EONS Post-basic Curriculum in Cancer Nursing, 2005
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Acknowledgements

The contributions of the participants at the meeting of the national societies in Brussels in September 2004 and May 2005, which resulted in the revision of the curriculum, the accreditation group, and the expert reviewers are acknowledged with gratitude.

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

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The EONS Post-basic Curriculum in Cancer Nursing was initially developed in 1991 with funding from the European Union’s Europe Against Cancer (EAC) programme. It was revised in 1998 through a consensus group conference, and has remained the basis for European Oncology Nursing Society (EONS) accreditation over the past seven years with over 22 accredited courses. The curriculum provides information on the rationale for a post-registration course in cancer nursing, the curriculum philosophy and framework. This information includes entry criteria, comprehensive course content and expected learning outcomes for the programme. Advice on assessment and course evaluation is also provided.

The need for review has arisen for several reasons. First, the expanding developments within cancer care and the widening role of specialist nurse roles, and secondly, the need to respond to a rapidly changing educational structure affecting academic courses in Europe. Cancer practice has also expanded, with new discoveries and therapies making multimodality treatment a reality for the future. This complexity is reflected in the support needs of patients. Nurses play an important role in providing patient information and symptom management, as well as psychological care. Across Europe cancer nurses work in many different capacities. However, there are some fundamental skills and knowledge that are applicable in all settings. The revised core curriculum recognises these fundamental post-basic skills but focuses on the adult with cancer. A separate curriculum for children and adolescents with cancer will be developed in due course. Furthermore, in many countries cancer nurses are required to take leadership roles and develop the evidence base for intervention. The revised curriculum adds new areas to the programme, reflecting the need for wider skills in cancer nursing.

Changes in academic credits reflect the Bologna agreement, a long-awaited harmonisation of educational levels across Europe. This agreement has been about developing a common, two-tier system of bachelors and masters degrees. The aim is to introduce a common European Credit Transfer System (ECTS), allowing learners to combine studies at different European centres to develop their professional qualifications. These changes are due to be in place by 2010. The EONS Post-basic Curriculum in Cancer Nursing is now modular, providing eight modules that can be taken over a single period of 40 weeks. The course incorporates practice as well as theory, with each week comprising 30 hours study. Thus the overall length of the course is 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. Each module provides a self-contained training element with content, assessment of learning outcomes and competencies for practice.

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. Facilitation of the framework is provided in an accompanying document that provides information on how to develop learning outcomes and link them to competencies. In addition, guidance on supervision of practice, training facilities and quality assurance requirements is also provided.
Six million nurses comprise the largest group of healthcare workers in Europe. Their realm of activities is far-reaching, including the promotion of health, prevention of the severity of disease and the provision of direct care in a variety of settings. The valuable contribution made by nurses is increasingly recognised in the Member States of the European Union (EU). With regard to the European Social Charter, Article 11 and Article 13, we see that nurses are able to identify and develop strategies to improve services in the field of health protection, and to ensure that the right to social and medical assistance can be achieved.

Despite this increasing recognition, the further development of nursing continues to be hampered by various problems. The absence of nurses in policy-making bodies, a shortage of qualified nurses, insufficient resources for education and professional development, inadequate work facilities, and an undervaluing of the importance of nursing – all negatively affect the growth potential of the nursing profession in Europe. In addition, nursing in Europe shares the characteristics of other female-dominated occupations, which include low pay, low status, poor working conditions, few prospects for promotion and poor education. The fact that Europe is a geographical area encompassing many cultures, languages and forms of government adds to the difficulty in defining, unifying and perhaps even standardising nursing.

With this background information, the uniqueness of nursing in Europe becomes clearer. In contrast, the scope of cancer – including incidence, morbidity and mortality rates – is comparable to most other areas of the world. Research continues to strive to find a cure for cancer, new treatment modalities are being constantly implemented, and the ageing population presents a number of challenges for the future. Easier access to information has provided patients with more knowledge and hence greater consumer power, and finally, in all cancer settings the cost of providing care is escalating.

It is within this context that the EONS Post-basic Curriculum in Cancer Nursing has been revised, to meet both the specific learning needs of nurses practising in the area of cancer care in Europe and the educational changes in academic credits, reflected in the Bologna agreement. The content of this curriculum builds on the Core Curriculum for a Post-registration Course in Cancer Nursing (second edition) produced by the European Oncology Nursing Society (EONS) in 1999. The curriculum, supported with funding from the EU's Europe Against Cancer programme, was a product of a consensus between experts involved in education and practice throughout Europe. To date, the curriculum has been the most requested and most used piece of educational material produced by EONS. It is estimated that well over 13 countries have utilised the curriculum as the basis for educational development. The fact that the curriculum has found such unprecedented acceptance is no small achievement; the diversity of educational levels, needs and practice environments in Europe makes it extremely difficult to formulate any one standard of education for distribution and use in Europe.

I can state with pride and assurance that EONS has been instrumental in advancing knowledge in cancer nursing through educational initiatives in Europe. For example, an EONS survey has shown that three of the most recent projects – NOEP (Nutrition Oncology Education Programme), TITAN...
(Training Initiative Thrombocytopenia, Anaemia and Neutropenia) and TARGET (a training initiative on targeted therapies) – used a learning needs analysis as a first phase in the development of educational programmes targeted specifically to fill knowledge deficits. Other EONS-generated surveys have shown that nurses desire to improve their practice through education and that educational courses should be practice-oriented with case studies and evidence-based guidelines. This feedback has provided valuable insight for planning continuing education programmes, including the EONS Spring Conventions.

The evaluation of this curriculum is important for EONS which represents around 22,000 nurses across Europe. This partnership approach to education and learning is a key component of EONS activity and facilitates the potential for widespread dissemination of good practice. The issues addressed within the EONS curriculum framework are fundamental both to cancer nursing practice and to EONS, thus addressing the aims of the Society. Over recent years there has been growing recognition of the need for nurses to deliver increasingly complex cancer care; knowledge is necessary to competently provide that care.

On behalf of EONS, I challenge nurses to review existing post-registration courses and to adapt the current framework into a future framework for educational development, to not only improve the quality of care they deliver to patients, but also as a means of contributing to their professional and personal growth through the power of knowledge.

Dr Jan Foubert
President, European Oncology Nursing Society, 2003–2005
THE CONTEXT OF CANCER NURSING

Cancer is an important cause of mortality and morbidity across all age groups. In the European Union (EU) in 1995 it was estimated that there were 1.5 million new cancer cases, 930,000 cancer deaths and just over 4 million people living with a cancer diagnosis.¹ Current changes in the demography of the EU will lead to an increase in the prevalence of cancer in the early part of the twenty-first century, which will result in many more Europeans having to cope with the considerable physical, psychological and social burdens associated with this disease and its treatment.² ³ These changes have profound implications for cancer services in each Member State.

These service changes have occurred because of the greater emphasis on multidisciplinary and multi-professional approaches to care, and the dynamic and complex ways in which cancer is now diagnosed, staged and treated. In addition, patients with cancer and their families have become much more aware of their rights and, as a result, are demanding more involvement in decision making and patient education. This has led to a heightened awareness of the importance of meeting the psychosocial and supportive care needs of patients with cancer and their families. Against this background, cancer nurses have extended and expanded the scope of their practice, moving towards evidence-based practice and the provision of cancer care in diverse practice settings. It is widely acknowledged that cancer nurses require special educational preparation in order to meet the diverse and complex needs of cancer patients and their families throughout their cancer experience.⁴ Currently, courses in cancer nursing are not widely available in the EU. This shortage has led to inequities in care since many cancer patients have little or no access to specially trained cancer nurses. Thus, within each Member State there is a need to develop and expand education programmes which will provide appropriate preparation for nurses in cancer care and help meet the increasing demand for qualified cancer nurses. Indeed, there is evidence that patient care is improved and healthcare delivery costs are reduced when appropriately educated specialist nurses provide care.⁵ ⁶

The purpose of this curriculum is to provide a framework to enable the development of courses that will prepare nurses to care for patients with cancer, and their families, across a range of different health care settings. This framework outlines the minimum standards for a post-registration course in cancer nursing.

EDUCATIONAL PHILOSOPHY

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. They need to be accountable for their practice, be able to recognise the limits of their expertise and be capable of providing care, which is patient, focused and based upon available evidence.⁷ When necessary, they should have the confidence to challenge practices or decisions that may be detrimental to patient outcomes. They should 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.

The philosophy of the teaching and learning within the curriculum framework is to support student
development through lifelong professional learning. Encouraging nurses to continue participating in
the learning process is one way of individualising learning.8 This recognises and develops the learning
as person centred, unique to that individual but within the broad framework of the learning outcomes.9
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.10 This style of learning encourages learner participation and
values the variety of experiences that learners bring to cancer nursing across Europe.11 Learning
focuses on the processes whereby desired outcomes of professional effectiveness are achieved.11
Leading naturally to an enquiry based learning approach. This includes the process through which
practice 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.12 These methods facilitate the appropriate
development of critical analytic skills, and the skills of communication, change management and
decision making.

THE CHANGING CONTEXT OF EUROPEAN EDUCATION AND THE NEED FOR CHANGE

In the first action plan of the Europe Against Cancer (EAC) programme (1987–1989) the European
Commission proposed that “every Member State should recognise the specialist nature of oncology”
and take action relating to the training of health workers in cancer.13, 14 In response to these proposals,
the EU Advisory Committee on Training in Nursing made a number of recommendations for training in
cancer care. A key recommendation was that “common training courses” in cancer nursing be
developed and distributed in the different Member States. In response to this recommendation the
European Oncology Nursing Society (EONS), with financial support from the UK charity Marie Curie
Memorial Foundation, prepared a core curriculum for a post-basic course in cancer nursing.

In 1991, with funding from the EU’s EAC programme, EONS organised a consensus conference with
the purpose of gaining agreement on the content and implementation of this core curriculum. At this
conference, cancer nurse experts, nurse educators, professional nurse advisors, and other interested
persons from European and national statutory agencies unanimously endorsed the core curriculum.

It was revised in 1998 through a consensus group conference and has remained the basis for
accreditation over the past seven years. The core curriculum provides information on the rationale for
a post-registration course in cancer nursing and the curriculum philosophy and framework. This
information includes entry criteria, comprehensive course content and expected learning outcomes for
the programme. Advice on assessment and course evaluation is also provided. This curriculum has
been the basis for accrediting partner institutions with an EONS accreditation over the last four years.
The need for review has arisen because much of the accreditation is by short courses, which reflect some aspects of the core curriculum but not its totality nor the need to respond to the concept of lifelong learning or the ability to build upon existing programmes. Furthermore, there is a rapid restructuring taking place within academic courses in Europe so that they reflect the Bologna agreement in any future accreditation process. This agreement has been concerned with developing a common pre-doctorate, two-tier system of bachelors and masters degrees. The aim is to introduce a common credit transfer system, allowing learners to combine studies at different European centres to develop their qualifications. Most European countries have already developed credit transfer arrangements (except German-speaking Belgium, Luxembourg and Portugal). Portugal operates a credit transfer system that is compatible with the European Credit Transfer System (ECTS) and reflects the content of the programme and transferability. Credit transfer arrangements have been directly introduced in Austria, the Czech Republic, Flanders, Germany, Hungary, Italy, the Netherlands, Norway, Slovakia and Slovenia. They are also in the process of being introduced in France, Poland, French-speaking Belgium and Romania. These changes are due to be in place by 2010. Several countries, including the UK, have experienced difficulties with grafting the European credit model onto existing national credit transfer schemes but are working with this model for future programmes. The total number of credits for a full year is 60. A short course of 20 hours would equate to one ECTS credit point. Many countries within this model adhere to the European Association for Quality Assurance, which provides quality assurance criteria for courses within Europe.

EDUCATIONAL STRUCTURE AND CURRICULUM MODEL

The main educational aims of the EONS curriculum are as follows.

1. Raise awareness of cancer nursing as a speciality within European health care.

2. Provide a practice-based framework for educators and managers to facilitate post-basic cancer nurse training and professional development.

3. Enhance cancer nurses’ knowledge, understanding and practice skills to improve health care management for people with cancer.

4. Empower nurses to offer input into the multidisciplinary cancer team for research, management and practice.

5. 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. Each module provides a self-contained training element with content, assessment of learning outcomes and competencies for practice.

Figure 1: The EONS Curriculum in Cancer Nursing Educational Framework
ENTRY REQUIREMENTS

To gain entry to a course 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 Outcomes and Competencies for Practice

THE CONTEXT OF CANCER NURSING

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Practice competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognise the different contexts in which cancer care is delivered.</td>
<td>Adjust their role to respond effectively to population and individual needs dependent on cancer care setting.</td>
</tr>
<tr>
<td>2. Recognise the importance of employing culturally sensitive approaches in the care of people with cancer and their families.</td>
<td>Practise in a holistic, tolerant, non-judgemental and caring manner, ensuring the rights, beliefs, and wishes of individuals and families are not compromised.</td>
</tr>
<tr>
<td>3. Describe how attitudes, values and beliefs in relation to cancer influence the care that cancer patients and their families receive.</td>
<td>Recognise their own and society's attitudes, values and beliefs to a cancer diagnosis and the impact of cancer on society.</td>
</tr>
<tr>
<td>4. Outline the principles of cancer nursing practice and explain how health care is organised through the cancer journey.</td>
<td>Communicate the different roles and responsibilities and functions of a cancer nurse and be able to respond effectively to population and individual needs.</td>
</tr>
<tr>
<td>5. Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity.</td>
<td>Assess health risk of cancer carcinogens and promote health awareness for cancer signs.</td>
</tr>
</tbody>
</table>
**Learning outcomes**

6. Describe approaches to the prevention and early detection of cancer and be able to make explicit their role in this area.

7. Outline the pathophysiology, epidemiology and aetiology of cancer and the role of the immune system and genetics in cancer formation.

8. Describe approaches to the diagnosis and staging of cancer and the nurse’s role in this area.

9. Explain the principles and application of commonly used treatment modalities.

10. Demonstrate how to administer cancer treatments in a safe and effective manner.

**Practice competencies**

- Educate and support health promotion and encourage the health and well being of those affected with cancer.

- Apply relevant biological knowledge to nursing practice and cancer patient care situations.

- Initiate and interpret a range of information and data sources to facilitate patient choice in relation to a cancer diagnosis.

- Apply relevant treatment knowledge to the nursing care of treatment side effects and toxicities.

- Use a range of nursing skills, medical devices, interventions/activities to provide optimum care related to cancer treatment. For example:
  - safely administer cytotoxic medicines and other therapies
  - practise principles of health and safety, including radiation protection, cytotoxic disposal, infection control and essential emergency procedures
  - promote self-awareness for patients of potential treatment effects.
Learning outcomes and competencies for practice (continued)

**NURSING SKILLS IN ASSESSING PEOPLE WITH CANCER**

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Practice competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Explain the principles of holistic assessment in cancer practice.</td>
<td>Obtain a comprehensive and holistic assessment taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors of cancer illness.</td>
</tr>
<tr>
<td>13. Describe potential communication barriers related to cancer illness or older age.</td>
<td>Elicit patients’ understanding of cancer illness and diagnosis.</td>
</tr>
<tr>
<td>14. Recognise and interpret signs of normal and changing health/ill health, distress or disability in a person with cancer.</td>
<td>Demonstrate sound clinical judgement and reasoning skills in interpreting cancer and health status in a person with cancer.</td>
</tr>
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### DECISION MAKING AND COMMUNICATION

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Practice competencies</th>
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</thead>
<tbody>
<tr>
<td>15. Analyse and interpret cancer patient problems through treatment and illness to advanced disease.</td>
<td>Prioritise health problems and initiate effective emergency care or referral.</td>
</tr>
</tbody>
</table>
| 16. Identify the theories of communication in nursing and cancer care.            | Use a range of communication techniques to promote well-being in a person with cancer. For example:  
|                                                                                  | • counselling skills                                                                  |
|                                                                                  | • challenging behaviour                                                                |
| 17. Discuss the theories of advocacy and disclosure in cancer care.              | Act as an advocate for the person with cancer.                                         |
| 18. Apply the principles of teaching and learning to patient education.          | Assess the ongoing and changing needs of the patient, carers and family for education. |
### IMPACT OF CANCER ON THE INDIVIDUAL AND CARER

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<thead>
<tr>
<th>Learning outcomes</th>
<th>Practice competencies</th>
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</thead>
<tbody>
<tr>
<td>19. Assess the actual and potential impact of cancer and its treatments on patients.</td>
<td>Maintain patient/client dignity, advocacy and confidentiality (using nursing skills, interventions/activities to provide optimum care).</td>
</tr>
<tr>
<td>20. Describe the impact of cancer on families and wider community.</td>
<td>Enable cancer patients and their carers to express concerns and worries and respond appropriately, and recognise anxiety, stress and depression.</td>
</tr>
<tr>
<td>21. Explain the challenges in surviving and living with a cancer diagnosis and the transition between active treatment, survival, palliation and end of life care</td>
<td>Evaluate the impact of living with cancer on the health/illness status of the person and family.</td>
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### Learning outcomes and competencies for practice (continued)

**NURSING INTERVENTIONS IN THE MANAGEMENT OF CANCER**

<table>
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<tr>
<th>Learning outcomes</th>
<th>Practice competencies</th>
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<tbody>
<tr>
<td>23. Implement nursing care in a safe and effective manner throughout the cancer trajectory.</td>
<td>Provide symptom management and supportive care to enhance quality of life for people with cancer.</td>
</tr>
<tr>
<td>24. Examine how previous learning experience can inform and enrich the new knowledge and skills gained for the practice of cancer nursing.</td>
<td>Reflect and critically evaluate his/her own practice.</td>
</tr>
<tr>
<td>25. Review the role of multi-professional agencies in supporting individuals with cancer.</td>
<td>Work effectively as a member of the multidisciplinary team and other agencies, such as carers and volunteers.</td>
</tr>
<tr>
<td>26. Describe the role of supportive care, both physical and psycho-social, in the rehabilitation process.</td>
<td>Utilise support strategies and interventions available for patients with complex needs.</td>
</tr>
<tr>
<td>27. Consider attitudes and beliefs to end of life care and models of bereavement support.</td>
<td>Demonstrate holistic care throughout cancer treatment, palliative care and for those who are dying.</td>
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<tr>
<td>Learning outcomes</td>
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<tr>
<td>28. Appraise the role of leadership in cancer nursing.</td>
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<tr>
<td>29. Explain the principles of risk assessment in cancer care.</td>
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<tr>
<td>30. Analyse the relative merits of quality standards.</td>
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<tr>
<td>31. Consider the legal, political and ethical issues in cancer care and discuss their implications for nursing practice.</td>
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<tr>
<td>32. Discuss the strategies for facilitation of learning in adult learners.</td>
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<tr>
<td>33. Demonstrate management principles and processes and explore their application to clinical practice.</td>
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<table>
<thead>
<tr>
<th>Practice competencies</th>
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<tbody>
<tr>
<td>Work and communicate collaboratively and effectively with all cancer healthcare staff.</td>
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<tr>
<td>Assess risk and actively promote well-being and safety.</td>
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<tr>
<td>Ensure quality standards are met.</td>
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<tr>
<td>Apply ethical and legal principles to the complex issues that arise in care of people with cancer.</td>
</tr>
<tr>
<td>Educate, mentor and facilitate support for junior personnel.</td>
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<tr>
<td>Allocate, co-ordinate, monitor and assess the work of teams and individuals.</td>
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</tbody>
</table>
### Learning outcomes and competencies for practice (continued)

#### INFORMATICS AND APPLIED RESEARCH IN CANCER CARE

<table>
<thead>
<tr>
<th>Learning outcomes</th>
<th>Practice competencies</th>
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</thead>
<tbody>
<tr>
<td>34. Describe the principles of cancer clinical trials and the nurse’s role in good clinical practice in this area.</td>
<td>Demonstrate good clinical practice in supporting patients undergoing clinical trials.</td>
</tr>
<tr>
<td>35. Discuss the contribution of research to cancer nursing and demonstrate research utilisation skills.</td>
<td>Critically question, evaluate, interpret and synthesise a range of information for evidence-based practice.</td>
</tr>
<tr>
<td>36. Demonstrate knowledge of technology and healthcare informatics.</td>
<td>Use information technology search strategies to retrieve information.</td>
</tr>
<tr>
<td>37. Analyse different sources of information and apply as appropriate to practice.</td>
<td>Use evidence and research to implement cancer nursing practice.</td>
</tr>
<tr>
<td>38. Explore ethical issues in relation to data protection and confidentiality and security of data/records.</td>
<td>Accurately report, record and document and refer care, using appropriate technologies.</td>
</tr>
</tbody>
</table>
The Context of Cancer Nursing

Contact hours: 30 hours

Study hours with practice: 60 hours

ECT credit points: 3

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.

LEARNING OUTCOMES

Subject knowledge

• Recognise the different contexts in which cancer care is delivered.
• Recognise the importance of employing culturally sensitive approaches in the care of people with cancer and their families.
• Describe how attitudes, values and beliefs in relation to cancer influence the care that cancer patients and their families receive.
• Outline the principles of cancer nursing practice and explain how health care is organised through the cancer journey.
• Identify common causes, signs and symptoms of cancer and explain how their recognition and early diagnosis influences morbidity.

Practice competencies

• Adjust their role to respond effectively to population and individual needs dependent on cancer care setting.
• Practise in a holistic, tolerant, non-judgemental and caring manner, ensuring the rights, beliefs, and wishes individuals and families are not compromised.
• Recognise their own and society’s attitudes, values and beliefs to a cancer diagnosis and the impact of cancer on society.
• Communicate the different roles and responsibilities and functions of a cancer nurse and be able to respond effectively to population and individual needs.
• Assess health risk of cancer carcinogens and promote health awareness for cancer signs.
The Context of Cancer Nursing (continued)

CONTENT

National and European perspectives on cancer epidemiology
Cancer statistics and registry data (National and International)
Healthcare strategy and policy documents (WHO and national policy for cancer)
Political and historical context of cancer nursing
Role of the cancer nurse
Social and cultural attitudes to cancer and their influence on decision making
Cancer trajectory: Prevention, early detection, pre-diagnosis, treatment, post-treatment, remission, survivorship, and end of life care
Concepts of primary care and primary prevention
Health promotion and health education
Media and public attitudes to cancer
Cancer and public health
Cancer risk
Theories of changing risk behaviour to prevent cancer.

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. Mark: %
Practice: Assessment of health risk of a client. Mark: %

BIBLIOGRAPHY AND RESOURCES


Basic Science and Treatment of Cancer

Contact hours: 90 hours

Study hours with practice: 180 hours

ECT credit points: 9

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

Subject knowledge

• Describe approaches to the prevention and early detection of cancer and be able to make explicit their role in this area.
• Outline the pathophysiology, epidemiology and aetiology of cancer and the role of the immune system and genetics in cancer formation.
• Describe approaches to the diagnosis and staging of cancer and the nurse’s role in this area.
• Explain the principles and application of commonly used treatment modalities.
• Demonstrate how to administer cancer treatments in a safe and effective manner.

Practice competencies

• Educate and support health promotion and encourage the health and well-being of those affected with cancer.
• Apply relevant biological knowledge to nursing practice and cancer patient care situations.
• Initiate and interpret a range of information and data sources to facilitate patient choice in relation to a cancer diagnosis.
• Apply relevant treatment knowledge to the nursing care of treatment side effects and toxicities.
• Use a range of nursing skills, medical devices, interventions/activities to provide optimum care related to cancer treatment.
  For example:
  - safely administer cytotoxic medicines and other therapies
  - practise principles of health and safety, including radiation protection, cytotoxic disposal, infection control and essential emergency procedures
  - promote self-awareness for patients of potential treatment effects.
CONTENT

Biology of cancer: carcinogenesis.
Differentiation between benign/malignant tumours.
Histo-pathophysiology of cancer.
Programmed cell death.
Definitions: dysplasia, metasplasia, neoplasia, carcinogenesis.
Staging/grading and diagnoses of cancer, tumour markers.
Site specific cancers, e.g. lung, colorectal, breast and prostate cancer.
Metastases and spread of cancer.
Introduction to psycho-neuro-immunology.
Biological basis of treatment: surgery, chemotherapy, radiotherapy, hormone therapy, biotherapy and target therapies.
Biological basis for symptoms, e.g. cachexia, anorexia, pain, fatigue, nausea and vomiting.

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

BIBLIOGRAPHY AND RESOURCES

Basic Science and Treatment of Cancer (continued)


Nursing Skills in Assessing People with Cancer

Contact hours: 50 hours

Study hours with practice: 100 hours

ECT credits: 5

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 are a necessity for modern cancer care. Identifying patients’ needs is essential if the management and intervention is to be appropriate. This module enhances the decision-making and communication module and the practice skills are complementary in the development of assessment.

LEARNING OUTCOMES

Subject knowledge

• Explain the principles of holistic assessment in cancer practice.
• Appraise frameworks and tools for assessment of people with cancer.
• Describe potential communication barriers related to cancer illness or older age.
• Recognise and interpret signs of normal and changing health/ill health, distress or disability in a person with cancer.

Practice competencies

• Obtain a comprehensive and holistic assessment taking into account relevant physical, social, cultural, psychological, spiritual and environmental factors of cancer illness.
• Demonstrate systematic assessment (using appropriate tools) of the person and family with cancer.
• Elicit patients’ understanding of cancer illness and diagnosis.
• Demonstrate sound clinical judgement and reasoning skills in interpreting cancer and health status in a person with cancer.
CONTENT

How to describe and interpret data from commonly used cancer assessment tools (e.g. pain, fatigue and nutrition tools).
Critical analysis of assessment tools for holistic care: including physical, psychological, social and spiritual.
Symptoms and side effects of cancer treatment modalities.
Communication skills in undertaking a comprehensive assessment.
Potential environmental and communication barriers.
Assessment of information needs.
The structured process of assessment.
Differentiating between subjective and objective information.
Frameworks for assessment.
Documentation of assessment.

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. Mark: %
Practice: Conduct a comprehensive assessment. Mark: %

BIBLIOGRAPHY AND RESOURCES


Decision Making and Communication

Contact hours: 40 hours

Study hours with practice: 80 hours

ECT credits: 4

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\(^{19}\). Good communication can aid decision making and facilitate patient choice and independence.

LEARNING OUTCOMES

Subject knowledge

• Analyse and interpret cancer patient problems through treatment and illness to advanced disease.
• Identify the theories of communication in nursing and cancer care.
• Discuss the theories of advocacy and disclosure in cancer care.
• Apply the principles of teaching and learning to patient education.

Practice competencies

• Prioritise health problems and initiate effective emergency care or referral.
• Use a range of communication techniques to promote well-being in a person with cancer for example:
  - counselling skills
  - challenging behaviour.
• Act as an advocate for the person with cancer.
• Assess the ongoing and changing needs for education of the patient, carers and family.
CONTENT

Introduction to communication.
Factors that make breaking bad news to cancer patients difficult for healthcare workers.
Needs of patients.
Needs of nurses.
Improvement of communication skills.
Effective and culturally sensitive communication.
Information technology tools in support of communication.
Developing evidence-based patient education materials.
Evaluation of existing informational resources.
Optimising patient and family education.
Decision making, patient’s autonomy, integrity.
Decision making in the multidisciplinary context.
Ethical decision making.
Goals of treatment, support.
Responsibilities and duties of team members.
Perspective of age culture, socio-economic and socio-demographic perspectives in decision making.
Advocacy in health care.
Teaching and learning methods.
Lectures, role-play, discussion groups.

ASSESSMENT

Essay: Reflection on a critical incident related to decision making. Mark: 50%

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

BIBLIOGRAPHY AND RESOURCES


Decision Making and Communication (continued)


Nursing Interventions in the Management of Cancer

Contact hours: 110 hours

Study hours with practice: 420 hours

ECT credits: 21

MODULE SUMMARY

This module provides the knowledge and skills required to effectively manage symptoms as a result of cancer as a disease or as a result of cancer treatment. Cancer treatment is increasingly multimodal with symptom clusters and chronic problems. The individual with cancer has many issues to face and the provision of appropriate and timely symptom management is essential in ensuring a high level of quality of life. Nurses play a major role in the delivery of symptom management and supportive care, and in the early recognition and referral of problems as a result of the management of cancer.

LEARNING OUTCOMES

Subject knowledge

• Implement nursing care in a safe and effective manner throughout the cancer trajectory.
• Examine how previous learning experience can inform and enrich the new knowledge and skills gained for the practice of cancer nursing.
• Review the role of multi-professional agencies in supporting individuals with cancer.
• Describe the role of supportive care, both physical and psycho-social in the rehabilitation process.
• Consider attitudes and beliefs to end of life care and models of bereavement support.

Practice competencies

• Formulate and document an action plan based on research evidence or standards of care.
• Provide symptom management and supportive care to enhance quality of life for people with cancer.
• Reflect and critically evaluate his/her own practice.
• Work effectively as a member of the multidisciplinary team and other agencies, such as carers and volunteers.
• Utilise support strategies and interventions available for patients with complex needs.
• Demonstrate holistic care throughout cancer treatment, palliative care and for those who are dying.
Nursing Interventions in the Management of Cancer (continued)

CONTENT

Cancer-related signs and symptoms, treatment-related, disease-related and recurrence-related oncological emergencies.
Side effects of surgery, radiotherapy, biotherapy and chemotherapy, hormone therapy.
Common treatment-related toxicities.
Prevention, potential problems.
Signs and symptoms, e.g. nausea and vomiting, fatigue, neutropenia.
Importance of symptom documentation and reporting.
Evidence-based management of symptoms, pharmacological and non-pharmacological.
Co-morbidities and their effects on cancer treatment.
Pharmacological changes of ageing and their impact on cancer therapy.
Palliative symptom management.
Quality circles: plan, act, check, manage and evaluate.
Complementary and alternative therapies and their role in cancer care.

TEACHING AND LEARNING METHODS

Lectures, case study, discussion groups.

ASSESSMENT

Multiple-choice questionnaires. Mark: %

Observed practice: Management of a common cancer symptom. Mark: %

BIBLIOGRAPHY AND RESOURCES


Impact of Cancer on the Individual and Carer

Contact hours: 120 hours

Study hours with practice: 240 hours

ECT credit points: 12

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. The uncertainty of cancer survival, as well as issues of survivorship (such as chronic illness management and long term side effects), can be very debilitating for individuals and influence quality of life.

LEARNING OUTCOMES

Subject knowledge

• Assess the actual and potential impact of cancer and its treatments on patients.
• Describe the impact of cancer on families and wider community.
• Explain the challenges in surviving and living with a cancer diagnosis and the transition between active treatment, survival, palliation and end of life care.

Practice competencies

• Maintain patient/client dignity, advocacy and confidentiality (using nursing skills, interventions/activities to provide optimum care).
• Enable cancer patients and their carers to express concerns and worries and respond appropriately, and recognise anxiety, stress and depression.
• Evaluate the impact of living with cancer on the health/illness status of the person and family.
Impact of Cancer on the Individual and Carer (continued)

**CONTENT**

- Portrayal of cancer in art, media and literature.
- Impact of inheritable traits, cancer families.
- Costs of treatment, physical, psychological, social, functional and spiritual.
- Impact of cancer diagnosis, recurrence and prognosis.
- Impact of cancer on ability to communicate, coping, crisis intervention, grief.
- Concepts of supportive care, hope and cure.
- Theories of coping behaviours.
- Experience of carers, children, friends and non-traditional families.
- End of life care.
- Loss and bereavement.
- Spirituality.
- Cancer survivorship.
- Sexuality, gender, altered body image, fertility and relationships.
- Impact of cancer on disadvantaged groups, e.g. the elderly, immigrants, mentally ill, those with learning disabilities and those on low incomes.
- Quality of life.
- Financial costs of cancer.
- User involvement and patient support groups.

**TEACHING AND LEARNING METHODS**

- Lectures, guided reading, case studies, debate and discussion.

**ASSESSMENT**

- Case study. Mark: %
- Practice: Observation of practice. Mark: %

**REFERENCES AND RESOURCES**


Impact of Cancer on the Individual and Carer (continued)


Clinical Leadership and Managing Nursing Resources

Contact hours: 30 hours

Study hours with practice: 60 hours

ECT credits: 3

MODULE SUMMARY

This module will enable the learner to facilitate team management and provide the necessary skills to organise work 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

Subject knowledge

• Appraise the role of leadership in cancer nursing.
• Explain the principles of risk assessment in cancer care.
• Analyse the relative merits of quality standards.
• Consider the legal, political and ethical issues in cancer care and discuss their implications for nursing practice.
• Discuss the strategies for facilitation of learning in adult learners.
• Demonstrate management principles and processes and explore their application to clinical practice.

Practice competencies

• Work and communicate collaboratively and effectively with all cancer healthcare staff.
• Assess risk and actively promote well-being and safety.
• Ensure quality standards are met.
• Apply ethical and legal principles to the complex issues that arise in care of people with cancer.
• Educate, mentor and facilitate support for junior personnel.
• Allocate, co-ordinate, monitor and assess the work of teams and individuals.
Clinical Leadership and Managing Nursing Resources (continued)

CONTENT

Definitions of leadership.
Political and emotional intelligence, self-awareness, social skills, social awareness, self-management.
Theoretical and process management.
Clinical audit and standards for practice, quality improvement data.
Economics (micro-local level/macro-national level).
Dimensions for change in practice.
Managing human resources, lay carers, colleagues, inter-professional relationships.
Delegation and communication.
Working as a multidisciplinary team member.
Risk assessment and safety.
Challenges of clinical leadership – balance between support and challenge.
Succession planning and resources management.

TEACHING AND LEARNING METHODS

Lectures, critical incident analysis, role-play.

ASSESSMENT

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

REFERENCES AND RESOURCES


Informatics and Applied Research in Cancer Care

Contact hours: 30 hours

Study hours with practice: 60 hours

ECT credits: 3

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

Subject knowledge

• Describe the principles of cancer clinical trials and the nurse’s role in good clinical practice in this area.
• Discuss the contribution of research to cancer nursing and demonstrate research utilisation skills.
• Demonstrate knowledge of technology and healthcare informatics.
• Analyse different sources of information and apply as appropriate to practice.
• Explore ethical issues in relation to data protection and confidentiality and security of data/records.

Practice competencies

• Demonstrate good clinical practice in supporting patients undergoing clinical trials.
• Critically question, evaluate, interpret and synthesise a range of information for evidence-based practice.
• Use information technology search strategies to retrieve information.
• Use evidence and research to implement cancer nursing practice.
• Accurately report, record and document and refer care, using appropriate technologies.
CONTENT

Introduction to research methodologies
Research methods/measurement/outcomes and data collection
Introduction to data analysis
What is evidence-based practice?
Evaluation of research and evidence
Barriers to implementing evidence-based practice, technical knowledge and organisational barriers
Ethical issues in research and evidence-based change
Clinical trials
Research nurse and multidisciplinary collaboration
Documentation structure and standardisation
Confidentiality and security of data/records
Identifying relevant clinical research questions
Strategies for Internet and database, library searches
Defining and appraising evidence levels
Analytical and critical thinking
Writing reports, presentation of clinical research/evidence

TEACHING AND LEARNING METHODS

Lectures, debates, case studies, reflection

ASSESSMENT

Essay: Identify a research question and propose how this might be studied. Mark: ?%
Practice: introduction of an area of evidence into practice. Mark…?%

REFERENCES AND RESOURCES


Informatics and Applied Research in Cancer Care (continued)


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.

1. Valuing user perspectives.
2. Learning from practice.
3. Learning agreements.
4. Appraising practice-based skills and competences.

VALUING 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.19

LEARNING FROM 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.20 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.12 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 their intended outcomes.

The learning agreement will include statements about:

- the student’s learning needs in relation to past experience, and the learning outcomes they now seek to achieve
- how the learner will achieve the desired outcomes
- the resources the student will need to access and utilise in order to achieve the learning outcomes
- 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 of 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 adequacy. 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 are available from ENQA.¹⁸

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.¹⁷ Accreditation of courses through EONS provides recognition of programme quality against the EONS post-basic nursing curriculum in cancer nursing. Further information on accreditation is available on the EONS web site.
References


References (continued)


