The Effect of Chemotherapy Education for Newly Diagnosed Cancer Patients

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Introduction

- Newly diagnosed cancer patients were not being prepared for 1st day of chemotherapy treatment.
- Lack of communication between Clinic and Infusion areas regarding patient education

Purpose

- Standardized the chemotherapy education across Clinic and Infusion areas
- Improve communication between Clinic and Infusion nurses
- Prepare patients for their first day of chemotherapy

Literature Review

- Consensus over many studies is that the more education patients receive prior to chemotherapy, the better they are prepared to manage side effects and have less anxiety.
- Types of education in the literature consists of videos, pre-chemotherapy education classes, checklists, 1:1 education, and medication handouts.

Methods

- Quantitative Research
- Design: pre- and post- education patient questionnaire
  - Pre-Chemotherapy Checklist
  - Patient Questionnaire for baseline group
  - Patient Questionnaire for pilot group. Those who attended the Vanderbilt Introductory Chemotherapy Class and who were new to chemotherapy during pilot period.
- Outpatient clinic setting
  - OHO Breast Center and Medical Infusion Center
- Target population: Newly diagnosed adult, English speaking, solid tumor patients that need intravenous chemotherapy, who have never had chemotherapy before.
- Pre-Chemotherapy Checklist
  - To enhance the communication between Clinic and Infusion nurses
  - To standardize the chemotherapy education process
- Patient Questionnaires
  - No patient identifiers
  - Current practices related to education - baseline
  - Pre-chemotherapy education class - pilot

Pre-Chemotherapy Checklist

- Clinic nurse initiates and completes a portion of checklist, while patient is in the clinic.
- Clinic nurse communicates the new patient information and checklist to Infusion nurse.
- Infusion nurse completes the checklist and asks patient to complete patient questionnaire.
- Goal n=30

Baseline Patient Questionnaire

- Stapled to Pre-Chemotherapy Checklist.
- No identifying patient information
- To be completed by the patient in the Infusion center, after 1st chemotherapy treatment and given back to Infusion nurse.
- Goal n=30

Qualitative Results

- Original project focus was on the main campus VICC Cancer Clinic and Cancer Infusion Center. I transferred to One Hundred Oaks Medical Infusion Center prior to collection of data.
- Clinic nurse collaborator left Vanderbilt.
- Had to enroll and recruit new patients without a designated clinic nurse.
- Access to breast center led to focus on only 1 cancer subtype (breast)
- Needed to get new staff to “get on board” with the project.
- Patient recruitment for the project was difficult and I had to be creative.
- Having my own message basket for clinic nurses or providers to send me names of newly diagnosed patients.
- Seeking out the surgery schedule for post appointments.
- Word of mouth - either by the lab, charge nurses, nurse navigator
- Other research nurses who allowed me access to their “panel” of new patients being seen in the Breast Center.
- Personally called patients and invited them to the class.
- Logistics
  - “Advertisement” flyers made and placed in_provider exam rooms.
  - Weekly class offered at the same time and date.
  - Low attendance can be attributed to distance to travel, timing or other circumstances

Quantitative Results

- Number of patients attending the class - 52
- Pre-treatment: 12
- Post-treatment: 40
- Baseline: 30
- Pilot: 22
- Pre-treatment: 12
- Post-treatment: 40
- Baseline: 30
- Pilot: 22

Future Directions

- Implement Vanderbilt Introductory Chemotherapy Class for all new chemotherapy patients at both OHO and VICC.
- Implement a virtual course to increase accessibility to chemotherapy education.
- Use more quantifiable metrics to measure patient anxiety and self-care management.
- Continue new patient recruitment and teaching pre-chemotherapy class at OHO.

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