres rolling out the programme will be encouraged to implement the QIP as a measure of change in practice

# Appendix I: Membership of the Programme Design Team for Curriculum Document

Ms Pauline Coughlin	Director RCNME, Tullamore
Ms Orla Kavanagh	CNM3 Cancer Services, Waterford Reginal Hospital
Ms Sylvia Macken	Oncology/Hematology Course Facilitator, Tallaght Hospital, Dublin
Ms Hilary Murphy	Nurse Specialist, NCCP
Ms Sandra McCarthy	Education Co-ordinator, Centre for Learning and Development, Tallagh Hospital
Ms Mary McLoughlin	Education Facilitator, Galway University Hospital
Ms Peggy O'Dwyer	Cancer Nurse Co-ordinator, Naas General Hospital
Ms Nora O'Mahony	Nurse Practice Development Co Ordinator, Naas General Hospital

## Advisors to the Programme Design team

Ms Terry Hanan	Nursing Specialist, NCCP
Dr Mary Hodson	Director CNME, Sligo
Dr Marie Laffoy	Community Oncology Advisor, NCCP
Dr Triona McCarthy	Consultant in Public Health Medicine, NCCP

## Authors of Curriculum Document

Ms Hilary Murphy	Nurse Specialist, NCCP
Ms Sylvia Macken	Oncology/Hematology Course Faciliator, Tallaght Hospital, Dublin
Ms Nora O'Mahony	Nurse Practice Development Co Orrdinator, Naas General Hospital
Ms Peggy O'Dwyer	Cancer Nurse Co-Ordinator, Naas General Hospital
Ms Louise Mullen	Research Psychologist, NCCP

## Appendix II: Domains of Practice

The National Council for Nursing and Midwifery (2010) describe An Bord Altranais competency domains as a collection of competencies which are grouped together under an overall term that represents particular aspects of professional practice. Whiddett and Hollyforde (2007) elaborate by detailing the behaviours that one would expect to observe when a nurse demonstrates effective performance within the stated competency. The competency domains and relevant behavioural indicators are detailed below and drawn from the Programme Curriculum Learning Outcomes and adapted where applicable from the Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland (2012) and guided by Benner's Novice to Expert Theoretical Framework (Benner, 1984).

Domain 1.	Professional and Ethical Practice Behavioural Indicators	Your learning needs	Achieved / Ongoing
Practices in accordance with legislation affecting nursing practice and health care	<ul style="list-style-type: none"> <li>a. Applies legal and ethical decision making principles in assessing, planning, implementing and evaluating care delivered to patients with cancer.</li> <li>b. Practices in accordance with local policy and guidelines when delivering care to patients with cancer.</li> <li>c. Recognises the potential hazards associated with cancer treatments and complies with safety regulations.</li> </ul>		

Domain 1.	Professional and Ethical Practice Behavioural Indicators	Your learning needs	Achieved / Ongoing
Practices within the limits of own competence and take measures to develop own competence	<ul style="list-style-type: none"> <li>d. Practices within their scope of practice when involved with the provision of cancer therapies and seeks assistance if a knowledge or skill deficit exists and takes measures to develop own competence.</li> <li>e. Clarifies with the relevant person any unclear or ambiguous instructions received.</li> <li>f. Understands the impact that a cancer diagnosis has on the patients health and well being.</li> <li>g. Addresses the need to ensure that patients affected by cancer are aware of the potential benefits and side effects of their cancer treatment whilst respecting their beliefs and preferences.</li> <li>h. Adheres to local policy and guidelines in regard to the documentation of care.</li> </ul>		

Domain 2.	Holistic Approaches to Care and Integration of Knowledge Behavioural Indicators	Your learning needs	Achieved / Ongoing
Conducts a systematic holistic assessment of the patient/ carers needs based on evidence-based practice	<ul style="list-style-type: none"> <li>a. Applies evidence based principles to the assessment and management of common disease and treatment related symptoms in patients and carers affected by cancer.</li> <li>b. Assesses patients' physical, psychological, social, cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis using appropriate assessment tools.</li> </ul>		



Domain 2.	Holistic Approaches to Care and Integration of Knowledge Behavioural Indicators	Your learning needs	Achieved / Ongoing
<p>Plans care in consultation with the patient/carers taking into consideration the therapeutic regimes and interventions by members of the multi-disciplinary team</p>	<ul style="list-style-type: none"> <li>c. Discusses the plan of care and desired outcomes with the patient/carers as appropriate, and be sensitive to the individual and cultural differences between carers.</li> <li>d. Prepares the patient / carers prior to the any procedures Interventions / therapies, taking into consideration the plan of care required, the ability of the patient to process information, emotional wellbeing of the patient and the needs of the carers.</li> <li>e. Facilitates carers speaking to other members of the multidisciplinary team, as appropriate. Identifies and communicates the range of support services available.</li> <li>f. Plans nursing care that incorporates patients’ physical, psychological, social cultural and spiritual aspects of wellbeing in the context of their cancer diagnosis. Implements planned nursing care and prescribed interventions to achieve the identified outcomes.</li> <li>g. Ensure care delivered is holistic manner that incorporates and addresses patients’ physical, psychological, social, cultural and spiritual aspects of wellbeing throughout the disease continuum, and palliative care in some instances.</li> <li>h. Delivers care to the patient in a manner that minimises the risk of any adverse events/problems associated with cancer therapies/ interventions required as part of their treatment.</li> <li>i. Recognises patients’ response to treatment and nursing interventions and communicates effectively with members of the multi-disciplinary team and escalate as per local policy where appropriate.</li> </ul>		

Domain 3.	Interpersonal Relationships Behavioural Indicators	Your learning needs	Achieved / Ongoing
Establishes and maintains caring therapeutic interpersonal relationships with the carers and healthcare team	<ul style="list-style-type: none"> <li>a. Establishes maintains and concludes appropriate therapeutic relationships.</li> <li>b. Communicates effectively in the context of the patients and carers social and emotional response to living with cancer.</li> </ul>		
Collaborates with all members of the health care team	<ul style="list-style-type: none"> <li>c. Communicates effectively on an ongoing basis with the multi-disciplinary team.</li> </ul>		

Domain 4.	Organisation and Management of Care Behavioural Indicators	Your learning needs	Achieved / Ongoing
Delegates to other nurses activities commensurate with their competence and within their scope of professional practice	<ul style="list-style-type: none"> <li>a. Involves other team members, as appropriate, in the care of and management of the patient with cancer commensurate with their level of experience and competence.</li> <li>b. Supervises junior staff in the care of the patient and takes responsibility for care delegated.</li> </ul>		
Facilitates the co-ordination of care	<ul style="list-style-type: none"> <li>c. Communicates, both verbally and in writing, the ongoing care and management of the patient other members of the team in a clear manner.</li> </ul>		

Domain 5.	Personal and Professional Development Behavioural Indicators	Your learning needs	Achieved / Ongoing
<p>Acts to enhance the personal and professional development of self and others</p>	<ul style="list-style-type: none"> <li>a. Demonstrates a commitment to life-long learning by keeping up to date with the changing evidence on cancer control.</li> <li>b. Maintains own competence by engaging in continuous professional development based on identified knowledge and/or skill deficit.</li> <li>c. Seeks regular feedback on performance from patients, carers and colleagues in relation to the care given.</li> <li>d. Supports, supervises and teaches colleagues about the care and management of the patient/carers living with cancer.</li> </ul>		

# Appendix III:

## Curriculum Learning Outcomes

### References

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# Appendix IV: Sample Evaluation Form

## Nursing Education Programme - For Nurses working in an Inpatient Setting

The information provided will be used to help redesign this programme and all information will be reported in an aggregated anonymised fashion. Thank you for your time, it is much appreciated

1. Programme Content : Please rate the programme content, by circling 1 to 5 below (only one to be circled for each)

<b>Day One</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
NCCP Structure and Service and Screening Programmes	5	4	3	2	1
Cancer Epidemiology and Screening	5	4	3	2	1
Investigations used to diagnose cancer	5	4	3	2	1
Tumour Biology and Staging	5	4	3	2	1
Pathway of Cancer Patient	5	4	3	2	1
Radiotherapy	5	4	3	2	1

## Nursing Education Programme - For Nurses working in an Inpatient Setting

The information provided will be used to help redesign this programme and all information will be reported in an aggregated anonymised fashion. Thank you for your time, it is much appreciated

1. Programme Content: Please rate the programme content, by circling 1 to 5 below (only one to be circled for each)

<b>Day Two:</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Introduction to Chemotherapy, Medications	5	4	3	2	1
Fundamentals of Haematological Malignancies Stem cell transplants	5	4	3	2	1
Care and Management of Central Venous Access Devices	5	4	3	2	1
Assessment of a Cancer Patient who becomes unwell	5	4	3	2	1
Knowing and recognising Oncological Emergen- cies. Treatments for Oncological Emergencies	5	4	3	2	1

## Nursing Education Programme - For Nurses working in an Inpatient Setting

The information provided will be used to help redesign this programme and all information will be reported in an aggregated anonymised fashion. Thank you for your time, it is much appreciated

1. Programme Content: (Please rate the programme content, by circling 1 to 5 below (only one to be circled for each))

<b>Day Three:</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Psychological aspects of cancer	5	4	3	2	1
Survivorship	5	4	3	2	1
Introduction to Palliative Care	5	4	3	2	1
Group work	5	4	3	2	1

2a: Did the programme meet all or some of your learning needs?

2b: Is there any aspect of the programme that you would change?

2c: Are there other topics that would be of benefit to you in this programme?

# Appendix V: Quality Improvement Project



## Quality Initiative Project for the 3-day Education Programme for Registered Nurses in an In-Patient Setting.

*This template is the required format, to be completed in full and submitted to*

Start date:

Finish date:

Project Title:

Participants in project design

Name	Job title	Department

Please state why this topic was selected?

What do you hope to gain by carrying out this project?

*In order to improve it is important to be clear about what exactly what it is you are aiming to improve/accomplish. An aim need to be specific and realistic and should indicate how good you want to be and by when.*

► Make your aim a SMART aim • Specific • Measurable • Achievable • Realistic Timely

Provide the Objectives of the project:

Provide the evidence to support the need for this project? (research evidence/statistics, standards/evidence bases criteria etc):

Implementation:

How did the project produce improvements in clinical outcomes or on the quality of patient care?

Describe how your project complements or add to other similar initiatives?

What did you learn? Were there any surprises? What will you do differently?

How do you propose to ensure that this quality initiative will be maintained and spread to other areas?

# Appendix VI: Sample Timetable

Nursing Education Programme For Nurses working in an Inpatient Setting		
<b>Day 1:</b>	<b>Structure of Cancer Services in Ireland, Epidemiology, Cancer Biology and Nursing Care</b>	
<i>Time</i>	Lecture	Speaker
08.30 - 09.00	<ul style="list-style-type: none"> <li>• Introduction to the programme</li> <li>• Introduction to work based learning</li> <li>• Professional, Legal and Ethical Issues</li> </ul>	Programme Co-ordinator or Guest
09.00 - 09.30	<ul style="list-style-type: none"> <li>• NCCP Structure and Service</li> <li>• National Cancer Screening Programmes in Ireland</li> </ul>	NCCP
09.30 - 10.00	<ul style="list-style-type: none"> <li>• Cancer Epidemiology</li> <li>• Cancer Prevention</li> </ul>	NCCP
10.00 - 10.45	<ul style="list-style-type: none"> <li>• Investigations used to diagnose cancer including tumour markers</li> </ul>	Oncology CNS/ or Consultant
10.45 - 11.15	Coffee	
11.15 - 12.15	<ul style="list-style-type: none"> <li>• Tumour Biology and Staging (Include some Haematology)</li> </ul>	Histopathology Oncology CNS
12.15 - 13.15	<ul style="list-style-type: none"> <li>• Pathway of cancer patient following diagnosis - Neo adjuvant, Adjuvant and Palliative</li> </ul>	Oncology CNS / S/N
13.15 - 14.00	Lunch	
14.00 - 15.30	<ul style="list-style-type: none"> <li>• Introduction to Radiotherapy</li> <li>• Planning of Treatment</li> <li>• Types of Treatment</li> <li>• Nursing care</li> </ul>	Radiation Therapist ANP or CNS
15.30 - 16.00	Introduction to group work	Programme Co - ordinator



**Nursing Education Programme  
For Nurses working in an Inpatient Setting**

<b>Day 2: Treatment Modalities and Support</b>		
<b>Time</b>	<b>Lecture</b>	<b>Speaker</b>
08.30 - 09.45	<ul style="list-style-type: none"> <li>• Introduction to Chemotherapy</li> <li>• Types of Medication to include I.V, P.O, Hormonal and Targeted Therapies</li> </ul>	Oncology CNS / Oncology Pharmacist
09.45 - 11.15	<ul style="list-style-type: none"> <li>• Fundamentals of Haematological Malignancies</li> <li>• Stem Cell Transplants</li> </ul>	Haematology CNS / Consultant Haematologist
11.00 - 11.30	Coffee	
11.30 - 13.00	<ul style="list-style-type: none"> <li>• Care and management of Central Venous Access Devices used in both Oncology and Haematology Patients</li> </ul>	Oncology / Haematology
13.00 - 13.45	Lunch	
13.45 - 14.45	<ul style="list-style-type: none"> <li>• Assessment of a cancer patient who becomes unwell (Presents to ED, AMU or in as an inpatient)</li> </ul>	Oncology CNS
14.45 - 16.00	<ul style="list-style-type: none"> <li>• Treatments required for Oncological Emergencies</li> </ul>	Oncology CNS

Nursing Education Programme For Nurses working in an Inpatient Setting		
<b>Day 3:</b>	<b>Psycho-oncology, Survivorship, Palliative and End of Life Care</b>	
Time	Lecture	Speaker
08.30 - 09.30	Psychological aspects of cancer and the importance of good communication	Psycho- oncology or Liaison Psychiatry
09.30 - 10.30	Survivorship <ul style="list-style-type: none"> <li>• Staying Well</li> <li>• Surveillance</li> <li>• Long term care</li> </ul>	Oncology CNS
10.30 - 11.00	Coffee	
11.00 - 13.00	Introduction to Palliative Care <ul style="list-style-type: none"> <li>• Differences between Palliative Care and End of Life Care</li> <li>• Symptom Control in Palliative Care</li> <li>• Assessing Palliative Care Needs</li> <li>• Referral processes to Palliative Team</li> </ul>	Consultant/ CNS Palliative Care
13.00 - 13.45	Lunch	
13.45 - 14.15	Work shop based scenarios: <ul style="list-style-type: none"> <li>• Breast cancer</li> <li>• Lung cancer</li> <li>• Colorectal cancer</li> <li>• Prostate cancers</li> </ul>	Programme Co-ordinator
15.15 - 15.30	Group work shops	Programme Co-ordinator
15.30 - 16.00	Evaluation and closing remarks	Programme Co-ordinator

# Appendix VII: Sample Certificate



## Certificate of Attendance

This to certify that

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Attended the

Three Day

### **Nursing Education Programme**

**For Registered Nurses Working in an Inpatient Setting**

**A Continuing Professional Development Programme**

*Category 1 Approved by the Nursing &  
Midwifery Board of Ireland (21 CEU)*

Signed

Date

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National Cancer Control Programme,  
King's Inns House,  
200 Parnell Street,  
Dublin 1.  
Eircode: DO1 A3Y8

Tel: 01 8287100  
Email: [info@cancercontrol.ie](mailto:info@cancercontrol.ie)  
[www.hse.ie/cancer](http://www.hse.ie/cancer)  
Twitter@hseNCCP

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