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, Kopchan, & 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 and understanding of 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 competitively 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 competitively 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. Requiring 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...
to follow-up evaluations or seemed to have weaknesses in implementing their projects, the investigators contacted the individuals who provided letters of support to remind them of their commitments to the participants.

**Goal-based education:** Each of the educational programs previously reviewed has benefited from a strategy of asking participants to write goals for their participation and implementation when they return to the clinical setting. At a basic level, this was a clear message the training programs were not simply enjoyable learning experiences for a few days, but rather an impetus for participants to go back and implement knowledge in their settings. Participants wrote precourse goals in their initial applications, which sparked their thinking about what they expected to achieve. Each course began with a brief opportunity to discuss participants' application goals, and they were asked whether they wanted to revise their goals as they began the course. Time was provided at the conclusion of each course for participants to alter their goals and for discussion in the large group setting.

In most instances, participants came with very broad goals but were guided to more realistic, step-by-step goals. For example, one participant’s goal to “improve pain management in our cancer center” was modified to the following steps.

- Meet with the quality improvement committee.
- Share knowledge from the course with the nursing department.
- Implement basic pain assessment in-services for the staff.

Step-wise goals then were used in follow-up evaluations with participants because they gave measurable benchmarks to lead them toward success. After a course, a goal analysis was conducted by the researchers, which provided valid outcome measurements of the effectiveness of the course.

**Promote networking:** All CE providers are aware that a benefit of a group educational activity is that participants learn from each other. Thus, any opportunity to promote networking among participants is valued. The authors have found that limiting registration to only one participant per institution helps participants share a wealth of resources and the limited number of registration spaces. One negative effect of the policy is that most people attended programs alone and may not have known other participants. To facilitate networking, precourse receptions were hosted on evenings before courses. This provided attendees opportunities to meet others, begin to form collegial relationships, and share experiences. Such receptions often are times when participants can arrange social activities, such as group outings for dinner at the end of a long conference day.

**Success stories:** A very effective way to begin conferences was with a panel of professionals who have been successful in the area being addressed. For example, in the CPEPP course, a panel of three individuals who have been very successful in implementing patient- and public-education programs could speak. Success stories are a great way to show what colleagues in similar clinical situations can accomplish. The authors often call on participants from previous courses to serve on success-story panels in subsequent courses.

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Table 1. Continuing-Education Programs

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<tr>
<th>Project</th>
<th>Description</th>
<th>For Additional Information</th>
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<tr>
<td>Pain Resource Nurse Training Program</td>
<td>Annual conference began in 1992; three-day, comprehensive program targeted for clinical staff; 999 nurses trained across 10 courses</td>
<td>Ferrell et al., 1993</td>
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<tr>
<td>Cancer Pain Education for Patients and the Public&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Three courses held from 1998–2002 attended by 242 participants; covered multiple forms of pain education</td>
<td>Ferrell &amp; Juarez, 2002</td>
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<tr>
<td>Home Care Outreach for Palliative Care Education&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Implemented in seven homecare agencies followed by a national training conference for 256 participants</td>
<td>Ferrell et al., 1998</td>
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<tr>
<td>Pain Management for Undergraduate Nurse Educators&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Training program from 1992–1996; 86 participants from undergraduate nursing programs</td>
<td>Grant &amp; Rivera, 1998</td>
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<tr>
<td>Pain Management for Clinical Nurse Educators&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Training program from 1996–2000 included 146 participants; focused on improving pain management in clinical settings</td>
<td>Grant et al., 1999</td>
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<tr>
<td>End-of-Life Nursing Education Consortium&lt;sup&gt;b&lt;/sup&gt;</td>
<td>National “Train the Trainers” conferences to prepare educators in nursing schools and continuing-education programs for end-of-life care</td>
<td>Ferrell &amp; Grant, 2001</td>
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<tr>
<td>Disseminating End-of-Life Education to Cancer Centers&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Teams of two participants from cancer centers participated in one of four national conferences.</td>
<td>Application is in progress; contact Jo Hanson at <a href="mailto:jhanson@coh.org">jhanson@coh.org</a>.</td>
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<sup>a</sup> Supported by the National Cancer Institute

<sup>b</sup> Supported by the Robert Wood Johnson Foundation
Include patients and families: One of the challenges of all educational programs is to link the course information to clinical practice. To do this, the authors include patients or family members in programs. These individuals often were invited to speak to classes and were allowed time to answer questions and interact with audience members. Another method, which often is more comfortable for patients and families, is to group them on panels. Having patients or family members participate early in programs was most helpful because it seemed to get programs clinically focused and off to good starts.

Link the participants: During all of the programs, participants often benefitted by their interactions with each other. Many participants continued to communicate, share resources, and use each other as consultants as they implemented their project goals. Strategies that facilitated linking participants include simple things, such as including name tags, printing participant lists with contact information in course syllabi, and using Web sites with contact information for future reference.

Remember the comfort: Although it may seem basic in an era of high-tech education, some of the authors' greatest successes came from creating comfortable learning environments. Provide abundant food, healthy refreshments, stretch breaks, and other simple strategies to make the day pleasant. Nurses increasingly are stressed and burdened by the day-to-day practice of oncology nursing and the healthcare environment. Therefore, attending a CE conference should be a positive, beneficial retreat, an opportunity to refresh and renew.

Participative learning: Basic principles of adult education stress that the least effective way of teaching is through lecture. More effective strategies involve using a variety of teaching techniques and participation (Hagopian, 1996). Because many of the previously reviewed courses dealt with very sensitive topics, such as pain and end-of-life care, the authors attempted to integrate more self-assessment strategies. For example, on the first day of the ELNEC course, participants were given a homework assignment in which they wrote letters to death. This was an opportunity for them to gain insight into their own feelings about death, express their own losses, and confront attitudes that may influence their learning or being effective educators. Role-play, such as how to conduct a pain assessment, often was useful. One of the most effective teaching strategies now integrated into the PRN and ELNEC courses is the use of a "lab experience" to teach nondrug pain relief methods. Complementary or nondrug therapies, such as heat (e.g., heating pad), cold (e.g., ice bags), massage (e.g., hand massage), relaxation, and distraction, were taught most effectively by having participants actually use the techniques with patients. Another innovative use of participative learning was the inclusion of a "spiritual lab" in the nondrug teaching session. Participants had hands-on experiences with various religious rituals and symbols to make them more comfortable with other religious perspectives. For example, participants practiced how to conduct a spiritual interview and assessment and were provided with sample spiritual care interventions.

Teach teaching skills: Many courses are aimed at individual learners, whereas others clearly are intended to train participants to go back to their own work settings and train others. In the ELNEC program, instructors divided each of the modules into two separate sections. The first introduced content on the topic, and the second focused on teaching strategies for that topic. Often, participants at CE programs may be familiar with content but would benefit most by focusing on teaching skills. Teaching strategies include case presentations, videos, and demonstrations of various teaching techniques.

Make it easy to be successful: Most participants at CE programs go back to work to find a clinical environment as busy as ever and few resources to assist them with implementation of new knowledge. The authors designed course syllabi and resources to facilitate participants as they implemented their learning. For example, in the CPEPP, HOPE, and ELNEC courses, participants were given a CD-ROM containing all of the PowerPoint slides used by speakers. Participants were encouraged to import their own patient photos (with permission) or seek other ways to individualize content. Providing participants with ready-to-use teaching resources proved useful.

Summary

The teaching strategies reviewed have been tested over the past decade in multiple teaching projects at COH. Through experience with many courses, the authors learned many effective strategies but always remember that every new project is a learning experience. Each project also has a variety of evaluation techniques, including pre- and post-tests of knowledge and attitudes, course evaluation tools, and chart audit forms. Participants were provided with evaluation tools to use in their own settings as well. Most of these instruments are available at http://prc.coh.org. Education is one of the essential functions of oncology nursing practice. These strategies hopefully will be useful for others coordinating CE opportunities.

References


