Strategies for Effective Continuing Education by Oncology Nurses

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Oncology nurses in many roles, including educator, clinical specialist, manager, and nurse practitioner, frequently are involved in continuing-education (CE) activities. The rapidly changing field of oncology demands constant education of staff regarding new innovations in care, including new drugs and treatments available. A continuous need also exists for basic oncology education of new employees and graduates to address the key topics of chemotherapy, radiation therapy, pain and symptom management, and others.

The authors, nurse researchers at City of Hope (COH) National Medical Center in Duarte, CA, have had the opportunity to implement several major CE programs over the past few years (see Table 1). Through this article, the authors hope to share some of the strategies they have found most effective in teaching oncology nurses. This article presents a summary of the educational programs from which the strategies were derived followed by a list of strategies synthesized from the projects.

Description of Educational Programs

One of the ongoing educational programs at COH is the Pain Resource Nurse (PRN) Training Program, which was implemented in 1992 (Ferrell, Grant, Ritchey, Ropchan, & Rivera, 1993; Ferrell & Virani, 1998). The three-day, intensive course prepares nurses in the basics of pain management, including all aspects of assessment, pharmacology, and nondrug interventions. The course originally was designed for COH staff but later was extended to the community. It has been implemented annually for 10 years and usually draws about a hundred nurses.

The Cancer Pain Education for Patients and the Public (CPEPP) training program was implemented from 1998–2002 (Ferrell & Juarez, 2002). It brought together nurses from 250 institutions to advance their knowledge of principles of educating patients and the public about pain. Various modules of the program have addressed topics such as individual patient teaching, group education, telephone teaching, new technologies for education, and institutional change to promote education, as well as other related topics.

Another project that concluded recently was Home Care Outreach for Palliative Care Education (HOPE). The goal of the project was to improve palliative care in nonhospice homecare agencies (Ferrell & Borneman, 2002; Ferrell, Virani, & Grant, 1998). The project began with intense involvement by COH investigators in each of seven Los Angeles-area homecare agencies for about nine months. The program later was extended to a national training program utilized by 50 homecare agencies. The content of the program included an overview of palliative nursing, pain management, symptom management, communication, family caregiving, spiritual needs, and care at the time of death.

Two educational projects focused on extending pain education beyond the PRN course to a broader national audience. The first project, the Pain Management for Undergraduate Nurse Educators course, was offered to competently selected nursing faculty from undergraduate nursing programs throughout the United States. Eighty-six faculty members from 42 states attended the course and learned about the knowledge, resources, and methods available for changing undergraduate nursing curriculum related to pain management (Grant & Rivera, 1995). The second project, Pain Management for Clinical Nurse Educators, focused on clinical settings; 102 competently selected RNs attended a course that focused on pain management knowledge, a variety of pain management resources, and approaches to changing clinical practice in their individual clinical settings. Follow-up evaluation by participants revealed pain management improvements using a performance-improvement framework in the institutional setting (Grant, Rivera, Alisangco, & Francisco, 1999).

A major ongoing educational effort has been the End-of-Life Nursing Education Consortium (ELNEC) project, which is conducted in collaboration with the American Association of Colleges of Nursing (Ferrell & Grant, 2001). The three-day, national training program aims to improve end-of-life care in nursing with a primary focus on undergraduate nursing programs and CE providers. Six national training programs have been hosted in the past year, reaching 581 nursing schools and more than 100 CE providers. The ELNEC curriculum also is being carried out by the Hospice of the Florida Suncoast in Largo, FL, in conjunction with the Last Acts project of the Robert Wood Johnson Foundation.

The final educational project reviewed in this article is Disseminating End-of-Life Education to Cancer Centers, which aims to improve end-of-life care in 300 cancer centers through a series of four national conferences. Conducting these major educational projects has provided COH investigators an opportunity to evaluate a number of teaching strategies. The authors have summarized lessons from these programs that may be useful to other oncology nurses in their educational efforts.

Continuing-Education Strategies

Create competition: Making acceptance into CE programs competitive has been a successful strategy to increase the commitment and quality of the educational programs. Each project uses an application. Competitive selection for CE seems to create a more active rather than passive learner role.

Letters of support: The training projects’ staff members have asked participants to provide letters of support for their participation from key individuals in their settings, such as administrators, senior nursing officials, direct supervisors, and colleagues. Requesting these letters of support has been an effective strategy to ensure that individuals attending educational programs have the support of colleagues and leaders in their institutions. It also seemed to increase the level of support actually provided to participants when they returned from programs. When participants did not respond