Nurse Managed Patient Education Clinic in Cancer Care – A Critical Review

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Abstract: Cancer patients and their families need comprehensive and holistic care. Nurses play a vital role in integrated care to cancer patients. Nurse led clinic is an emerging trend in health care field. This is run by specialist nurses who gained extended knowledge and skill in specific areas. It has been already tried and running successfully on different chronic non communicable diseases such as diabetes, heart diseases, asthma etc. Growing cancer incidence demands a nurse managed patient education clinic in cancer care. Cancer patients are in a great need of information about their illness, treatment and coping strategies. Oncology nurses often have a better opportunity to maintain rapport with cancer patients and their family members than any other member in the health team. Information right from a doctor is always contented, but large cancer proportions make it practically unfit to clear all query and needs of patients and their families. As oncology nurse serve as first line communicators, they can provide effective and continual education. This clinic empowers patients and their families to manage the condition and improves treatment adherence. This article reflects the role of a nurse in patient education clinic in cancer care.

Keywords: Cancer care, Nurse led clinic, Patient education clinic, Oncology clinics, Oncology nursing.

I. Introduction

Patient Education is a method of assisting clients to learn health related behaviors so that they can incorporate healthy behaviors into everyday life. In modern health care, patient education is a patient’s right and health care provider’s responsibility. Every individual is unique. So is every individuals journey through cancer is unique.

The goal of the cancer patient education cell is to educate all spectators on cancer-related issues including prevention, risks, treatment, end-of-life care and survivorship. The cancer patient education cell offers educational programs, classes and support to patients with cancer and their relatives.

Nowadays the attitude towards the patient education is entirely changed; health care provider has accountability and patients have the entitlement to appropriate education. It is extended not only to the patients but also to the family and supporting persons.

The patient education concepts are an intrinsic part of oncology nursing care. Specialized nurses are competent to monitor patients’ response to various modalities of cancer treatment; chemotherapy and other disease specific infusion therapies etc. So they can provide effective education to patients and families about cancer and its treatments.

Health care professionals are increasingly encourage to involve patient in treatment decisions, distinguishing cancer patients as experts with a distinctive awareness of their own health and their preferences for treatments, health status and outcomes. Increased patient participation in cancer care represents a vital part of quality up gradation of all cancer care organizations. It helps to expand the cancer care practices away from disease centered model to patient centered model.

II. Concept of Patient Education

Patient education is the practice by which health professionals and supporting others communicate information to patients and their caregivers that will modify the health related behaviors in order to improve their health condition. It may be provided by a Healthcare Professional who has undergone adequate training in handling patient education sessions.

Patient education may include general and specific education related to their health conditions. The major activities of the patient education clinics are associated with the patients’ disease burden. This will provide increased treatment compliance and self-advocacy in treatment and care.
III. Patient Education Clinic

Patient education clinic is a center to provide education with adequate information and instruction on relevant areas empowering patients and their families to take part an active role in their health management. Nurse managed patient education clinic is an educational center in health care setting for patients and families that is run by specialist nurses.

IV. Scope & Objectives

Patient education surmounts an elementary role, thus it provides proficiency in the professional nursing practice including cancer care. Patient education is anticipated as a major component of health care in all health care setting and thus is appropriate for all corner of nursing practice involving patient care. The major objectives for setting a nurse guided patient education clinic are the following

- Provide health education for the patients and relative regarding prevention, risks, treatments, rehabilitation and follow up.
- Provide a chance to meet and share information regarding cancer.
- Help the patient and their relatives to identify potential risk factors of cancer.
- Equip the patient to actively participate in cancer treatment.
- Help the patient identify healthy practices in cancer treatment
- Promote wellness among the cancer patients by relaxation and stress relief.
- Enable the patient for self-care activities.
- Address patient’s problems due to body image disturbance after cancer treatment.

V. Significance of Patient Education Clinics

Patient educational sessions considered as an indispensable component of cancer care; while several single institutions develop their own patient education programs on cancer. Today patient education has become an important focus of the health care provisions. Teaching and learning are essential concepts to be included in the patients’ interventions.

Usually in a cancer care center oncologist are busy with their clinical activities so they cannot address all the patients’ doubts regarding cancer and its care. All leading cancer care centers like Mayo clinic, Cleveland clinic, Memorial Sloan Kettering Cancer Center, Tata Memorial Centre, All India Institute of Medical Sciences etc having a well-established patient and caregiver education department.

Patient education activities address the major problems faced by the patient and caregivers. That is why patient education is oriented towards the empowerment of cancer care system. Around the world many cancer institutes are strongly recommends for providing vital information on several facet of cancer care and prevention.

Studies have provided valuable insight regarding the relationship between patient satisfaction and information seeking (Burish & Tope, 1992; Miller, 1987). Specific to the cancer population, Steptoe, Sutcliffe, Allen, and Coombes (1991) found in their sample of patients with metastatic cancer (n=77) that patients had a higher level of satisfaction with the cancer-related information they received. Findings suggest that patients who reported good understanding of their condition and voiced satisfaction with information provided were satisfied, not because of high factual knowledge, but because of their coping style.[1]

VI. Impact of Patient Education Clinics

Marjatta K et al (2013) aimed to describe an educational program to empower the patient education focused on the school children suffering from diabetes and the nurses’ perceptions of using skill empowering techniques. A semi structured interview is done to collect nurse’s perception of managing the educational program. The researchers identified that nurses successfully managed the patient education program which includes 4 categories such as need assessment, planning, implementation and evaluation. The nurses did need assessment with multiple methods and planned the education process with adequate objectives for individualized patient education. Execution comprised the relevant content and the use of suitable instruction resources and methods and evaluated appropriately by verifying the learning achievements. This study points nurses’ role in patient education aiding patient and family immersion in health management.[2]

C. Ciplot Mis et al (2015) surveyed patient educational programs in cancer care institutions at Italy. They took a representation of the patient education actions and its development. The methods used for the survey is questionnaire; they investigated the points like patient education priorities in cancer care, activities carried for patient education, patient involvement and health care team participation in the patient education activities. The results of the survey explained that the health care team has an active role in patient education programs and half part of this program ware carried out by nurses. This survey results reveal the necessity of patient education programs in cancer care. They also suggested that the tools used in educational programs may also influence the success of the program.[3]
Jane H C et al (2001) researchers scrutinized 176 patient education related articles from a period of one decade from 1989 to 1999 to provide an overview regarding patient education research in determining the future research needs. The reviewers noticed that literacy had a vital role in cancer related patient education so they segregated the data based on different teaching methods like audio and video module, computer assisted teaching learning methods. The study concluded that clients with cancer need collective information related to their disease conditions, especially when making treatment related decision. Education helps patients manage side effects and improves adherence.[4]

H. Seyedin et al in a cross-sectional study examined the dimensions of patient education process together with necessary assessment, planning, implementation and evaluation. The study was done on 187 head nurses. The researchers found that nurses should be conscious in patient education process and use of a standard patient education tool helps to improve the skill of nurses in delivering a successful patient education.[5]

Aranda.S et al (2011) evaluated 192 cancer patients to identify the impact of a nurse led prechemotherapy education intervention (ChemoEd). It focused on common chemotherapy related concerns such as patient distress, symptom burden, treatment-related information and support needs. Nurses who implemented ChemoEd were chemotherapy unit nurses. The researchers viewed that preparation of patients for chemotherapy is necessary and prechemotherapy education and preparation can be handled by specialist cancer nurses. They also points that ChemoEd intervention is superior to routine care as it address the need of enhanced patient education.[6]

L. Padros et al (2015) evaluated a patient centered symposium as an educational intervention among cancer patients. The symposium comprised 2 day education and covered broad areas of cancer such as different organ cancers, treatment options, survivorship, nutrition and exercise, financial and legal challenges and relaxation techniques. The appraisal identified that the educational symposium enhanced better understanding of disease, its treatment choices, coping strategies, financial and legal issues and cancer survivorship. Also identified single symposium is not sufficient to heighten quality of life and suggested repeated education through various avenues may address it.[7]

I. Truccolo et al explored the key elements necessary to develop a patient education program for cancer patients and provided recommendations for implementation in daily activities of cancer institutes. A committee including multidisciplinary members, patient representatives identified the essential topics as cancer epidemiology, clinical trials, therapies, support in the use of medicines, psycho-oncological interventions, age-personalized approaches, and training programs for healthcare providers. They also highlighted the importance of patient feedback for successful educational programs and thus advance comprehensive cancer care.[8]

C. Hutchison et al surveyed cancer nurse led clinics at Scotland to identify the services rendered, benefits and challenges in care delivery. The rendered services at nurse led clinics were symptom management, psychosocial support, maintenance of clinical statistics, and education on therapies and found running successfully since years in terms of patient satisfaction. Those clinics enhanced care continuity, reduced waiting time for patients, holistic approach to treatment, reduced pressure on medical clinics and consultant time and multidisciplinary team approach. Major challenge identified was lack of organizational support as it run by nurses. [9]

VII. Benefits of Patient Education Clinics

1.1. Benefits for patient and caregivers
1. Enables the cancer patients to assume for better responsibility for their own health care
2. Help the cancer patient to provide the opportunities for choosing health care life styles.
3. Ensures continuity of care and reduces complications.
4. Maximize individual’s independence in activities of daily living and continuity of care.
5. Able to discuss common problems and issues that often occur after treatment and ways to cope
6. Enable to manage physiological needs of cancer patients

1.2. Benefits for nurses
1. Nurse empowerment.
2. Increased job satisfaction.
3. Gain better self-reliance and confidence.
4. Increased collaboration with other health care personals.
5. Opportunity for professional development.

1.3. Benefits for institution
1. Facilitate a holistic care approach in cancer care and treatment.
2. Attracts the patients to the health care provider and increases patient satisfaction in their care.
3. Enables to render a quality health care within a culturally bounded framework
4. Bridge the gap between the health care facility and the patient
5. Increases the adherence to cancer treatment regimens
6. Help to deliver efficient and cost effective health care for cancer patients

VIII. Conclusion

Patients diagnosed with cancer need education as they face complex decisions. There are limited activities in education among cancer patients. Specialized nurses have extended knowledge and skill to play vital role in all aspects of care. Nurse led patient education cell enlighten the way to bridge the gap between the health care faculty and the patient. Through this venture, we can institute a holistic model in cancer care.

References