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Acknowledgements

Revisions have been made to the EONS curriculum in a 5 year cycle of refreshment following an expert review in September 2011 further work with an expert panel of reviewers in 2012 are acknowledged with gratitude. Edited by Sara Faithfull, Professor of Cancer Nursing Practice, University of Surrey, Guildford, UK.

The EONS educational group would like to thank the expert panel for reviewing the EONS Cancer Nursing Curriculum and providing feedback:

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Other external expert reviewers were invited to evaluate the contents. EONS would like to thank these persons for their time and engagement.
The EONS Cancer Nursing Curriculum was initially developed in 1991 with funding from the European Union’s Europe Against Cancer (EAC) programme. It was revised in 1998, 2005 and now in 2013. This curriculum has remained the basis for European Oncology Nursing Society (EONS) accreditation over the past twelve years. The curriculum provides information on the rationale for a post-registration course in cancer nursing, the curriculum philosophy and modular framework. This information includes entry criteria, comprehensive course content, and bibliography. Expected learning outcomes and competencies for the programme are also defined. Advice on assessment and course evaluation is also provided.

The need for continuous reflection and review on EONS curricula has arisen for several reasons; education needs to respond to the changing nature of cancer epidemiology and multi-modality management with increasing cancer survival across Europe. Furthermore cancer needs to be considered increasingly as both an acute as well as a chronic disease with the advanced disease pathway lasting longer and being more complex. The changing workforce roles of nurses; including advanced nurse practitioners, nurses leading oncology case management, clinical nurse specialists in tumour specific care groups, and the emergence of multi-disciplinary teams, all impact on educational requirements. This complexity is reflected in future workforce planning for oncology nursing. The revised curriculum recognises these fundamental skills for nurses post initial registration and is seen as the core requirement for nursing competence for those who are working within the field of oncology. This curriculum focuses on the adult with cancer. It can be implemented in guiding curricula development for all nursing education programs whether for nurses working in cancer centers or in general practice/hospital settings. Furthermore, in many countries cancer nurses are required to take leadership roles and develop the evidence base for cancer nursing outcomes. The revised curriculum adds new areas to the programme, reflecting the need for wider skills in cancer nursing.

Academic credits and quality assurance guidance reflect the Bologna agreement, the harmonisation of educational levels across Europe, which impacts upon nurse education. This agreement has been about developing a common, three-tier system of bachelors, masters and doctoral degrees. A common European Credit Transfer System (ECTS), allows learners to combine studies at different European centres to develop their professional qualifications. These are now well recognised within some parts of Europe. The EONS Cancer Nursing Curriculum 2013 is modular, providing eight modules that can be taken over a single period of 40 weeks. The curriculum is a framework for future educational development, and EONS members are advised to adapt it as necessary to meet their own professional needs for cancer nursing within their own country. In addition, guidance on supervision of practice, training facilities and quality assurance requirements is also provided.

Birgitte Grube
EONS President 2011-2013
Education is clearly an important tool in the development of cancer nursing within Europe. Nurses play an important role in supporting cancer therapy and have impacted on the quality of care outcomes. Awareness of how nurse’s impact on cancer care is well recognised by patient groups and specialist teams but workforce planning within health services often neglect the skill and education required to provide such support for individuals with cancer and their families. Education improves care, can enhance patient outcomes through reducing emergency admissions, inpatient stays, helps improve satisfaction and reduces adverse events of cancer treatment.

Care is becoming more complex with the ever changing and increasing complexity of cancer treatment delivery, which is demanding wider skills and critical thinking among nurses working in oncology. Individuals with cancer are being cared for in community and ambulatory settings as well as in cancer centres and general hospitals. This has created the need for widening cancer knowledge to nurses working in other fields such as care of older people, family medicine and public health.

There are also social and economic pressures that are influencing educational change with the move of nursing vocational courses into higher education. EU directives provide political pressure to ensure the effectiveness and efficacy of cancer care raising the profile by identifying the need to improve knowledge of oncology. The commission identified the vital role of the different professions in the provision of cancer therapy; rehabilitation and terminal care in its recent call for action to reduce inequalities in cancer outcomes (EPAAC). There is also a global recognition that we need to improve the knowledge and skills of health professionals in cancer as well as in cancer prevention and screening (WHO). It is timely to reflect on where cancer nurse education should be in leading change and in advancing cancer nursing roles within the next 5 years.

This curriculum introduction explores the challenges ahead in how we develop our future cancer nursing workforce. Over the last 10 years cancer care has been changing. Developments include reforms of health care systems, changes in treatment and the development of consumer focused provision. From all the recent projections and figures we know that in 2008 12.7 million cancer cases were registered and that there were 7.6 million deaths globally. In Europe cancer incidence and mortality vary between northern, western and southern Europe. With an increasing ageing population the cancer burden within Europe is expected to rise over the next 10 years. We also know that those individuals who have cancer are more likely to be surviving their diagnosis and requiring prolonged monitoring and greater rehabilitation needs. Responding to these scientific and technological innovations is difficult as often health services reform follows major change with little planning or educational provision. The reality is that throughput of patients is high within cancer centres, bed stays are short and hospital treatment is increasing.
ly acute. The increased use of ambulatory care and oral medication has shifted care from hospitals to the home where the provision of specialist nursing is often limited. Providing such supportive care requires translation across disciplines and care settings with multi-agency approaches to prevention and care\textsuperscript{17,18}. These changes coupled with ever increasing demands in health care require a constantly developing and flexible nursing workforce\textsuperscript{19}. In many countries there are shortages of nurses with future retirement and workforce numbers fluctuating. In Europe retirement of nurses is not being offset by sufficient numbers being trained for example Italy and Germany have a deficit. Unfilled specialist training places are also found within e.g. Romania, France, Hungary and Austria where other professions seem more attractive. Evidence from some countries suggests that health systems are struggling to retain nurses with high turnover, becoming an increasing problem. Studies have reported low pay and also non-financial factors such as long hours and work related stress as the main contributory factors.

The economic crisis and cost containment measures within health care are also profoundly affecting recruitment and retention of nurses within almost half of the European countries\textsuperscript{22}. This also impacts on nurse migration depleting areas of eastern and southern Europe of skilled practitioners\textsuperscript{22}. The European commission estimates a shortfall of around 1 million health care workers by 2020\textsuperscript{24}. Oncology is an area of high risk which requires staff to be motivated, valued and with career prospects. Education plays a pivotal role in maintaining skilled staff and providing job satisfaction\textsuperscript{20,21}.

Evidence is limited as to whether current nursing provision is fit for purpose in meeting these needs as there are few evaluation studies of continuing professional cancer education. Although not oncology based, studies of nurse graduates have found that nurses undergoing academic studies perform significantly better at decision making than their non-academic colleagues. Practice outcomes are difficult in oncology and such studies are scarce and it is not surprising that evaluation of nurses perceptions of their practice has been the most common way of evaluating the impact of continuing professional education. Studies of the nurses themselves indicate that continuing professional education improves confidence and has a perceived impact on practice\textsuperscript{3,4,25}. A study of a UK health provider found that nurses’ perceptions of training needs are often different from that of health managers and that curriculum content did not reflect cultural characteristics of the local health economy\textsuperscript{1}. The wide variation in continuing educational provision has been seen in specific courses such as in chemotherapy administration and training with some nurses receiving minimal education in the underpinnings of knowledge required for safe chemotherapy practice\textsuperscript{26}. Much has improved in the last few years in the provision of continuing education for nurses across Europe. However there is little agreement as to a universal educational currency or recognition of continuing professional development\textsuperscript{27}.

Recognising that the developments within education have been quite dramatic in the last few years more is being required of educators. This has seen the implementation of the Bologna declaration and the subsequent changes in academic and vocational educational structures. Furthermore increasing financial constraints in education has meant that nurses are finding it difficult to get time for or funding to allow further continuing professional development within many EU academic institutions. There is also an increasing need for short
work-based programmes. The development of the EONS cancer nursing curriculum has made an impact on learning resources and provided guidance for structuring the learning content of educational programs. Future development of new specialist curricula and advancing levels of practice through consensus and expert panels identify these curricular as a gold standard of professional education across Europe.

We need more evidence as to the value of specialist education to continue developing confident and expert nurses. Those in nurse education face many challenges not only in how cancer education is provided and to whom, but also in redefining the skills needed by the cancer workforce for the future.

REFERENCES

21. IOM: The Future of Nursing: Leading Change, Advancing Health, in the CotRWJFlo, Nursing Fo (eds). USA, Institute of Medicine; Institute of Medicine, 2011
Key messages of the cancer education philosophy:

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training cross Europe
- Nurses should be full partners in the multidisciplinary oncology team
- Nursing education is essential for effective workforce planning. In turn cancer patient outcomes should improve
- Nurses should be prepared and enabled to lead change and develop evidence based specialist cancer nursing practice.

Cancer nurses need:

- to be capable of creating a therapeutic environment where it is possible for patients and families to express their needs and to have these needs met in a culturally sensitive manner
- to be accountable for their practice
- to be able to recognise the limits of their expertise
- to be capable of providing care, which is patient focused and based upon the best available evidence.

When necessary, they should:

- have the confidence to challenge practices or decisions that may be detrimental to patient outcomes
- be aware of their role within the multi-professional team and
- be both confident and competent to practice in a collaborative manner with all members of that team.

Moreover, they should both value and be able to articulate to others the therapeutic value of nursing. Courses based on this curriculum need to be practice-driven and dynamic enough to reflect both the changes in, and scope of, cancer nursing practice in a particular country.

Teaching and learning within the curriculum framework is designed to support student development through lifelong professional learning. Encouraging nurses to continue participating in the learning process is one way of individualising learning. This recognises and develops the learning as person centred, unique to that individual but within the broad framework of the learning outcomes. Learning through practice and experience is central to the curriculum model, and the development of professional knowledge is therefore given equal value to the traditional approach to learning through attainment of academic knowledge. This style of learning encourages learner participation and values the variety of experiences that learners bring to cancer nursing across Europe. Learning focuses on the processes whereby desired outcomes of professional effectiveness are achieved, leading naturally to an enquiry based learning approach. This includes the process through which practical experience, critical judgement and exploration of the evidence base leads to the development of professional knowledge and expertise. Such knowledge is more reflective and is developed through supervision, experience, dialogue and discussion. These methods facilitate the appropriate development of critical analytic skills, and the skills of communication, change management and decision making.
The main educational aims of the EONS curriculum are as follows:
● Raise awareness of cancer nursing as a specialty within European health care.
● Provide a practice-based framework for educators and managers to facilitate post-registration cancer nurse training and professional development.
● Enhance cancer nurses’ knowledge, understanding and practice skills to improve health care management for people with cancer.
● Empower nurses to offer input into the multidisciplinary cancer team for research, management and practice.
● Foster the development of strategic capacity and capability within cancer nursing.

STRUCTURE, LENGTH AND MODE OF DELIVERY
The EONS curriculum for cancer nursing is structured as a modular framework providing eight modules that can either be taken together as a long course or as stand-alone, short-course modules contributing to lifelong learning and continuing professional development (Figure 1). The length of the course includes practice as well as theory elements, with each week comprising 30 hours study. Thus the overall length of the course is 40 weeks or 1200 hours, which equates to 60 ECTS credit points. Learning outcomes and competencies have been identified so that users of the framework can apply for institutional credits at the appropriate level. The course is set at level 6 (first cycle) Bologna qualifications framework. Each module provides a self-contained training element with content, assessment of learning outcomes and competencies for practice. In future revisions this may need to be revised to level 7 as nursing becomes a graduate profession throughout Europe.
The EONS Educational Framework

**ENTRY REQUIREMENTS**
To gain entry to a specialised oncology nursing education program a nurse must have achieved the first-level qualification of a nurse as specified in the EC Directive 77/452/EEC (subsequently amended by Council Directive 89/595/EEC) or its equivalent in other countries. It is recommended that students should have at least one year’s post-registration experience in either a general or cancer setting. If the course is run on a part-time basis, the nurse must be involved in the care of people with cancer and their families for the duration of the course.
## Learning and Practice Outcomes of the Course

### The Context of Cancer Nursing

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<tr>
<th>LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:</th>
<th>PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:</th>
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<tr>
<td>Critically review epidemiological and prevalence statistics for cancer within Europe understanding both demographic and cultural differences.</td>
<td>Direct individuals and family members to appropriate information sources about the epidemiology of cancer within Europe.</td>
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<td>Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity.</td>
<td>Explain the multifactorial causes of cancer, to cancer patients and members of their family, provide appropriate health and risk advice so that individuals can monitor for early signs of cancer and adopt healthy lifestyle behaviours.</td>
</tr>
<tr>
<td>Describe how attitudes, values and beliefs in relation to cancer influence the care that cancer patients and their families receive.</td>
<td>Demonstrate knowledge of the wider physical, psychological, social and spiritual factors that can affect people treated for cancer.</td>
</tr>
<tr>
<td>Recognise the importance of employing culturally sensitive approaches in the care of people with cancer and their families.</td>
<td>Demonstrate a holistic, tolerant, non-judgmental and caring manner; promote the rights, beliefs, and wishes of individuals and families with cancer.</td>
</tr>
<tr>
<td>Critically review the different policy contexts in which cancer care is delivered.</td>
<td>Adjust professional behaviour to respond effectively to population and/or individual needs dependent on the cancer care setting.</td>
</tr>
<tr>
<td>Outline the principles of cancer nursing practice and explain how health care is organised through the cancer journey.</td>
<td>Communicate the different roles, responsibilities and functions of a cancer nurse and respond effectively to population and individual needs.</td>
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## Basic Science and Treatment of Cancer

**LEARNING OUTCOMES:**
**THE STUDENT WILL BE ABLE TO:**

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<th>Demonstrate a clear understanding of the aetiology, biology and patho-physiology in the development of cancer.</th>
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<td>Identify risk factors for cancer and describe approaches for prevention, screening and early detection of cancer.</td>
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<td>Describe approaches to the diagnosis and staging of cancer and the nurse's role in supporting patients throughout this process.</td>
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<tr>
<td>Demonstrate understanding of the principles of cancer therapies and describe the application of multi-modality cancer treatment.</td>
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<td>Demonstrate comprehensive knowledge of the common acute and late side effects of cancer therapies.</td>
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<td>Reflect on lay perspectives of health and illness.</td>
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**PRACTICE-BASED SKILLS AND COMPETENCIES:**
**THE STUDENT WILL BE ABLE TO:**

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<th>Explain relevant information about the causes of cancer to patients and their families, assess their understanding of these, and provide information and reassurance where necessary.</th>
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<td>Participate in health promotion activities and provide appropriate health education to safeguard the health and wellbeing of the public.</td>
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<tr>
<td>Demonstrate sensitivity towards patients and families throughout all phases of the cancer journey.</td>
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<tr>
<td>Assess the patient and/or family members' understanding and is able to explain and facilitate patient education and choice in relation to these.</td>
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<tr>
<td>Undertake an accurate assessment of treatment side-effects and applies relevant treatment knowledge to the nursing care of treatment side effects.</td>
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<td>Provide a supportive environment in which patients and family members are encouraged to share their concerns.</td>
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Nursing Assessment and Interventions in the Management of People Affected by Cancer

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<th>PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:</th>
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<tr>
<td>Demonstrate the principles of holistic assessment in cancer practice.</td>
<td>Undertake a comprehensive nursing assessment taking into account relevant physical, social, cultural, psychological and spiritual factors.</td>
</tr>
<tr>
<td>Appraise decision making and how this impacts on cancer nursing assessment using both objective and subjective health problems associated with cancer and its treatment.</td>
<td>Monitor the patient’s health status for signs and symptoms of deterioration and take steps to document, intervene or refer appropriately.</td>
</tr>
<tr>
<td>Demonstrate an understanding of the complex, changing, multiple health needs of patients with cancer and their families across the disease trajectory.</td>
<td>Implement and critically evaluate a range of evidence-based interventions to manage the complex, multiple health needs of cancer patients and their families.</td>
</tr>
<tr>
<td>Critically review the evidence base for nursing management of cancer symptoms and treatment side effects.</td>
<td>Work in partnership with the patient to manage symptoms of cancer and subsequent consequences of cancer treatment.</td>
</tr>
<tr>
<td>Demonstrate knowledge about the safe administration of cancer therapies and the nursing interventions necessary to manage an adverse reaction to treatment.</td>
<td>Demonstrate knowledge of health and safety implications for cancer treatments that impact on patients and other staff members. Safely administers and monitors treatments using the correct medical devices and/or techniques.</td>
</tr>
<tr>
<td>Construct a care plan for a patient with cancer and document.</td>
<td>Provide personalised care plans based on individual risks, needs and preferences of the patient.</td>
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# Cancer as a Chronic Illness / Supportive and Palliative Care

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<th>LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:</th>
<th>PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:</th>
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<tr>
<td>Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer.</td>
<td>Appropriately consider co-morbidity, the impact of chronic illness and long-term survivorship on the health status of the patient with cancer and members of his or her family and implement appropriate referrals to other professionals and agencies in respect of these.</td>
</tr>
<tr>
<td>Understand the potential consequences of long term and late effects of cancer treatment.</td>
<td>Undertake a risk assessment and provide appropriate help and advice in respect to self-monitoring of long term consequences of cancer.</td>
</tr>
<tr>
<td>Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer.</td>
<td>Undertake an assessment of the motivation and capacity of the patient and members of his or her family to self-manage their condition and promotes a healthy lifestyle during cancer rehabilitation.</td>
</tr>
<tr>
<td>Understand the importance of long-term medicines management and the dangers of non-adherence in patients with cancer.</td>
<td>Effectively evaluate patient adherence and concordance when taking medication for cancer or other long-term chronic conditions and engage in patient education about the benefits of adherence.</td>
</tr>
<tr>
<td>Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programs, palliative and end-of-life care.</td>
<td>Engage in appropriate discharge planning and co-ordinate care between different health and social care providers including voluntary and statutory care agencies.</td>
</tr>
<tr>
<td>Describe the role of supportive, palliative and end-of-life care, for patients and their family.</td>
<td>Facilitate appropriate discussions between health and social care professionals, patients and their family members to elicit their preferences with respect to the transition between active and palliative or end-of-life care.</td>
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Understanding Impact of Cancer on the Individual, Families and Healthcare Professionals

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<th>PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:</th>
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<tr>
<td>Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members.</td>
<td>Provide advice and support to enable people to manage the impact of diagnosis and treatment on their relationships with those important to them.</td>
</tr>
<tr>
<td>Recognise the differing care needs of patients from disadvantaged or vulnerable groups.</td>
<td>Use evidence-based strategies to deal with communication issues and refer appropriately.</td>
</tr>
<tr>
<td>Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and consider the impact of these on family health and social wellbeing.</td>
<td>Undertake a family risk assessment and discuss social, heritable or lifestyle factors with at risk individuals whilst alleviating anxiety and providing help and reassurance to the worried well.</td>
</tr>
<tr>
<td>Describe the theories of supportive care and how coping strategies impact on quality of life of people with cancer and their families.</td>
<td>Assess the supportive care needs of patients and their families and be able to refer as appropriate support services.</td>
</tr>
<tr>
<td>Consider the potential emotional stress of caring for people who have cancer.</td>
<td>Recognise the social, financial and emotional consequences of a cancer diagnosis for patients with cancer and family members and respond appropriately making suitable referrals if necessary.</td>
</tr>
<tr>
<td>Consider his/her own attitudes, beliefs and behaviours towards end-of-life care and appraises the clinical value of bereavement theories in palliative and end-of-life care.</td>
<td>Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of their psychosocial and spiritual needs, and those of their family members.</td>
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# Information and Communication in Cancer Care

## LEARNING OUTCOMES:
THE STUDENT WILL BE ABLE TO:

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<th>Activity</th>
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<tbody>
<tr>
<td>Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.</td>
<td>Direct individuals and family members to appropriate services and provide a plan or prescription of information.</td>
</tr>
<tr>
<td>Describe health promotion theories and apply the principles of teaching and learning to patient education.</td>
<td>Assess the on-going and changing needs of the patient and family members for education, evaluating the individuals understanding of advice and information over time.</td>
</tr>
<tr>
<td>Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.</td>
<td>Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer, for example: counselling skills, challenging behaviour and active listening.</td>
</tr>
<tr>
<td>Discuss how advocacy and disclosure in cancer care can benefit and cause conflict between individuals with cancer, families and health care providers.</td>
<td>Recognise the ethical and legal dilemmas as an advocate in providing informed consent and support for patients with cancer.</td>
</tr>
<tr>
<td>Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.</td>
<td>Provide information and advice within the multidisciplinary team to support patient care.</td>
</tr>
<tr>
<td>Differentiate between the different roles information technology can have in improving cancer documentation, remote health management and in providing supportive care.</td>
<td>Engage in electronic documentation and in supporting e-health and telemedicine within cancer care, for example, care planning and documentation systems, survivorship care plan.</td>
</tr>
</tbody>
</table>
# Clinical Leadership and Resource Management of Cancer Nursing

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES:</th>
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<tbody>
<tr>
<td>THE STUDENT WILL BE ABLE TO:</td>
</tr>
<tr>
<td>Consider the importance of legal, ethical and professional issues in relation to the care and management of patients with cancer.</td>
</tr>
<tr>
<td>Analyse and discuss the contribution made by quality standards to the care of cancer patients.</td>
</tr>
<tr>
<td>Articulate the principles of risk assessment and management in relation to the care of cancer patients.</td>
</tr>
<tr>
<td>Reflect on leadership styles and how different models of clinical leadership can impact on management of cancer care.</td>
</tr>
<tr>
<td>Discuss the strategies which might be used to facilitate both his/her own, and others’ learning in clinical practice.</td>
</tr>
<tr>
<td>Discuss the importance of relevant resource management strategies in relation to cancer care.</td>
</tr>
</tbody>
</table>

| PRACTICE-BASED SKILLS AND COMPETENCIES: |
| THE STUDENT WILL BE ABLE TO: |
| Demonstrate the application of legal, ethical and professional principles in his/her practice and seek to act as an effective patient advocate at all times. |
| Provide leadership in the implementation and evaluation of cancer quality standards. |
| Assess risk and implement appropriate risk management strategies in order to promote patient well-being and safety in their practice area. |
| Apply appropriate leadership and management strategies in their practice area and evaluate the impact of these upon others in the cancer care team. |
| Demonstrate evidence of his/her own continuing professional development and actively promote the learning of colleagues and others in the clinical practice area. |
| Demonstrate the ability to plan, allocate, coordinate and evaluate the use of healthcare resources in an appropriate manner when providing care to patients with cancer and their families. |
# Evidence Based and Applied Research in Cancer Care

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES: THE STUDENT WILL BE ABLE TO:</th>
<th>PRACTICE-BASED SKILLS AND COMPETENCIES: THE STUDENT WILL BE ABLE TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate the importance of cancer nursing research to the field of cancer care.</td>
<td>Correctly identify he need for clinical evidence and formulate appropriate clinical questions when working in cancer settings.</td>
</tr>
<tr>
<td>Critically discuss the contribution of information technology to the implementation of evidence based practice in cancer nursing.</td>
<td>Make appropriate use of information technologies when retrieving evidence upon which to base cancer nursing interventions in their practice area.</td>
</tr>
<tr>
<td>Analyse different sources of information and apply as appropriate to practice.</td>
<td>Demonstrate the ability to provide evidence based rationale for the cancer nursing interventions implemented in their clinical area.</td>
</tr>
<tr>
<td>Describe the principles of cancer clinical trials and the contribution which nurses make to the safe conduct of multidisciplinary research.</td>
<td>Demonstrate his/her ability to participate in clinical trials as part of a multi-professional team and support more junior colleagues in this role.</td>
</tr>
<tr>
<td>Discuss ethical principles in relation to the conduct of cancer clinical trials.</td>
<td>Demonstrate appropriate strategies to safeguard the interests and wellbeing of patients including the obtaining of informed consent, maintaining patient confidentiality and dignity, documenting and reporting drug interactions or other adverse events where required.</td>
</tr>
<tr>
<td>Outline the use of health services research in cancer service development and explore the role of clinical audit in practice development.</td>
<td>Use specialist knowledge to contribute to the development of evidence based policies and procedures and practice development for cancer nursing.</td>
</tr>
</tbody>
</table>
The Context of Cancer Nursing

Contact hours: 60 hours  
Study hours with practice: 120 hours  
ECT credit points: 6

MODULE SUMMARY
This module introduces the learner to key concepts which have shaped the development of cancer services at a national and international level. The study content explores how nations as well as individuals are affected by cancer incidence and diagnosis. The cultural basis for cancer attitudes and values will be explored and the relationship between self-beliefs and care practices. Different contexts of cancer provision will be identified and the role of cancer prevention, detection, health promotion and patient education in reducing cancer incidence will be explored and discussed.

LEARNING OUTCOMES
1. Critically review epidemiological and prevalence statistics for cancer within Europe understanding both demographic and cultural differences.
2. Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity.
3. Describe how attitudes, values and beliefs in relation to cancer influence the care that cancer patients and their families receive.
4. Recognise the importance of employing culturally sensitive approaches in the care of people with cancer and their families.
5. Critically review the different policy contexts in which cancer care is delivered.
6. Outline the principles of cancer nursing practice and explain how health care is organised through the cancer journey.

PRACTICE BASED SKILLS AND COMPETENCIES
Is able to:
1. Direct individuals and family members to appropriate information sources about the epidemiology of cancer within Europe.
2. Explain the multifactorial causes of cancer, to cancer patients and members of their family, provide appropriate health and risk advice so that individuals can monitor for early signs of cancer and adopt healthy lifestyle behaviours.
3. Demonstrate knowledge of the wider physical, psychological social and spiritual factors that can affect people treated for cancer.
4. Demonstrate a holistic, tolerant, non-judgmental and caring manner; promote the rights, beliefs, and wishes of individuals and families with cancer.
5. Adjust professional behaviour to respond effectively to population and/or individual needs dependent on the cancer care setting.
6. Communicate the different roles, responsibilities and functions of a cancer nurse and respond effectively to population and individual needs.

CONTENT (in alphabetic order):
- Cancer and public health
- Cancer risk and causation
- Cancer trajectory: prevention, screening for cancer, early detection, pre-diagnosis, management, treatment, post-treatment, follow up, survivorship, chronic illness and end of life care phases
- Epidemiology of cancer within Europe
- Explore the influence of healthcare policy on cancer services (e.g. national cancer plans,
advisory documents and national policy)

- Health belief theories and their role in modifying cancer risk behaviours
- Health promotion and health education
- Legal and ethical requirements for cancer nursing practice within Europe
- Media and public attitudes to cancer
- Policy context in different countries within Europe
- Professional context of cancer nursing and specialist oncology nursing roles
- Social and cultural attitudes to cancer and their influence on policy and individual decision making
- Understanding cancer statistics and registry data (National and International).

TEACHING AND LEARNING METHODS

Lectures, reflective exercises, group work, case studies, seminars, debate and discussion.

ASSESSMENT METHODS

Subject knowledge: Analyse an aspect of cancer policy. Grade: 50%
Practice: Assessment of health risk of an individual. Grade: 50%

BIBLIOGRAPHY AND RESOURCES


Basic Science and Treatment of Cancer

**Contact hours:** 60 hours  
**Study hours with practice:** 120 hours  
**ECT credit points:** 6

**MODULE SUMMARY**  
This module is about the basics of cancer development and the biological processes that contribute to the development of cancer. This knowledge is important not only in understanding how cancer arises but also why and the how cancer treatment is given. New developments in cancer treatment are occurring rapidly and the need to update knowledge and skills in an increasingly technical speciality is important for the nurse.

**LEARNING OUTCOMES**

1. Demonstrate a clear understanding of the aetiology, biology and patho-physiology in the development of cancer.
2. Identify risk factors for cancer and describe approaches for the prevention, screening and early detection of cancer.
3. Describe approaches to the diagnosis and staging of cancer and the nurse’s role in supporting patients through this process.
4. Demonstrate understanding of the principles of cancer therapies and describe the application of multi-modality cancer treatment.
5. Demonstrate comprehensive knowledge of the common acute and late side effects of cancer therapies.
6. Reflect on lay perspectives of health and illness.

**PRACTICE BASED SKILLS AND COMPETENCIES**

Is able to:

1. Explain relevant information about the causes of cancer to patients and their families, assess their understanding of these, and provide information and reassurance where necessary.
2. Participate in health promotion activities and provide appropriate health education to safeguard the health and wellbeing of the public.
3. Demonstrate sensitivity towards patients and families throughout all phases of the cancer journey.
4. Assess the patient and/or family members’ understanding and is able to explain and facilitate patient education and choice in relation to these.
5. Undertake an accurate assessment of treatment side-effects and applies relevant treatment knowledge to the nursing care of treatment side effects.
6. Provide a supportive environment in which patients and family members are encouraged to share their concerns.

**CONTENT (in alphabetic order):**

- Acute and late side effects of cancer treatment
- Biology of cancer: carcinogenesis
- Causality and prevalence of cancer treatment adverse events
- Combined treatment modalities
- Definitions: dysplasia, metaplasia, neoplasia, carcinogenesis (differentiation between
benign/malignant tumours)

- Genomics, genetics
- Introduction to psycho-neuro-immunology (study of the interaction between psychological processes and the nervous and immune systems of the human body)
- Metastases and spread of cancer
- Pathophysiology of cancer (molecular biology of cancer)
- Pharmacology and pharmacokinetics of cancer medications
- Shared decision making
- Site-specific cancers, e.g. lung, colorectal, breast and prostate cancer
- Staging/grading and diagnoses of cancer, tumour markers, biomarkers
- Treatment modalities: surgery, radiotherapy, systemic therapy (e.g. standard chemotherapy, hormone therapy, targeted therapy etc.).

**TEACHING AND LEARNING METHODS**

Lectures, guided reading, clinical treatment centre visits, laboratory visits, case studies, debate and discussion.

**ASSESSMENT METHODS**

Subject knowledge: Analyse an article or write a paper on an aspect of cancer treatment. Grade: 50%

Practice: Provide health promotion or patient education on cancer treatment. Grade: 50 %

**BIBLIOGRAPHY AND RESOURCES**


SYMOMDS,RP , 2001. Recent advances: Radiotherapy BMJ 323 1107-10

Nursing Assessment and Interventions in the Management of People Affected by Cancer

Contact hours: 90 hours
Study hours with practice: 180 hours
ECT credits: 9

MODULE SUMMARY
This module provides the knowledge and skills required to comprehensively assess an individual diagnosed with cancer. The ability to use appropriate tools to assess specific symptom problems or age-related issues is a necessity for modern cancer care. Identifying patients’ needs is essential if the management and intervention is to be appropriate. Nursing interventions have been shown to impact on patient outcomes and their un-meet needs. This module enhances the decision-making and communication module and the practice skills are complementary in the development of assessment.

LEARNING OUTCOMES
1. Demonstrate the principles of holistic assessment in cancer practice.
2. Appraise decision making and how this impacts on cancer nursing assessment using both objective and subjective health problems associated with cancer and its treatment.
3. Demonstrate an understanding of the complex, changing, multiple health needs of cancer patients and their families across the disease trajectory.
4. Critically review the evidence base for nursing management of cancer symptoms and treatment side effects.
5. Demonstrate knowledge about the safe administration of cancer therapies and the nursing interventions necessary to manage an adverse reaction to treatment.

PRACTICE BASED SKILLS AND COMPETENCIES
1. Undertake a comprehensive nursing assessment taking into account relevant physical, social, cultural, psychological and spiritual factors.
2. Monitor the patient’s health status for signs and symptoms of deterioration and take steps to document, intervene or refer appropriately.
3. Understand the importance of and possible difficulties with oral drug management and the possibility of non-adherence in cancer patients.
4. Implement and critically evaluate a range of evidence-based interventions to manage the complex, multiple health needs of cancer patients and their families.
5. Work in partnership with the patient to manage symptoms of cancer and subsequent consequences of cancer treatment.
6. Demonstrate knowledge of health and safety implications for cancer treatments that
impact on patients and other staff members. Safely administers and monitors treatments using the correct medical devices and/or techniques.  

7. Provide personalised care plans based on individual risks, needs and preferences of the patient.

CONTENT (in alphabetic order):
- Assessment of information needs
- Assessment tools for holistic care: including physical, psychological, social and spiritual
- Cancer-related signs and symptoms, treatment-related, disease-related
- Chemotherapy standards, patient safety and safe working conditions
- Communication skills in undertaking a comprehensive assessment
- Consultation styles and documentation of assessment
- Describing and interpreting data from commonly used assessment tools in cancer care (e.g. pain, fatigue, nutrition etc.)
- Differentiating between subjective and objective information
- Frameworks for nursing assessment for example nursing diagnosis
- Importance of symptom documentation and reporting
- Potential environmental and communication barriers
- Radiation safety
- Recognition and management of oncological emergencies
- Symptoms and side effects of cancer treatment modalities.

TEACHING AND LEARNING METHODS
Demonstration, role-play, lectures, case study, observed structured assessment in practice.

ASSESSMENT
Essay: critically evaluate an assessment tool used in cancer practice. Grade: 50%
Practice: Conduct a comprehensive assessment of a patient with cancer. Grade: 50%

BIBLIOGRAPHY AND RESOURCES


GIVEN BA, SPOELSTRA SL & GRANT M, 2011. The challenges of oral agents as antineoplastic treatments. Seminars in Oncology Nursing, 27(2): 93-103


Cancer as a Chronic Illness / Supportive and Palliative Care

**Contact hours**: 90 hours  
**Study hours with practice**: 180 hours  
**ECT credits**: 9

**MODULE SUMMARY**
This module provides the knowledge and skills required to support patients through treatment into survivorship and advanced disease. Cancer is increasingly being managed over many years therefore understanding co-morbidity and long term consequences of cancer and its treatment is essential to managing long term follow up. Advanced cancer also provides challenges for oncology nurses in managing symptoms, transitions in care and palliative care issues.

**LEARNING OUTCOMES**
1. Demonstrate knowledge of the implications of chronic illness and long-term survivorship in those affected by cancer.
2. Understand the potential consequences of long term and late effects of cancer treatment.
3. Describe the principles of rehabilitation, self-management and lifestyle interventions for improving quality of life in those affected by cancer.
4. Understand the importance of long-term medicines management and the dangers of non-adherence in cancer patients.
5. Demonstrate an understanding of the importance of seamless transitions between the acute and home care and from active treatment to survival programs, palliative and end-of-life care.
6. Describe the role of supportive, palliative and end-of-life care, for patients and their family.

**PRACTICE BASED SKILLS AND COMPETENCIES**
Is able to:
1. Appropriately considers co-morbidity, the impact of chronic illness and long-term survivorship on the health status of the patient with cancer and members of his or
her family and implement appropriate referrals to other professionals and agencies in respect of these.

2. Undertake a risk assessment and provides appropriate help and advice in respect to self-monitoring of long term consequences of cancer.

3. Undertake an assessment of the motivation and capacity of the patient and members of his or her family to self-manage their condition and promotes a healthy lifestyle during cancer rehabilitation.

4. Effectively evaluate patient adherence and concordance when taking medication for cancer or other long-term chronic conditions and engages in patient education about the benefits of adherence.

5. Engage in appropriate discharge planning and co-ordinates care between different health and social care providers including voluntary and statutory care agencies.

6. Facilitate appropriate discussions between health and social care professionals, patients and their family members to elicit their preferences with respect to the transition between active, palliative or end-of-life care.

CONTENT (in alphabetic order):
- Carer burden and distress in chronic illness
- Caring for carers
- Co-morbidity and other disease states in cancer care (effects on the individual with cancer)
- Cultural approaches to death and dying
- End of life care
- End-of-life definitions and triggers for assessment
- Evidence-based management of symptoms, pharmacological and non-pharmacological
- Family support and bereavement counselling
- Home and family centred care
- Life transitions and life events theory
- Loss, grief and bereavement, spirituality
- Managing complex and multiple health needs in cancer care
- Patient autonomy, agency and self-management in chronic cancer care
- Pharmacological changes of ageing and their impact on cancer therapy
- Poly-pharmacy, concordance and adherence in chronic and long-term cancer management
- Principles of health promotion and rehabilitation
- Risk assessment of late effects
- Role of different health and social care agencies in supportive cancer care
- Shifting perspectives model of survivorship in cancer
- The biology of dying (recognizing the dying process, biological criteria for defining death at the end of the dying process)
- Theories of chronic cancer disease management.

TEACHING AND LEARNING METHODS:
Lectures, guided reading, case studies, debate and discussion.

ASSESSMENT
Essay: Reflection on a critical incident related to cancer as a chronic illness. Grade: 50%
Observed practice: Developing transfer plan for the cancer patient back to their home after completion of cancer treatment or in moving into palliative stages of illness. Grade: 50%

BIBLIOGRAPHY AND RESOURCES
BREARLEY, S. G., STAMATAKI, Z., ADDINGTON-HALL,


Understanding the Impact of Cancer on the Individual, Families, and Healthcare Professionals

Contact hours: 90 hours
Study hours with practice: 180 hours
ECT credit points: 9

MODULE SUMMARY
This module explores the impact that cancer diagnosis and treatment has on the individual and their family. It is recognised that a cancer diagnosis can cause high levels of psychological and physical morbidity, influencing quality of life, functional ability and employment. The uncertainty of cancer survival, fear of recurrence as well as how patients manage their illness can impact on recovery for both individuals and their families.

LEARNING OUTCOMES
1. Demonstrate an understanding of the potential psychosocial consequences of a cancer diagnosis and its treatment on individuals and their family members.
2. Recognise the differing care needs of patients from disadvantaged or vulnerable groups.
3. Discuss the impact of inheritable, social or lifestyle traits which predispose particular individuals or families to cancer and consider the impact of these on family health and social wellbeing.
4. Describe the theories of supportive care and how coping strategies impact on quality of life of people with cancer and their families.
5. Consider the potential emotional stress of caring for people who have cancer.
6. Consider his/her own attitudes, beliefs and behaviours towards end-of-life care and appraises the clinical value of bereavement theories in palliative and end-of-life care.

PRACTICE BASED SKILLS AND COMPETENCIES
Is able to:
1. Provide advice and support to enable people to manage the impact of diagnosis and treatment on their relationships with those important to them.
2. Use evidence-based strategies to deal with communication issues and refer appropriately.
3. Undertake a family risk assessment and discuss social, heritable or lifestyle factors with at risk individuals whilst alleviating anxiety and providing help and reassurance to the worried well.
4. Assess the supportive care needs of patients and their families and refer patients as appropriate to support services.
5. Recognise the social, financial and emotional consequences of a cancer diagnosis for people with cancer and their family members and responds appropriately making suitable referrals if necessary.
6. Demonstrate tact, reflexivity and sensitivity towards the needs of patients who are dying, and demonstrate awareness of
their psychosocial and spiritual needs, and those of their family members.

CONTENT (in alphabetic order):
- Concepts of supportive care, hope and cure
- Costs of treatment, physical, psychological, social, functional and spiritual
- Experience of carers, children, friends and non-traditional families
- Financial costs
- Impact of cancer across the lifespan: from infancy to old age
- Impact of cancer diagnosis, recurrence and prognosis
- Impact of cancer on ability to communicate, coping, crisis intervention, grief
- Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes
- Impact of heritable traits, cancer families
- Portrayal of cancer in art, media and literature
- Sexuality, gender, altered body image, fertility and relationships
- Societal attitudes to cancer
- Theories of coping behaviours.

TEACHING AND LEARNING METHODS
Lectures, guided reading, case studies, debate and discussion.

ASSESSMENT
Critical analysis of a case study of a patient or family with unmet needs. Grade: 50%
Practice: Observation of practice and care plan. Grade: 50%

BIBLIOGRAPHY AND RESOURCES
ROTEGARD AK, FAGERSOHN MS, RULAND CM. 2012. Cancer patients’ experiences of their personal strengths through illness and recovery. Cancer Nurs;35(1):E8-17
Contact hours: 90 hours
Study hours with practice: 180 hours
ECT credits: 9

MODULE SUMMARY
This module provides the knowledge and skills required to communicate effectively with cancer patients. One of the criticisms in cancer health care across Europe is that communication is poor between health professionals as well as between patients and carers. Good communication can aid decision making and facilitate patient choice self management and independence.

LEARNING OUTCOMES
1. Identify the information requirements of individuals with cancer during their cancer diagnosis, therapy, after care and period of supportive care.
2. Describe health promotion theories and apply the principles of teaching and learning to patient education.
3. Reflect on communication skills and consider theories of good communication in supporting the individual and family affected by cancer.
4. Discuss how advocacy and disclosure in cancer care can benefit and cause conflict between individuals with cancer, families and health care providers.
5. Identify how multidisciplinary team communication can benefit patient care and improve transitions between acute and home care.
6. Differentiate between the different roles information technology can have in improving cancer documentation, remote health management and in providing supportive care.

PRACTICE BASED SKILLS AND COMPETENCIES
Is able to:
1. Direct individuals and family members to appropriate services and provide a plan or prescription of information.
2. Assess the on-going and changing needs of the patient and family members for education, evaluating the individuals understanding of advice and information over time.
3. Demonstrate the use of a range of communication techniques to promote well-being in a person with cancer. For example: counselling skills, challenging behaviour and active listening.
4. Recognise the ethical and legal dilemmas as an advocate in providing informed consent and support for cancer patients.
5. Provide information and advice within the multidisciplinary team to support cancer patient care.
6. Engage in electronic documentation and in supporting e-health and telemedicine within cancer care For example care planning and documentation systems, survivorship care plan.

Information and Communication in Cancer Care
CONTENT (in alphabetic order):

- Advanced communication skills
- Advocacy in health care
- Breaking bad news to cancer patients; factors causing difficulty for healthcare workers
- Care planning and case management
- Decision making in the multi-disciplinary context
- Developing evidence-based patient education materials
- Effective and culturally sensitive communication
- Ethical decision making
- EU data protection
- Evaluation of existing informational resources
- Health promotion
- Information technology tools in support of communication
- Online information and role of internet shaping patient expectations
- Optimising patient and family education
- Patient’s autonomy, integrity
- Professional / team communication
- Survivorship care plans
- Teachable moment (the time at which learning a particular topic or idea becomes possible or easiest)

TEACHING AND LEARNING METHODS

Lectures, critical incident analysis, role-play.

ASSESSMENT

Essay: Reflection on a critical incident related to decision making and information provision. Grade: 50%

Observed practice: communicating with a cancer patient. Grade: 50%

BIBLIOGRAPHY AND RESOURCES


Clinical Leadership and Resource Management of Cancer Nursing

Contact hours: 60 hours  
Study hours with practice: 120 hours  
ECT credits: 6

MODULE SUMMARY
This module will enable the learner to facilitate team management and provide the necessary skills to organise work and practice development within a cancer setting. Multidisciplinary team working is essential in cancer care and developing skills in interpersonal relationships, communication and workforce development are essential for the future

LEARNING OUTCOMES
1. Consider the importance of legal, ethical and professional issues in relation to the care and management of patients with cancer.
2. Analyse and discuss the contribution made by quality standards to the care of patients with cancer.
3. Articulate the principles of risk assessment and management in relation to the care of patients with cancer.
4. Reflect on leadership styles and how different models of clinical leadership can impact on management of cancer care.
5. Discuss the strategies which might be used to facilitate both their own, and others’ learning in clinical practice.
6. Discuss the importance of relevant resource management strategies in relation to cancer care.

PRACTICE BASED SKILLS AND COMPETENCIES
Is able to:
1. Demonstrate the application of legal, ethical and professional principles in their practice and seek to act as an effective cancer patient advocate at all times.
2. Provide leadership in the implementation and evaluation of cancer quality standards.
3. Assess risk and implement appropriate risk management strategies in order to promote patient well-being and safety in their practice area.
4. Apply appropriate leadership and management strategies in their practice area and evaluate the impact of these upon others in the cancer care team.
5. Demonstrate evidence of their own continuing professional development and actively promote the learning of colleagues and others in the clinical practice area.
6. Demonstrate the ability to plan, allocate, coordinate and evaluate the use of healthcare resources in an appropriate manner when providing care to patients with cancer and their families.

CONTENT (in alphabetic order):
- Challenges of clinical leadership – balance between support and challenge
- Clinical audit and standards for practice, quality improvement data
- Definitions of leadership
Delegation and communication

Dimensions for change in practice

Economics (micro-local level/macro-national level)

Managing human resources, lay carers, colleagues, inter-professional relationships

Multi-professional and interagency team working in cancer care

Political and emotional intelligence, self-awareness, social skills, social awareness, self-management

Succession planning and resources management

Theoretical and process management

Working as a multidisciplinary team member.

**TEACHING AND LEARNING METHODS**

Lectures, debates, case studies, reflection

**ASSESSMENT**

Evaluate practice (using tools, audit scoping, risk assessment and safety): planning change and implementation, case management, budgeting and costing. Grade: 50%

**BIBLIOGRAPHY AND RESOURCES**


MERENDA C. 2011, Exploring the role of oncology nurse navigators. ONS Connect ;26(10):8-12


Evidence Based and Applied Research in Cancer Care

Contact hours: 60 hours
Study hours with practice: 120 hours
ECT credits: 6

MODULE SUMMARY
This module aims to develop the skills of the nurse in being able to search, retrieve and critique evidence for cancer practice. These skills require understanding of the research process and the role of the cancer nurse in the development of new therapies and cancer knowledge. One of the difficulties of evidence-based practice is its implementation, and this module explores the barriers to change and dissemination.

LEARNING OUTCOMES
1. Evaluate the importance of cancer nursing research to the field of cancer care.
2. Critically discuss the contribution of information technology to the implementation of evidence based practice in cancer nursing.
3. Analyse different sources of information and apply as appropriate to practice.
4. Describe the principles of cancer clinical trials and the contribution which nurses make to the safe conduct of multidisciplinary research.
5. Discuss ethical principles in relation to the conduct of cancer clinical trials.
6. Outline the use of health services research in cancer service development and explore the role of clinical audit in practice development.

PRACTICE BASED SKILLS AND COMPETENCIES
Is able to:
1. Correctly identify the need for clinical evidence and formulates appropriate clinical questions when working in cancer settings.
2. Make appropriate use of information technologies when retrieving evidence upon which to base cancer nursing interventions in their practice area.
3. Demonstrate the ability to provide evidence based rationale for the cancer nursing interventions implemented in their clinical area.
4. Demonstrate the ability to participate in clinical trials as part of a multi-professional team and support more junior colleagues in this role.
5. Demonstrate appropriate strategies to safeguard the interests and wellbeing of patients including the obtaining of informed consent, maintaining patient confidentiality and dignity, documenting and reporting drug interactions or other adverse events where required.
6. Use specialist knowledge to contribute to the development of evidence based policies and procedures and practice development for cancer nursing.

CONTENT (in alphabetic order):
- Analytical and critical thinking
- Clinical trials Research nurse and multidisciplinary collaboration
Confidentiality and security of data/re-
cords. Identifying relevant clinical research
questions
● Defining and appraising evidence levels
● Documentation structure and standard-
isation
● Ethical issues in research and evidence-
based change
● Evaluation of research and evidence. Barri-
ers to implementing evidence-based prac-
tice, technical knowledge and organisation-
al barriers
● Health care informatics (integrates comput-
er technology, information technology and
medical /healthcare information)
● Health service evaluation and clinical audit
● Identifying a researchable issue from
practice
● Introduction to data analysis
● Introduction to research methodologies
● Research methods/measurement/outcomes
and data collection
● Strategies for Internet and database,
library searches
● Systematic and narrative reviews
● What is evidence-based practice?
● Writing reports, presentation of clinical
research/evidence.

TEACHING AND LEARNING METHODS
Lectures, debates, case studies, reflection

ASSESSMENT
Essay: Identify a research question and pro-
pose how this might be studied. Grade: 50%
Practice: introduction of an area of putting evi-
dence into practice. Grade: 50%

BIBLIOGRAPHY AND RESOURCES
AVEYARD H. 2010 Doing a Literature Review in Health
and Social Care: A Practical Guide. Open University
Press, McGraw Hill Education
BOWLING A. 2009. Research Methods in Health: Investig-
ating Health and Health Services. Open University
Press, McGraw Hill Education
BURNS N AND SUSAN K. GROVE SK. 2010 Under-
standing Nursing Research: Building an Evidence-based
Practice. 3rd edition Saunders
DELIN ERIKSSON A, 2011 Symptom management: let’s
do it evidence based. Eur J Cancer :47:S327-8
GOUGH D, T JAMES, O SANDY (ed) 2012. An Intro-
duction to systematic reviews, Sage publications
POLIT DF AND BECK C 2011. Nursing Research: Gener-
ating and Assessing Evidence for Nursing Practice:
Generating and Assessing Evidence for Nursing Practice
Wolters Kluwer Health/ Lippincott
Cochrane Handbook for systematic reviews of interven-
tions http://www.thecochranelibrary.com/view/0/About-
CochraneSystematicReviews.html accessed 7/1/2013
York centre http://www.york.ac.uk/inst/crd/pdf/System-
atic_Reviews.pdf
Bandolier summary accessed 7/1/2013 http://www.med-
icine.ox.ac.uk/bandolier/painres/download/whatis/
syst-review.pdf
Strategy for Teaching and Learning

The strategy for teaching and learning aims to enable cancer nurses to feel confident in their knowledge and in putting this knowledge into practice. Research into the experience of learning shows that student learning is more complex and fragile than the ‘delivery’ model recognises. Learners bring their own cultural and life experiences as well as those from cancer nursing practice that need to be extended. To this end the EONS teaching and learning strategy draws on four learning contexts:

- The value of user perspectives
- Learning from practice
- Learning agreements
- Appraising practice-based skills and competences.

THE VALUE OF USER PERSPECTIVES

Current health and social care policy within the EU aims to place the users of services at the centre of service planning and delivery. Learners will be encouraged to focus on the impact their practice has on individuals (cancer patients, families) and groups (including carers) or communities from both user and professional perspectives. Such an approach has implications for the type and level of professional knowledge and skills required. The teaching and learning strategy promotes the use of the user perspective as a legitimate lifelong learning context for professional knowledge development.

LEARNING FROM PRACTICE AND WITHIN PRACTICE

Enquiry-based learning is learning which offers an optimal method for developing the learner’s critical analytical skills, communication and decision making skills in a variety of cancer contexts. The initial starting point of enquiry-based learning is a query or problem that the learner wishes to solve. This provides an individual focus to learning, providing experience and feedback to the learner. Reflection, as a teaching and learning strategy, ensures that learners think about what they are going to do before they do it, for example, reflecting on action before they reflect in action. Learners will be encouraged to use a model of reflection to develop skills and demonstrate how learning throughout the programme has influenced their practice. The connections between theory and practice are inherent within the EONS curriculum but require the learner to reflect on practice experience that will then contribute to their cancer nursing assessments.

LEARNING AGREEMENTS

Profiling at the outset of the programme is essential to develop individual learning and work-based plans for developing competencies. A learning agreement is viewed as a professional development tool that demonstrates the student’s development route to achieve his/her intended outcomes.
The learning agreement will include statements about:

1. the student’s learning needs in relation to past experience, and the learning outcomes he/she now seeks to achieve.
2. how the learner will achieve the desired outcomes.
3. the resources the student will need to access and utilise in order to achieve the learning outcomes.
4. the ways in which the learner will monitor and evaluate progress.

**PRACTICE-BASED SKILLS AND COMPETENCIES**

The development of practice competencies is a central part of the curriculum revisions. Providing higher education that meets health-related service needs through appropriate cancer-nursing skills is at the centre of practice and development. The push for accountability in health care has led to a greater emphasis on what the baseline standards of performance are within nursing. Competencies have been defined as a way of setting these standards and defining the speciality of cancer nursing within Europe. Competency in this context is defined as nursing skills for safe and effective professional cancer practice. Assessment of practice-based skills is necessary to evaluate the effective application of knowledge and skills. A suitably qualified cancer nurse should supervise cancer nursing students’ clinical practice. Learners should experience caring for a number of people with a variety cancers, across a range of settings either through secondment, rotations through units or through clinical visits. Supervisors are responsible for guiding students in practice as well as assessing learners’ competence to practise.

**ASSESSMENT**

Learner assessment within courses using the EONS post-basic curriculum in cancer nursing should be based on a selection of methods of assessment reflecting the learning outcomes and competencies of the programme. The assessment tasks should include the wider goal of requiring evidence of critical thinking, logical argument, selection of relevant evidence, systematic problem solving, professional judgement and action, and independent learning. It is crucial that any learning strategy promotes the notion of progressive learning that, at the end point of the programme, produces a practitioner who is able to practise from a sound knowledge base. To be able to achieve this goal, the integration of theory and practice is paramount. Fundamental to this goal is that practice is seen as a source of knowledge development and is valued through assessment and accreditation of practice-based learning. A variety of assessment methods are suggested, including essays, examinations, integrative assignments, projects, case study and research proposals. The Assessment criteria for any course will need to be clearly articulated to students and should be assessed using published criteria and applied consistently.

**QUALITY CONTROL AND EVALUATION**

Internal and external audit is essential for evaluating the quality and level of the programme. Higher education establishments and institutions should have a policy and procedures in place for the assurance of quality and standard of their cancer programme. This includes a formal process of review of modules and programmes with periodic evaluation of student feedback and achievements. Tutors and lecturers should be qualified and competent to teach. Appropriate learning resources and student support should be evaluated for adequa-
Information on student pass and attrition rates should be recorded and be used to inform the management of the modules and programmes. External audit and periodic review should be undertaken. Information on recommended standards for quality assurance within higher education within Europe is available from ENQA.

ECTS AND ACCREDITATION

European Credit Transfer System (ECTS) is student centred and based on the student workload required to achieve the objectives of the module or programme. This is based on student workload, learning outcomes and contact hours. ECTS make study programmes easier to compare and facilitate student mobility and academic recognition. Student workload in ECTS consists of the time required to achieve all planned learning activities such as lectures, seminars as well as independent study and practice components. Credits are allocated to all educational elements including written work and placements. To obtain the ECTS label academic institutions need to apply. All first and second cycle degree programmes are eligible. The criteria for ECTS are individually assessed but 60 ECTS is equivalent to a Higher Education Institutions’ diploma. Accreditation of courses through EONS provides recognition of programme quality against the EONS nursing curriculum in cancer nursing. Further information on accreditation is available on the EONS web site.