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A whole new world of studying: interprofessional, international and web-based
I have often heard it said by people who really should know better that, ‘nurses are not as well educated as they might be’. This shows an alarming lack of understanding about the continuing nature of professional education and ignores the wealth of knowledge that they acquire as a result of their prolonged clinical exposure to their patients. It also ignores the fact that nurses are frequently studying at graduate, post-graduate and increasingly, doctoral levels in order to improve their knowledge and skills. I am often reminded of Carr’s words that ‘nursing has always been a profession where those who would never nurse for a living feel able to offer an informed opinion about nursing and its education’, and I am not surprised that uninformed comments about nurses’ educational achievements continue to exist outside the profession.

It is true that initial nurse education programmes are often below graduate level in many European countries, but this is only one factor in the equation. Much of what students now learn during their training is already out of date by the time they qualify as a result of advances in medical, technological and nursing knowledge which are estimated to double every two years. The need for nurses to become ‘lifelong learners’ is much more important than the level of their initial academic qualification, especially in cancer care, which is one of the most rapidly developing fields within biomedical science. This is spelled out by Sian Maslin Prothero whose article argues that it is not so much the ‘where’, ‘how’, or at ‘what level’ the nurse builds upon his or her initial training which is important, but the fact that they are engaged in a deliberate and ongoing lifelong learning process in order to meet clearly identified professional development needs throughout their career.

Edith Vollmann shows how EONS curricula have been aligned with local regulations governing nurse education to develop cancer nursing education in Austria, and Nurgun Platin’s retrospective account of cancer nursing education in Turkey explains the central role played by national cancer nursing societies in such developments. This is further illustrated by Birgitte Grube’s description of cancer nursing education in Denmark, whilst Nynke de Jong and Danielle Verstegen describe how internet technologies can overcome the constraints of time and space to facilitate international education programmes from the comfort of students’ own homes. The potential of the internet to deliver lifelong learning is also considered by Maria Cable, who discusses the development of an online course developed to help those caring for teenage cancer patients in the UK. These developments, and other changes in professional education also have repercussions for nurse educators, so I am grateful to Leena Salminen for sharing her thoughts about the competencies now required by nurse educators across Europe. This special issue should demonstrate to remaining ‘uninformed’ commentators that cancer nurses use a wide range of strategies to enhance their knowledge for practice, and the fact that they do so in the face of political indifference, economic adversity and a distinct lack of understanding about the role they play in cancer patient care is indeed, a cause for celebration.

Stephen O’Connor is Assistant Professor of Nursing Science at Maastricht University in the Netherlands, and is a member of the EONS education and accreditation committee.
A Message from the Board

Firstly the Board would like to thank the candidates who were nominated for the role of President-Elect. They were a magnificent selection of very well-qualified nominees. We thank them unreservedly for offering their skills, experience and time to EONS. The Board would also like to thank both the society and individual members who engaged so enthusiastically in the process. This time we had the highest number of votes received for any election. The exciting result was that Birgitte Grube gained the highest number of votes. She will be formally approved to her new role of President-Elect during the GM in The Hague. Other important news is that the Board has now reviewed the EONS strategy. This updating process takes place every two years and ensures the organization and services are aligned with the changing environment in which nurses work.

For the first time, the work included the development of a vision statement and core organizational values. The new documents can be found on the EONS website at: www.cancernurse.eu/about_eons/mission.html. A review of all existing activities was also undertaken. It was obvious that a huge number of activities are ongoing, and that the EONS legal, financial and other key instruments are due for a major overhaul. This is very time-consuming work and will mean that there will be a limit on new projects. That said, as a member we still encourage you to contact EONS with any new suggestions or comments. To assist, the Board can now be contacted using the new web tool: www.cancernurse.eu/about_eons/contact_eons.html. We look forward to hearing from you!

Ulrika Östlund, EONS Board Secretary

Make no bones about it

Blue, silver and white were the official colours selected to run for two days at the Skeletal Care Academy conference which began on 12th March in Paris and presented a piloted education programme supporting bone health in oncology. The opening plenary attended by 300 participants, including physicians, patient’s advocates and 76 nurses coming from 13 different countries, began with a “Bone-jour.” Participants from all three groups, presented their thoughts and facts about bone health and bone disease.

Individual workstreams concentrated on the needs of the respective groups while medical and nursing sessions were full of interactivity, making good use of a multi-purpose key pad which also included evaluations, contact possibilities, a “GPS” system for finding your way around the conference as well as finding a person via radar.

Nursing sessions covered a variety of topics dealing with metastatic bone disease and bone health. The Friday session focused on the assessment of patients for bone loss due to hormone ablation therapy and for bone metastases while, on Saturday, it focused on the interventions. Clinical assessment case scenarios and role play completed the theoretical aspects.

The patient advocacy session, dealing with breast cancer, prostate cancer and multiple myeloma, discussed the relevant educational needs of patients and developed a detailed action plan.

The global feedback was constructive and post-event, 94% of nurses said they would able to run a SCA meeting in their own country. At the good-bye plenary, the mood was not stiff as bones, not fragile as bones but definitely a positive skeletal frame for further and much needed work in this area.

Françoise Charnay-Sonnek and Anita Margulies
EONS accreditation:
a mark of professional recognition

As part of its commitment to advance nurse education and training in oncology, EONS has continued to develop a system of registration and academic review involving a pan-European method for the recognition of education and training programmes, and activities from across Europe and beyond. Established some years ago, this accreditation system is administered through an international panel of nurses from across Europe, each with a specific expertise. It enables individuals to gain international recognition for the courses they provide, and as more and more employers and countries begin to demand proof of ongoing education and training, this is one way that this requirement can be met.

To facilitate the process, it is not essential to submit in English. Indeed the main European languages can be used, and individuals can use the one which suits them best.

To keep the cost down, the system is run by post and e-mail. Individuals use standard forms, easily obtained or downloaded, using guidelines which explain what information is needed. Once submitted, applicants are given a timescale and then contacted with the decision of the panel. There is a charge for this service to cover the cost which is kept to a minimum.

Those planning conferences are also encouraged to apply. Although a minimum number of hours of activity is required for recognition, this is not usually a problem, and the possibility of international accreditation can help attract participants.

More information can be found at www.cancernurse.eu/education/about_accreditation.html and queries can be made directly to the EONS secretariat.

Joy Notter

Facilitating Cancer Education and Training

One of the Society’s most important educational activities is the accreditation of continuing education courses. This year’s accreditation has been updated in line with the EU Bologna agreement focusing on competencies and quality mechanisms. Part of the role of the accreditation team is to help those developing education, providing feedback and advice for educational development. To help those completing the forms, a user guide – FaCET: Facilitating Cancer Education and Training – has been developed to provide information and resources for developing cancer educational courses. This document can be accessed at www.cancernurse.eu/documents/FaCEThepguide.pdf. Accreditation forms have been developed for:

- Educational programmes of study: defined as no less than 40 hours of educational study. This may be made up of several smaller modules or delivered as an integrated programme of academic study
- Educational event: defined as the provision of a scientific meeting, conference, course, workshop or satellite symposium of no more than 40 hours educational study
- Educational resource for patients: defined as health promotion or education materials aimed at either cancer prevention or supportive and palliative care
- Distance learning educational programmes: defined as education provided remotely using published materials including print, Web or CD-Rom resources

Sara Faithful

EONS member delivers prestigious Robert Tiffany Memorial Lecture at the 16th ICCN Conference

EONS/UKONS member Isabel White (UK) had the honour of presenting the Robert Tiffany Memorial Lecture at the 16th International Conference on Cancer Nursing (ICCN) in Atlanta, USA from the 7th-11th March 2010. The lecture provided delegates with an inspiring account of Isabel’s work in the emerging field of oncosexology which addresses the psychosexual concerns of those living with and beyond cancer. Those at risk of sexual impairment include people with less obvious conditions such as head and neck, lung, anal and rectal cancers in addition to those with breast, gynaecological or genitourinary tract tumours. Isabel described the work of nurses and others involved in oncosexology as confronting social taboos to make visible the invisible and often ignored psychosexual concerns of those affected by cancer and its treatment. She reminded delegates that rather than returning to normal after therapy, many cancer survivors are confronted with a ‘new normality’ which often includes unacceptably high levels of psychosexual morbidity. This has the capacity to damage survivors’ emotional, social and sexual relationships and extends far beyond the often reported issue of erectile dysfunction. Isabel concluded the lecture by saying that if nurses were really serious about addressing the needs of those living with and beyond cancer, the assessment of patients’ psychosexual functioning and support needs should play a part in every patient assessment and appropriate referrals for professional help made where indicated.

Stephen O’Connor
Birgitte Grube:
A Campaigner in the Wings

She is to be the new EONS President-Elect. Here she talks to Jim Boumelha about the journey that took her from her hometown of Roskilde, Denmark where she first embraced cancer nursing into the heart of Europe.

Birgitte is proud of what she has accomplished. She has been a nurse for 23 years, first on cancer wards and then in haematology, caring for patients who receive bone marrow transplants. Twelve years ago, she caught the teaching bug and decided to dedicate her working life to help cancer nurses upgrade their education, more recently in radiotherapy. She now teaches at Metropol University College in Copenhagen.

When Birgitte graduated she was only 22 and she remembers clearly early feeling of angst. “I thought I was too young to help these cancer patients. I had my life ahead of me and there were other life experiences, so I went off for two years to do a project with a medical company.”

But she returned to nursing and threw herself into her new vocation and never looked back. “When you feel attracted to nursing you think it’s the only place for you. Even if you try something else, you miss it and you go back to it,” she explains. What she enjoyed most was “the special feeling” of being with people. “You meet people at the most trying time in their lives and you have to have this empathy. It sounds simple but it is not – I think some people have it and some don’t. It needs engagement, courage, integrity and the skills to communicate. At a higher level you need to have specialised education to give the cancer patient the care they need.” she added.

LONG AND RICH EXPERIENCE
The death of her father from cancer when she was aged four left an indelible mark on her. “That’s why you feel you have to do something for other people because you have received something yourself, so you feel an obligation. I knew very soon in my life that’s what I wanted – to be a nurse.

Birgitte soon got sucked into tasks beyond her day-to-day work. Realising the importance of acting collectively, she joined the Danish Cancer Nursing Society where her commitment to map out a better future for her colleagues led her to spend seven years on its board, six of them as president. The experience taught her that nurses will only be interested in a society if it can show it has relevance to their daily lives. “If you have a product or something you can bring to their working
life, everyday people notice. I don’t think they think about EONS if they don’t have something from EONS” she notes. And when EONS came to her, she noticed it. She noticed when the TITAN course and the Talk It projects were made available in Denmark and she remembers how excited she was when as a non-native English speaker, she had to stand up at conference and speak out. This is how she discovered what EONS was all about.

LEARNING TO SPEAK OUT
And now she is prepared to contribute and use the many ropes that she learned while leading her own society. Her strongest learning curve has been her fight in Denmark to establish accredited cancer nursing specialist education. She recalls the tough battles “Five years ago I started political campaigning for a specialised cancer nursing education. At the beginning, the politicians thought we should not have it because Danish hospitals were short-staffed and we should not waste time sitting on school benches. I am very pleased that we have won.” She was part of a determined movement which campaigned relentlessly with protests, lobbies, media events to convince the politicians. Sometimes there would be a single nurse sitting at a table with 10 to 12 doctors and the nurse had to learn to speak out. Now they sit in proper working groups under the Danish National Board of Health which is no mean feat. This campaign was a formative experience for Birgitte and she is keen to share with her European colleagues the lessons of rank-and-file activism.

Although not to be branded as a missionary, Brigitte is a visionary who will throw herself into the new role with plenty of enthusiasm tempered with a genuine humility. “I am motivated and I want to do things but I know that it’ll be difficult. I am not on a mission to save the world but if I can only change something in one or two countries thanks to help from EONS, I will be happy.”

She is fully aware of all the fractures within the profession, between old Europe and new member states, and wants above all to learn from others. “I think sometimes we behave like the big sister telling the little sister how to do things – we have to be like equals.” she remarks.

TWINNING SCHEMES
Birgitte has no rabbits in her hat but she does have a few solid ideas. “As a way to advance our obligation to the new countries, I thought about twinning countries – an old country and a new country could get together, maybe they could present a session at a conference. And it should not be the old country saying ’Now I will teach you things, you listen and we tell you’. It should be an equal arrangement.” She adds however that equal participation is still hampered by a language barrier and ways must be found to enable colleagues to contribute in EONS in the best way they can, including in their own language. For many new entrants this is the biggest struggle.
Advance and be recognised

Founder and President of the Portuguese Oncology Nursing Society, Manuel Jorge Almeida Freitas has a wealth of experience educating nurses, including the coordination of two major European educational projects. Sara Faithfull asks him about the nuts and bolts of training nurses in oncology.

**SF:** How do cancer nurses in your country undertake training?

**MJF:** Nurses who work directly with cancer patients are not required to have specific training in oncology. Those seeking to develop skills in this area can undertake training but there is no correspondence between training providers and the specific training needs of the hospital.

**SF:** Are cancer nurses recognised for their specialist skills?

**MJF:** Nurses trained in oncology are recognised in schools and universities but not in clinical settings. Usually nurses seek training to acquire new knowledge and skills but hospital services do not consider these as a benefit to the service. Right now, nurses with graduate and master's degrees in oncology perform the same functions as those without qualifications. The Order of Nurses is currently trying to certify the qualifications of nurses, assess competency, practice and training.

**SF:** Who pays for such education and training and is it supported by academic qualifications?

**MJF:** The nurses themselves have to bear the cost. They have to take on the training outside their normal working hours as they do not have permission from their hospital for this activity. In the end it is the public, private schools and hospitals which benefits.

**SF:** You have recently developed a post-graduate MSc course in cancer education. Do you see this as an important step in developing specialist cancer nursing roles?

**MJF:** Several post-graduate and Master's degrees in oncology nursing exist, promoted by various universities; they offer curricula increasingly adapted to the new reality of oncology. Nurses who receive this education are the best professionals with the right skills and can be of great advantage to the services. If the institutions can use them to better organise their services, the nurses will be recognised and patients subsequently get better care. In some institutions this reality already exists.

**SF:** Has nurse education been affected in Portugal by the Bologna process that has tried to unify educational levels across Europe?

**MJF:** With the Bologna process it has brought about greater standardisation of training for nurses in Europe, Portugal will also gain. Our nurses will not only advance and be recognised in their own country but also will be able to work in other countries. This will help reduce unemployment as Portugal has more nurses than the hospital needs.

**SF:** Some people say that nurses are not as well prepared for clinical roles as they were in the past. Do you feel that this is true?

**MJF:** I disagree. I think that nurses are better prepared for clinical duties than before. The problem is that our medicine is managed and directed by physicians who are not willing to let nurses make better use of their knowledge. Although nurses do consultations, this is not assumed to have an important hospital activity. I am sure that, when we will work more often in multidisciplinary teams, their role will be more defined and finally recognised by patients and institutions.

**SF:** How would you like to see cancer nursing develop within Portugal?

**MJF:** I would like to see oncology nursing become a recognised specialty and that post-graduate and Masters degrees used as a guide for nurses to develop specific roles within oncology. For this to happen, oncology services must employ professionals with the appropriate skills and training. Portuguese oncology nursing can only evolve when qualified professionals are placed in specific locations where they can impact on clinical practice based on their expertise.
Webcourse! Breast Cancer
This faculty-led, interactive webcourse provides evidence-based information on need-to-know topics, including diagnosis and treatment of breast cancer and the psychosocial and genetic aspects of caring for patients with the disease.

Contact hours: 20 • Cost: ONS members--$99 • Nonmembers--$139

New Webcourse! Gastrointestinal Cancers
This online course provides clinical information to help oncology nurses understand the complexities of screening, prevention, diagnosis, treatment, and symptom management of various types of GI cancers.

Supported by an educational grant from Genentech and sanofi-aventis.

Contact hours: 20 • Cost: ONS members--$99 • Nonmembers--$139

Webcourse! Head and Neck Cancer
Learn more about understanding and treating patients with head and neck cancer. Each course module builds upon the previous one to give an in-depth understanding of the care of patients with this challenging disease.

Supported by an educational grant from Genentech and sanofi-aventis.

Contact hours: 20 • Cost: ONS members--$99 • Nonmembers--$139

Webcourse! Lung Cancer
This site-specific course provides detailed information to help nurses understand the current management of lung cancer. It addresses cancer control issues, patient assessment, management of NSCLC and SCLC, and much more.

The program is supported through an educational grant from AstraZeneca.

Contact hours: 14.2 • Cost: ONS members--$99 • Nonmembers--$139

For the latest information, visit us online at www.ons.org/CNEcentral or contact the Oncology Nursing Society at +1-412-859-6100.
As cancer care becomes more diverse, we need to redefine the skills and education of cancer professionals and find effective ways to promote lifelong learning with vocational courses. Our ability to demonstrate that continuing education is important to patient outcome will be key.
A question for any organisation that produces educational materials is: do their products make a difference to practice? This difference is not only just in terms of those undertaking the learning but also in the healthcare that they provide. Professional societies make an important contribution in leading and developing specialist nursing within Europe, but they have little research evidence of how these educational initiatives impact on patient care. Such leadership informs European health policy, as well as enhances workforce standards and develops consensus. But does this filter down to changing the skills of the nursing workforce? Does education improve not only care, but enhance outcomes?

**IMPROVING KNOWLEDGE OF CANCER**

Education is clearly an important tool in the development of cancer prevention and treatment within Europe. Awareness of cancer and its treatment and the impact it has on individuals and families has been shown to reduce negative perceptions and fatalistic attitudes. Cancer care is becoming more diverse with the ever-changing and increasing complexity of cancer treatment and delivery, which is demanding wider skills and innovative practice. Individuals with cancer are increasingly being cared for in community and ambulatory settings, as well as in more traditional cancer centres.¹

This has created the need to widen cancer knowledge to nurses working in generalist specialities, such as care of older people and public health,² as well as increasing specialist oncology nurse roles. EU directives have provided political pressure to ensure the effectiveness and efficacy of cancer care, raising the profile by identifying the need to improve knowledge of oncology within the Member States.³ The Commission identified the vital roles of the different professions in the provision of cancer therapy, rehabilitation and terminal care.⁴ Like many policy initiatives, there is no detail of how this is to be achieved, in particular when cuts in the workforce are looming.

**THE CHANGING EU HEALTHCARE WORKFORCE**

In redefining the future skills and education needed by the cancer workforce we need to consider the possible changes that will occur in the wider healthcare workforce. The recent EU scoping green paper, on workforce for health, identified the importance of balancing future demands for treatment against workforce provision.³ This paper raises the spectre of an increasingly ageing healthcare workforce with limited capacity for expansion in response to rising healthcare need.

The importance of defining the future healthcare workforce is not just economic – the European Observatory on Health Systems found that healthcare workers make up 10% of the EU workforce and that 70% of healthcare budgets are allocated to salaries and other charges related to employment.⁶ More importantly, the changing demographics of the EU population mean that future staff levels are likely to fall, with increased mobility, retention problems and an increasingly ageing workforce. For nurses the average age is rising and, in five member states, nearly half the nurses employed are aged over 45.

As nursing staff approach retirement age, there needs to be sufficient numbers of new recruits to replace them. Staff investment in training has therefore not kept pace with workload or expansion in services. Criticisms are levied at both the quantity and quality of available staff and the lack of professional career pathways.⁷ Paradoxically, a well-trained workforce is increasingly being seen by European policy makers as a key requisite for improving future healthcare. Part of the lack of recognition of the importance of continuing professional development and training is that the relationship between the well-skilled workforce and patient outcomes is ill-defined.

**IMPACT OF EDUCATION ON PATIENT OUTCOMES**

Evidence is limited as to whether current educational provision is fit for purpose in meeting the critical acute nature of therapy and long-term care. There are few studies that evaluate continuing professional cancer nursing education. Ferguson,⁸ in a review of the literature to examine the purpose and benefits of continuing professional education for cancer nurses, reported that studies to measure practice benefits were inconclusive. Subsequent studies of cancer education indicate similarly inconclusive findings in relation to practice change.⁹,¹⁰ Evidence for the effectiveness of
education and training for communication skills in oncology has been well established; however the sustainability of their use in practice and impact on patient outcomes has yet to be ascertained. Practice outcomes are difficult in oncology as such studies require comparators and these are scarce. Much of the evidence is based on limited UK or US educational provision. It is imperative that in the era of evidence-based care, educators demonstrate their contribution to clinical outcomes. It is not surprising that process evaluations of nurses’ perceptions of practice has been the most common way of assessing the impact of continuing professional education. Studies of the nurses themselves indicate that continuing professional education improves confidence, communication skills and decreases anxiety. It also has a perceived impact on practice. Developing both process and outcome evaluation of continuing professional education is required within Europe with a need to look at specific cancer nursing skill sets and comparator groups. Proving the “value added” by education is essential if we are to develop specialist cancer nursing. As well as research in this area, we need to identify the costs and consequences of upskilling the workforce for health service managers and policy makers. There is a need to recognise such specialist skills as part of employment providing financial incentives and job satisfaction. In many countries there is no recognition of specialist nursing roles and there is little financial incentive or support for the development of specialist cancer skills. Unpacking the complexity of these outcomes is essential if specialist cancer nursing is to be valued.

The motivation for continuing professional development often lies with the individual and therefore the provision of continuing professional education is dependent on the attractiveness of educational courses rather than what’s really needed. This provides a dichotomy between what service providers require for the future and what nurses want to study for their own development. Subjects such as care of older people with cancer, for instance are “Cinderella” topics, difficult to provide because of lack of demand. Yet it is this type of education that is pertinent to future cancer services.

A further challenge is to get education to those nurses who need it. This has been debated in many areas of education. Those who are keen to take up professional development are those who do not necessarily need it, and those who need it often resist education. Motivational factors may be multidimensional but increased job satisfaction, competence and increasing awareness of the value of nursing are key factors. Keeping those skills and promoting learning after a programme of study are also areas about which little is known.

ANSWERING THE QUESTION
The answer to the question, ‘Does educational curricula influence practice within Europe?’ may be ambivalent, in that we are able to raise awareness and provide guidance of what needs to be on the training agenda but, without evidence of impact on patient outcomes, education will continue to be undervalued by healthcare providers. Educators therefore face a difficult task in the promotion of lifelong learning with vocational courses.

Although this in many cases is what intuitively practice education provides, the ability to demonstrate such outcomes and build upon previous learning is difficult. It requires good links with practice, mentorship and support for students within the work-based learning environment. Clearly facilitating continuing education involves more than the provision of curricula, it requires recognition and user support to facilitate cancer education and training.

Details of the references cited in this article can be accessed at www.cancernurse.eu/communication/eons_newsletter.html
Call for Papers

A special issue of EJON on Surviving Cancer is planned for 2010

Guest Editors: Dr Daniel Kelly, Middlesex University, London, UK.
Professor Kate White, University of Sydney, Australia

Papers from colleagues across the world are welcome on the theme of Surviving Cancer for a special issue of the European Journal of Oncology Nursing to be published in late 2010. We are now seeking high quality papers on a range of relevant topics including:

- Policy developments to support cancer survivors
- Cancer survival and late-effects
- Rehabilitation and goal setting
- Cancer survival across the lifespan (children, adolescents, adults, older people)
- Service developments for cancer survivors
- Developing the workforce to meet the needs of cancer survivors
- Supporting siblings, partners or those closest to cancer survivors
- Conceptual or theoretical explorations of cancer survival or cancer control
- Emotional, spiritual or ethical dimensions of cancer survival.

We welcome literature reviews, reports of empirical research and comprehensive accounts of service evaluations. Practice notes that describe innovations intended to the needs of cancer survivors are also welcome.

All papers should be submitted by July 1st 2010 for consideration

Please visit EJON’s homepage at www.elsevier.com/locate/ejon to read the Guide for Authors and to submit your paper online.

Colleagues interested in submitting papers for this special edition are also welcome to contact the Guest Editors to discuss possible papers in the first instance:
Daniel Kelly: d.kelly@mdx.ac.uk Kate White: k.white@usyd.edu.au

All papers will be subjected to the normal peer-review process prior to acceptance by EJON
Lifelong Learning and You
Closing the gap between theory and practice

Excellence in cancer nursing is about developing one’s knowledge and skills to stay abreast of the rapid changes in the field. Lifelong learning – the process by which nurses acquire new skills and competencies, and update their interests, abilities, knowledge and qualifications – is key.

Health professionals are expected to be creative, critical thinkers who can respond to the dynamic health and social care environment. As they frequently encounter new and changing health care roles, technological advances, on-going reorganisation and the constant redirection of resources they are constantly required to adapt and develop the ways they meet the varied needs of patients and their carers. ‘Learning to learn’ and ‘learning to practice’ are therefore essential for good clinical practice, especially in a fast-moving area such as cancer care. Moreover, the European Union has advocated lifelong learning as a means of increasing the employability, mobility and social integration of health care workers within Europe.

What does it mean to be a lifelong learner?
Lifelong learners are innovative, responsive, resourceful, adaptable, challenging, creative, self-reliant, responsible and accountable change agents who are able to share their knowledge with others, and act as credible role models in practice. In order to do this, they need to take responsibility for their own learning and development, and possess a range of skills that can be used for identifying, accessing, retrieving, filtering and applying the information they need to do their work better. Critically for lifelong learners, this includes the possession of information.

‘Learning to learn’ and ‘learning to practice’ are essential for good clinical practice, especially in a fast-moving area such as cancer care.
seeking and problem-solving skills.

In order to become a lifelong learner, as you develop professionally, it is necessary to invest adequate time and energy to take a deliberate, conscious and focused approach to personal and professional learning needs. This might take the form of a structured ‘SWOT’ analysis, looking at strengths and weaknesses, opportunities for personal and professional development, and any threats to these, such as work or family commitments. Once this is done, lifelong learners will know where they are heading, and can seek out appropriate sources of information or training.

WHY YOU?

In Europe most health professionals are required by regulatory bodies to demonstrate their competence to practice, and may be required to produce evidence that their knowledge and skills are continuously developing. If you take the United Kingdom, updating skills and knowledge is obligatory, and nurses need to demonstrate their competence to practice each time they renew their professional registration with the Nursing and Midwifery Council, which is done through the development of a portfolio of learning and practice – a legal document they are required to present at any time to their governing professional body.²

As a specialty, cancer nursing undergoes continuous, frequent and rapid change. As a result, cancer nurses need to have the skills to identify a clinical problem or learning need, access and retrieve information in response to this, and assess the quality of the information thus gained. Applying this to current practice requires additional skill or the development of new learning strategies. Even those who have been successful learners in the past should not forget their responsibility to support, teach and assess nursing students and other colleagues. The first step should be to develop skills for lifelong learning, that is, all the essential skills to become an independent learner.

The divide between what is taught to nursing students in schools or colleges of nursing, and what is actually done in practice, known as the ‘theory-practice gap’, has often been referred to in nursing literature. Only lifelong learning skills can take any theory, framework or concept and apply it to current practice, thus closing the gap between theory and practice and delivering care which is truly evidence-based.

HOW DO YOU DO IT?

Lifelong learning is more than keeping up-to-date. It is about continuing, on-going professional development which takes practice one stage further with each step. A wide range of publications, professional standards and guidelines are available and a quick search of the internet using the terms “lifelong learning, nursing and continuing professional development” will provide additional information.

The best way to become a lifelong learner is to participate in a suitable ‘study skills’ course which can be provided in many formats – on-line, face to face, self-directed or even delivered as a handbook. However, it is important to plan first what to study and why, so it can be linked to a forthcoming work appraisal or a personal development plan. In most instances, study skills are transferable and can be applied to other areas, such as introducing a new initiative at work or even planning a holiday since both activities require systematic, organised and purposeful information seeking in response to a knowledge need or learning goal.

Some of the activities may include:

- Attending a conference or study day to hear about other people’s experiences, or present a poster or a paper.
- Networking with others, which can be done at conferences, seminars or study days, but also via the internet using professional networking sites, cancer nursing society websites, etc.
- Meeting regularly with others to discuss an aspect of work regularly, through formal mentorship or clinical supervision sessions, or a more informal journal club or discussion group.
- Self-directed learning that is suitable to any needs and interests. This may involve the completion of web-based resources such as the Online Cancer Education Forum.
- Subscribing to a regular cancer nursing journal or newsletter, or visiting the local library with more specific needs in mind.

All these activities may be taken up in response to personal interests or a more formal professional development plan, but also to reach developmental milestones such as undertaking specialist cancer training, being promoted, starting a new job, or taking on new responsibilities such as cytotoxic chemotherapy administration, patient education or counselling. The triggers for lifelong learning are many and varied. What matters is that when nurses encounter them they respond.

Details of the references cited in this article can be accessed at www.cancernurse.eu/communication/eons_newsletter.html
Of all the institutions that have delivered cancer nursing education in Turkey over the past 20 years, it would be fair to say that the Turkish Oncology Nursing Association has done the most. Today, it is still leading oncology education in the country. The power of knowledge to change the status of cancer patients and those who care for them has been their consistent message as illustrated below.

THE HISTORICAL PERSPECTIVE: WORKING FOR CANCER NURSES

The first oncology training for nurses in Turkey was provided by faculty working with the university sector just two years before the establishment of the Turkish Oncology Nursing Association in 1989. Within years of its establishment, general introductory courses in oncology nursing started being developed.

Traditionally, oncology units were amongst the least popular places for nurses to work, and this reality had to be taken into account when developing cancer nursing education. Many general nurses were not keen to work with cancer patients due to the negative image of cancer as a short-term, terminal condition, but another important factor was the comparative lack of support for clinical nurses in Turkey. The Turkish Oncology Nursing Association quickly demonstrated a strong commitment to the needs of both cancer patients and the nurses looking after them.

For instance, it was recognised that many nurses working in oncology lacked the knowledge and skills needed to safely administer chemotherapeutic agents. A national study was conducted in 1997 by the Association to collect evidence about the educational needs of nurses working in oncology settings. The needs turned out to be great, leading the Association to launch a campaign on “Protecting Ourselves”, which it ran for many years. This involved raising awareness on this subject amongst nurses. Further interdisciplinary studies conducted with toxicologists examin-
ing the blood, urine and buccal epithelia of oncology nurses showed that many were being contaminated while handling cytotoxic drugs in their workplaces. These studies led the Association to publish a Guide for Safety Precautions when Preparing and Administering Antineoplastic Drugs, which was finalised and approved by the Ministry of Health in 2004, and revised in 2009. This Guide is still used as an important reference by nurses when arguing for safer working conditions in their institutions.

It took seven years to establish the need for nurses to work within the scope of the Guide but its success is the first important collaboration between the Association and the Ministry of Health. Arising from the development of the Guide, a cytotoxic chemotherapy certification programme was launched in 2005. This showed that the Association and clinical nurses shared common interests and areas of concern.

The drive by the Association to assist cancer nurses brought further rewards when the EONS Core Curriculum for a Post-Registration Course in Cancer Nursing was translated into Turkish and combined with the Oncology Nursing Society’s (ONS) Cancer Chemotherapy Guidelines and Recommendations for Practice to develop an oncology nursing programme adapted to the specific needs of Turkish cancer nurses. The programme was revised recently to include consideration of the ethical and legal aspects of chemotherapy administration, and now includes a total of 37 hours of study, comprising 27 hours of theory and 10 hours of practical training. This programme was approved by the Ministry of Health, and the 17th version of this programme is now being scheduled, making it the second most important collaboration between the Turkish Ministry of Health and the Association.

Ever since the first training session in 1987, more than 30 programmes on general or specific topics of interest to oncology nurses were planned with the cooperation of national institutions such as the Turkish Ministry of Health, individual universities, medical oncology associations, the Scientific and Technical Council of Turkey, and various municipal organisations. Links with international organisations such as the European Oncology Nursing Society, the International Society of Nurses in Cancer Care, the International Society of Paediatric Oncology, the Oncology Nursing Society and the Middle East Cancer Consortium have also been fruitful, as well as collaboration with other organisations. Over the years, these initiatives have led to strong support and recognition of the Association, culminating in it becoming a major organiser of parallel nursing sessions at national and international oncology meetings within Turkey.

**CURRENT AND FUTURE PERSPECTIVES: WORKING WITH CANCER NURSES**

The quality and recognition of the educational programmes developed by the Association have led to changes in how cancer patients, and the nurses who look after them, are perceived. This is reflected in an increase in membership among clinical nurses and Turkish faculty members who became eager to take part in educational activities organised by the Association.

This led to the formation of five working groups. Breast cancer nurses, paediatric oncology nurses and those working in the field of psycho-oncology nursing were established in 2004, whilst a haematology and haematopoietic stem cell transplant working group was established in 2007. In 2009, a working group was established to look at palliative care and others may follow.

During this period, the Association considers itself to be working ‘with’ cancer nurses as opposed to working ‘for’ them, reflecting changes in the status and confidence of oncology within the country.

The delivery of high quality, clinically-focused educational programmes will therefore continue. Recently, however, skills in relation to the conduct of research, administration and interpersonal communication have been identified as important areas for clinical nurses. Hence, topics including research methodologies, the clinical application of research findings, conflict resolution, strategic planning, lobbying and change management are likely to become priorities in future educational initiatives.

The Association has also seen the establishment of two university-based MSc programmes in oncology nursing, established in 1997 and 2004, although these are mainly attended by nurses intending to develop academic rather than clinical careers. It is an encouraging start though, and one that should be translated very soon into additional clinically-focused programmes.

Details of the references cited in this article can be accessed at www.cancernurse.eu/communication/eons_newsletter.html
Oncology nurses need the professional knowledge and competencies specific to cancer and its management, but they also require a range of sophisticated social skills such as the ability to share another’s feelings, the ability to listen actively and, occasionally, the wisdom to remain silent. Appropriate post-basic training programmes are essential and can make a substantial contribution to improved patient outcomes.
All continuing education programmes for nurses in Austria have to conform to a stringent regulatory framework. According to these provisions, all nursing curricula have to reflect the current state of knowledge with regard to the nursing and medical sciences taught within them. The Austrian Federal Ministry of Health has published recommendations on the duration and content of such programmes, which also conform to the requirements set by the European Oncology Nursing Society (EONS), adapted to meet local conditions and the specific needs of Austrian cancer nurses. The continuing education programme for cancer nurses comprises at least 300 hours of theoretical teaching (200 hours of topics relating to nursing science and 100 hours of topics relating to medical sciences) as well as 300 hours of practical training.

According to the Austrian society of haematology nurses (AHOP), there are six institutions in Austria currently offering such programmes for cancer nurses, situated in Vienna, Innsbruck, Graz, Linz, Salzburg and St Pölten-Lilienfeld. Candidates for the courses must possess a first-level qualification in nursing (Diploma in Health and Nursing Care). Prior experience of caring for cancer patients is also welcome, although it is not compulsory since clinical practice forms an integral part of oncology nurse training.

The most important aim of the oncology nursing programmes is to convey current medical and nursing knowledge in order to enable nursing staff to provide cancer patients with the highest possible standard of nursing care during their illness. This includes the ability to discern and assess patients’ needs, problems and resources; to plan, carry out and evaluate necessary nursing tasks on an individual basis; and to fulfil patients’ and their relatives’ (or other close contacts’) psychosocial needs. The development of emotional intelligence is also important and helps nurses to protect themselves from emotional stress in their daily work. They are also encouraged to reflect upon the practical experience gained throughout their training in order to improve their capability and develop personal responsibility as fully functioning members of the multidisciplinary oncology team.

Curricula cover essential subjects drawn from the philosophy and practice of oncology nursing, whilst medical knowledge informs students’ understanding of cancer prevention and detection, as well as the biology, diagnosis, and classification and staging of different cancers and their treatments according to the best scientific evidence currently available. The effects of treatment, as well as the disease itself, are discussed with regard to the patient’s physical status, including any disease- or treatment-related complications likely to occur. Students also learn how to manage a range of oncological emergencies. The effects of cancer and its treatment are also discussed from a psychological and social perspective. Psychological issues, such as individual reactions to disease-related stressors, are considered, and a range of psycho-oncological interventions are taught. In addition, communication skills training covering ethical, cultural and religious aspects of care, improve the students’ ability to adequately address patients’ psycho-social needs in a way which is patient-and-family oriented.

Another important topic included in the education programme is supportive care, which is aimed at improving the patient’s quality of life. These lectures include strategies such as the concomitant use of pharmacological and non-pharmacological comfort measures designed to improve the safety and wellbeing of the patient, as well as a range of nursing interventions. The students’ practical placements include the opportunity to experience cancer care in haematology, radiotherapy or medical oncology units, as well as elective clinical placements in palliative care, oncology home care and oncology rehabilitation settings.

Educational programmes which facilitate the training of oncology nurses in Austria are therefore aimed at enabling nurses to meet the challenges posed by rapid developments in our knowledge about cancer and its genesis, as well as constant improvements in cancer treatment modalities. They also aim to improve collaboration with other members of the multidisciplinary cancer team in order to optimise the quality of patient care and ensure that the trained oncology nurse is able to act as a capable and efficient advocate for the patient within this setting.
Cancer patients must be entitled to nursing care of high quality focussed on the overall patient pathway. Cancer nurses are involved in the care and treatment of patients at all stages of the cancer pathway and they need to ensure that both patients and carers experience a coherent approach to care and treatment. This calls for professional and dedicated training of oncology nurses at all practical and theoretical levels.

Several studies have shown that if nurses working within the cancer field do not obtain the best possible training and education, patients will not receive the standard of care and treatment they are entitled to. Errors and omissions may also occur, leading to unnecessary complications and longer hospitalisation, and sometimes ultimately to fatalities.¹

In 1980 the university hospitals in Denmark established a dedicated one-year oncology training programme for all nurses working with cancer patients. In 1999, the oncology training programme was revised, based on the EONS and Europe Against Cancer’s Basic Curriculum for Education in Cancer Nursing. The programme consisted of alternating theory and practice modules based on 12 theory sessions for five days per month per year. The first eight months of training took place on a different ward to the student’s own. Typically, a nurse from a surgical ward would get practical training with an oncology ward and vice versa – in effect “swapping” wards. This enabled them to experience working with patients in the different clinical settings and to engage constructively in the daily work on the ward. They would be required to develop an assignment, focusing on a practical description of the clinical care.

This resulted in a wide range of discussions in the classroom. After graduating, many participants experienced a much tighter co-operation with other wards, since one year of identical training creates a much closer professional relationship with other colleagues. Several wards have created multidisciplinary and departmental coordination groups focusing on patient progress.

The final exam included a written project referring specifically to clinical issues. Patients evaluated the training programme positively. Their feedback often indicated that the nurses gained new skills in train-

As more and more cancer patients survive or live longer with chronic disease, the demand for high quality nursing care is increasing. Are Masters and PhD diplomas the way to educate and retain new generations of oncology nurses or is a more practice-based clinical training the answer?

Birgitte Grube

¹ Cancer patients must be entitled to nursing care of high quality focussed on the overall patient pathway.
ing and communication and gained the confidence needed to help them through their difficult journey with patients and their carers.

It was pointed out however that the oncology training programme was not anchored in an existing educational system but was based on local initiatives that did not have European Credit Transfer System (ECTS) points and were not uniformly applied nationwide. In 2003, the Danish National Board of Health established a working group comprising representatives from the Danish Cancer Nursing Society, from oncology, haematology, child oncology and surgical wards, and from community care, with the aim of preparing a proposal for formalised and accredited education for specialist cancer nursing.

The earlier oncology training programme was discontinued in 2005, since it was expected that new accredited education for specialist cancer nursing would be approved in 2005 with start-up in early 2006. However, it took another five years before Denmark could welcome the first group of trainees for the accredited education for specialist cancer nursing!

One reason for the prolonged process was simply the lack of personnel power within the Danish hospital system. In 2005 the Minister of Welfare, who is in charge of the hospital sector, stated that “...they (nurses) should not attend this training when there is a shortage of staff”.

The Danish Cancer Nursing Society responded with numerous articles and interviews on television emphasising the need for specialised training. The point was made that Denmark, like many other European countries, is a highly technological society with constant demands for upgrading the existing workforce: why should this not apply to nurses working with cancer patients? If individual nurses do not feel competent to perform their duties properly, they will simply leave the profession. We therefore appealed to the Danish politicians to consider the implications of this “brain drain” if we, as a society, failed to make it a priority to implement a dedicated training in cancer care, making the shortage of personnel of manpower even worse. Eventually, the accredited education became a reality through a tripartite agreement between the Danish Government, Local Government Denmark and the Danish Regions.

The nurses who had taken the original training courses were able to take an “Accredited Education for Specialist Cancer Nursing” course. After having completed a five-week theory module followed by two weeks thesis and final assessment involving a clinical problem, focusing specifically on implementation, they may call themselves specialist cancer nurses. The first of these transition nurses finished their education in autumn 2009.

In January 2010 nurses without previous training began the new “Accredited Education for Specialist Cancer Nursing”. They will finish their education in spring 2011.

Specialised training in cancer care is compulsory for all nurses working with cancer patients. Training gives 60 ECTS

“Accredited education for specialist cancer nursing could be made compulsory for all cancer nurses, similar to that for specialist nursing in anaesthesia and intensive care”

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Table 1: Nursing theory and clinical training

<table>
<thead>
<tr>
<th>Training Period 1</th>
<th>Training Period 2</th>
<th>Training Period 3</th>
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</thead>
<tbody>
<tr>
<td>Theme: Cancer Nursing (theory 10 weeks)</td>
<td>Theme: Care and treatment (theory 7 weeks)</td>
<td>Theme: Documentation, Quality and dissemination (theory 4 weeks) and final examination (2 weeks)</td>
</tr>
<tr>
<td>Clinic: (16 weeks)</td>
<td>Clinic: (19 weeks)</td>
<td>Clinic: (20 weeks)</td>
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points and takes one and half years.

Training consists of three individual periods, each covering an overarching theme, and encompasses nursing theory as well as clinical training, spread over three blocks (see table 1). The total clinical training period is 55 weeks and the theoretical training period consists of 23 weeks (including holidays). The clinical training takes place, as a starting point, on the student’s own place of employment with a minimum four-week clinical work in other departments.

The students are assigned to a clinical supervisor at the training site, which is responsible for the clinical goals, as well as verbal and written evaluation. Overall, the Danish cancer nurses are very pleased with the accredited education for specialist cancer nursing. However, some still doubt whether it is a good idea to choose this particular educational pathway. In Denmark, there is an opportunity to choose a professional diploma programme, which consists of a compulsory module, four elective modules and a final exam. The optional modules can include topics in cancer. The diploma course gives access to training at Masters and PhD level.

However, the question we are asking in Denmark is whether the diploma modules should be offered as well as the accredited education for specialist cancer nursing? What is the difference? What should the individual ward managers and the nurses decide upon? Training in clinical practice and a strengthening of all special functions are essential when it comes to care and treatment of patients with cancer – this is what the accredited education for specialist cancer nursing can deliver.

The hope is that the accredited education for specialist cancer nursing will be made compulsory, in the long run, for all nurses working within the cancer field, similar to the accredited education for specialist nursing in anaesthesia and intensive care. The scenario aimed for is that newly employed nurses at cancer wards have an undertaking that within the first year of employment, they will commence the accredited education for specialist cancer nursing. It would serve both as a quality leap for the profession and not least an efficient retention policy.

Diploma and Masters courses could be seen more as an opportunity for the few who, within specific areas, can establish a training programme that fits right into their particular practice and work. These courses offer an opportunity for nurses to immerse themselves in individual areas they might want to develop, or perhaps later conduct research within.

It will therefore be interesting to see how the accredited education for specialist cancer nursing is received in Denmark. One particular concern is that, by the time it takes for the system to be established, nurses may become weary of waiting and, not expecting the programme to become a reality, will be more inclined to choose already existing alternatives. Due to the long delay, time may already have run out for the accredited education for specialist cancer nursing.

Time will show whether we have created a contemporary and stimulating education that educates on a practical level and serve to retain nurses in this special area.

For the future, it could be interesting to develop a debate at European level discussing the wide range of positions we have towards the numerous training opportunities available within the cancer field. One purpose of EONS would be to discuss why individual countries are promoting one education system over another, but also whether an education for cancer nurses in general is a real possibility in some European countries.

It is now widely accepted that cancer is developing into a social disease,4 and therefore greater attention should be aimed at the more fragile members of society. Specifically, the focus should be on health promotion education and prevention. Many cancer patients survive or live with their cancer as a chronic disease and therefore an optimal rehabilitation plan is essential.

Both areas are obvious responsibilities of nurses and we should take the leadership. The key to succeed is an accredited education for specialist cancer nursing. This must be discussed within national societies and brought forward at European level in order to ensure that this issue remains high on the agenda!

Details of the references cited in this article can be accessed at www.cancer nurse.eu/communication/eons_newsletter.html
Internet or ‘web-based’ learning is rapidly becoming an established teaching strategy for universities and vocational training schools across the world. At Maastricht University in the Netherlands, the virtual learning environment has been continuously extended to become an alternative to traditional teaching methods in lifelong learning and continuing professional development. One of these innovations has been the introduction of blended learning, an important additional model that allows students to engage in collaborative, problem-based learning tasks at a distance, using the problem-based learning (PBL) method. According to Oliver and Trigwell, the most common interpretation of blended learning is probably that used by Harrison who defines it as, ‘the integrated combination of traditional learning with web-based online approaches’. This platform allows access to multiple sources of digital information (course materials, video-recorded lectures, recommended reading etc.) as well as access to multiple ‘learning communities’ such as course or module groups, smaller problem-based learning groups, or individual project groups. The system enables users to work cooperatively on shared documents and communicate with each other via synchronous (real time) or asynchronous (via discussion or question boards etc.) communication. The system also provides a repository of course materials.
WHAT IS PBL?

Problem Based Learning (PBL) is a term used for a range of pedagogic approaches that encourage students to learn through the structured exploration of a research problem. Students work in small self-directed groups to define, carry out and reflect upon a research task, which can often be a ‘real-life’ problem. It is used in a variety of disciplines and teaching situations, whether within one course unit or to deliver a whole degree curriculum, and with undergraduates just as much as postgraduates. (From the Higher Education Academy C-SAP)

PBL has been used effectively in face-to-face classroom interactions, but is also now being ‘blended’ with internet or web-based learning at Maastricht University to create ‘blended-learning’ programmes in which some of the course is delivered in the face-to-face classroom environment and the rest over the internet. Blended-learning approaches allow the university to respond effectively to trends in lifelong learning and continuing professional development and enables students to pursue stimulating learning opportunities which are of relevance to their professional activity and career progression no matter where they happen to be. In the blended-learning environment at Maastricht, online PBL takes the place of face-to-face PBL and allows students from a variety of countries or cities to participate in continuing professional development activities, but why might this be an attractive alternative to traditional teaching methods?

PBL using the internet enables communication between a much broader range of students who may be working and studying anywhere in the world. It also facilitates multidisciplinary learning, because the learning takes place in a virtual environment rather than a vocationally defined school of nursing, medicine, social work etc. This helps to nurture teamwork and expands students’ understanding of other professional roles when caring for patients. Moreover, it allows students from different academic years or levels to participate in the same group activities and allows faculty members from different institutions in a wide range of countries to jointly design and deliver such courses, but the basic approach to PBL remains the same, whether conducted in the classroom or over the internet. In PBL, students’ learning activities are structured by a seven-step approach to individually specified problems or PBL tasks. The seven-step approach consists of:

1. clarifying the main concepts necessary to understand the learning task, e.g. what is meant by ‘multiprofessional working’;
2. defining the key issues that the problem is asking students to address;
3. analysing these issues by brainstorming issues and ideas relevant to the problem;
4. classifying these ideas into common topic areas, e.g. role descriptions, professional boundaries and rivalries, overcoming differences of opinion, and the importance of team leadership etc.;
5. formulating learning objectives in the form of a question (or questions) such as ‘How might multiprofessional working be improved?’ or ‘Why is multiprofessional team working in cancer care important?’;
6. a period of self-study when answers to these questions are sought by individual students, and finally
7. a group discussion in which each group member shares what they have learned.

PBL tutorials usually consist of a discussion leader (a student), a secretary who makes notes of the discussion and learning objectives (a student), individual group members and a tutor, whose primary responsibility is to ensure that the learning objectives are relevant and fully address the problem which students are being asked to consider. The university uses a system called ‘Surfgroepen’ for its blended learning tutorials which allows students to see and hear each other, chat, and share documents in small windows on the computer screen called ‘pods’ (see left). Sound is relayed by Surfgroepen using a microphone and headset, or for better sound clarity, a Skype® conference call can be used at the same time that students are watching each other and sharing documents, notes, etc., using Surfgroepen.

The Faculty of Health, Medicine and Life Sciences
of Maastricht University uses blended learning solutions for part-time, mostly working, students. One example of this is the MSc in Health Services Innovation which is designed to equip health professionals with the skills and knowledge necessary to address the many technological and demographic challenges facing those involved in the delivery of healthcare in Europe. The programme is taught entirely in English, and can be completed as a one-year (full-time, face-to-face) programme, or as a two-year (part-time, blended learning) programme. Part-time students follow each module sequentially, whereas full-time students follow two modules at a time. Healthcare professionals from any country are welcome to enrol on the programme as a whole, or for individual modules. Each 8-week module comprises a series of keynote lectures followed by a set number of PBL tasks. A weekly online tutorial group meeting is planned as part of the module programme, and a single face-to-face tutorial group meeting is planned at the beginning of the module (week 1), so that students can get to know each other and members of the teaching team, receive internet tuition for each of the technologies used, and introductory information about the module. Experience has shown that an initial face-to-face meeting between students and teachers is important for improving collaboration and developing a shared sense of purpose amongst students, teachers and PBL group tutors. It helps to overcome inhibitions about working and collaborating together when online, and enables everyone to become familiar with the technology before going back to their home or working environments, but PBL using the blended learning route is essentially the same as traditional face-to-face PBL tutorials.

Evaluative work suggests that students and tutors find the quality of discussion during online PBL sessions similar to those in face-to-face tutorial meetings, and may actually be better given that the discussions are more focused and key documents can be easily shared and discussed by the group. Another unexpected advantage is that ‘less verbal’ students can contribute by uploading information or typing questions into one of the pods without having to break into the conversation of others. Thus, blended learning allows students to participate in group discussion in more ways than a traditional face-to-face setting and has the potential to facilitate learning across national, professional, social and cultural boundaries.

Details of the references cited in this article can be accessed at www.cancernurse.eu/communication/eons_newsletter.html
The Competence of Nurse Educators

Future requirements in Europe

The education of educators has been found to be poorly defined throughout Europe. Their career pathways vary and their competence is evaluated differently. The need for more cross-cultural projects and more research is crucial to improve the teaching-learning process.

Leena Salminen, Minna Stolt and Helena Leino-Kilpi

The roles of nurse educators have been discussed for decades and there have been several reforms in nursing education in Europe. Barrett was the first to focus on the lack of strategic management regarding the role of nurse educators and suggested that it is unrealistic to expect them to perform the teaching, research, clinical and managerial roles that may be prescribed for them. Furthermore, he argued that the lack of strategic management can result in difficulties between academic and clinical spheres. In Finland, the emphasis is on the importance of collaboration between nurse mentors (on the hospital ward) and nurse educators.

The education of nurse educators varies across Europe, and there is no consensus on the minimum qualifications or required experiences and education of educators. Generally, nurse educators need at least to complete a university degree. Young and Diekelmann report that new educators are inadequately prepared in the skills, strategies and practice of lecturing. Also Finnish nurse educator candidates evaluated their teaching skills by the lowest scores during teacher training.

Nurse educator career pathways are sometimes poorly defined and career routes vary across Europe. A doctoral-level qualification is seen as desirable for nurse educators as it provides the basis for future research leaders in nursing. In the UK, Jackson and Butterworth have commented that the low percentage of doctorally-qualified nurses in the registered nursing population is a cause for concern in terms of future research nurse leaders. In Finland, about 10% of nurse educators have doctoral qualifications.

Cross-cultural collaboration in Europe and globally shows a clear demand for nurse educators, although cross-cultural research among nurse educators is limited. Jackson and colleagues found that most of the literature relating to nurse educators remains centred on a single country. Problems in nursing education in Europe seem to be very similar. Clinical learning environments, including the supervisory system, have a special importance in terms of achieving desired learning outcomes. There is also a need to involve student–patient relationships in educational activities in a more effective way in clinical settings.

COMPETENCE OF NURSE EDUCATORS

The competence of nurse educators has been described in different terms. The European Federation of Nurse Educators includes four areas in its common core competencies: academic, research, clinical practice and
management. Davis and colleagues propose 37 competency statements and Green has developed a Synergy Model of Nursing Education (SMNE) to improve the teaching–learning process, which consists of eight different competencies for nurse educators (clinical reasoning, advocacy agency, caring practices, collaboration, system thinking, response to diversity, clinical inquiry and facilitator of learning).

In the literature, the competence of nurse educators is often divided into five categories: nursing competence, teaching skills, evaluation skills, personality factors and relationships with students. Usually, the relationship between educator and student is evaluated as the most important characteristic or requirement category and also the one that nurse educators fulfil the best. Only in one study, in Norway, were teaching skills the most important. New virtual- and e-based pedagogical methods, including social media and simulation, will change the approach to the work of the nurse educator.

**IMPROVING TEACHING PRACTICE**

Educators confront many challenges, including acquiring the skills of teaching evidence-based practice. Changing the focus from nurse educator developers to nurse educator researchers demands a new way of thinking about teaching and learning. More effective skills in facilitating learning, clinical supervision, research and clinical audits, communication, and other non-traditional nursing skills such as marketing, negotiation, and entrepreneurial skills. This demands improvements to the quality of teaching practice.

More research in the field of nursing education and nurse educators is needed. Particularly, there is a need for cross-cultural projects, including different European countries. Educators have a key role in nursing education, but there are many differences across Europe. In some countries, nurse educators have only a few weeks of education and in other countries they achieve a Master’s level education, as is the case in Finland. European-level competence and an education description for nurse educators are called for. There is also a need for research analysing the work, role, activities and competence of nurse educators. Part of this competence needs to be an active participation in the formulation of national and international health policies. Educators also need systematic, international, continuing education.

Details of the references cited in this article can be accessed at www.cancernurse.eu/communication/eons_newsletter.html
A Whole New World of Studying

Interprofessional, international and web-based

Teenagers and young adults with cancer face all the usual challenges and more throughout their cancer journey. Various stakeholders pooled their ideas and resources to devise an online course for specialists in the field to work with them and assist with their specific needs.

Maria Cable

Enrolling in classroom-based courses in the UK has become increasingly difficult for post-qualifying healthcare students, hindered by the problem of getting time off from clinical practice. Charity organisations, such as the Teenage Cancer Trust UK and CanTeen Australia therefore joined forces to develop an online course that engages specialists in the field, to teach and learn with and from each other, in particular to overcome the barrier of student release.

TEACHING AND LEARNING

Professionals representing Coventry University met in Bangkok in 2006 with stakeholders from the UK, including Teenage Cancer Trust UK, and members of the Paediatric Oncology Nurse Education forum of the Royal College of Nursing as well as other international experts to discuss the possibility of developing a post-graduate online learning programme with an interprofessional focus to address these challenges.

Course content was discussed and a pooling of ideas and resources to contribute to the teaching materials documented. Aside from the identification of clinical experts it was recognised that much could be learned from patients who would be central to learning. International experts developed teaching materials, including narrated PowerPoint presentations, video interviews, tape recorded interviews, online discussions, interactive patient di-
Although many learning formats were used, students have mostly enjoyed learning from tutors, international clinical experts, researchers and most significantly young people affected by cancer.

Interprofessional learning
Interprofessional education (IPE) has been promoted as a means of improving teamwork and collaboration between employees in the human service professions, e.g. health, education and social work. As such, the course actively recruits those from across the disciplines and around the world which highlights the educational demand for this small specialism (Table 1). The course team is mindful that not all disciplines will have the same educational needs and the focus remains clearly on the fundamental needs of teenagers with cancer. It has been evident that as much as the materials provide valuable insights into the needs of these patients, so too do the perspectives and experiences that the students bring themselves.

COURSE EVALUATION
Although student evaluation is a cornerstone in quality monitoring of programmes, Jochems et al. suggest that any e-learning curriculum also needs to balance the pedagogic, technical and organisational aspects in order to be successful.

Student Evaluation
Students have mostly enjoyed learning from expert contributors to the programme that include tutors, international clinical experts, researchers and most significantly young people affected by cancer. Through the predetermined Instructional Design of the course, the teaching team have seen evidence of students learning and sharing with each other through the online dialogue. This takes place mostly through sharing service development activities and experiences along with addressing sensitive issues for this patient group.

Students report that due to the nature of the online course, much of which is through discussion forums, they find the workload high at times. Each year, the course team reviews the number of teaching weeks and course materials. They find that the nature of online learning challenges traditional classroom-based learning and can be seen as more labour intensive. Additionally there is student representation on the specialist course steering committee at the university who helps guide materials and general course issues.

Pedagogic Evaluation
It is clearly evident that there is bridging of theory and practice through the reflective discussions. Real changes have occurred in practice as a result of student coursework in the work-based learning module, e.g. patient information leaflets, an art project, creation of DVD for health care professionals.

Active situated learning provides an educational framework to work to and makes learning more meaningful for students. It is crucial however to avoid being ‘UK centric’ so a second tutor from Australia now co-facilitates learning meaning that students can have contact with tutors at various times throughout the 24-hour day, whilst also gaining an alternative perspective.

Technical Evaluation
Issues were noted particularly in the first year regarding access to the Virtual Learning Environment (VLE). By the third year, a completely new VLE platform was implemented, resulting in faster download times and improved on-line classroom management facilities.

The value of Instructional Design (ID) was found in the beginning to be instrumental in the course development. ID is a...
formal curriculum development model used in distance - or e-learning. It was essential in guiding timeframes for developing, modifying and streaming materials, and its value should not be underestimated.

Organisational Evaluation
In June 2009, Coventry University bestowed its Teaching Excellence Award to the course team, not only for recognising excellence in its educational design and delivery, but for acknowledging the new boundaries the course has challenged. This included reaching an international and interprofessional audience, and for sharing what was learned through its development across the university. Moving to a programme that is completely delivered online from traditional classroom-based courses or blended-learning programmes where students are located in the university at some point has raised many central processing issues that the course team have addressed. This course has set a blueprint, easily replicable, for the development of other health and non-health related course development in the university.

OUTCOMES OF EVALUATION
Learning normally involves two types of interaction: interaction with content and interpersonal interaction. In this form of learning there is a risk that in being aware of both interactions equally, the interpersonal interaction can be lost. With technological advances it is possible for students to interact with each other even if geographically separated. It is also acknowledged that interpersonal interaction does not especially need synchronous communication and in fact, through this medium of learning, mainly through type talking, students felt that they often gave more regard to what they would say and edit as they go along, unlike a classroom-based group where instant responses are given. Students can access higher order learning by reading, analysing and synthesising points made by others and themselves as they engaged with study at a time to suit themselves.

The need for students to master certain technical skills requires significant investment at the start of the course. External technologies, such as Skype, designed to hold conference calls and access to web conferencing facilities are used to support students.

We found that for students, engaging in online learning and the VLE, accessing the course materials and becoming familiar with online socialisation requires the most interactivity and tutor encouragement which is in keeping with Salmon’s stage model of E-moderation. Once established, information exchange, knowledge construction and personal development become apparent. The international exchange of information has proved particularly fascinating and many professional friendships and networks have emerged.

| Year 1 = 21 | Nursing, Charity Worker | UK, Australia, New Zealand |
| Year 2 = 14 | Nursing, Medicine, Counselling, Social Work, Research, Occupational Therapy | UK, Australia, New Zealand, Sweden, Canada, USA |
| Year 3 = 22 | Nursing, Medicine, Psychology, Social Work, Radiography | UK, Australia, New Zealand, Cyprus, USA |

Knowledge Transfer
An MSc in Contemporary Health Care (Cancer Care for Teenagers/Young Adults) has since been developed, such is the need for higher education qualifications among professionals in the specialism. What has yet to be seen is the specialism-determined practice-based competencies for health care professionals, but it is anticipated that this course can provide an evidence base for some of this knowledge practice transfer.

Given the nature of the specialism and the speed at which it has developed over the last five years, it is anticipated that the demand for such educational programmes will increase. It must also be acknowledged that online learning may not be a learning style that is suited to everyone and other models of delivery should still be considered. As the challenges that occur around the release of clinical staff to attend classroom-based courses are unrelenting, blended-learning approaches provide another option.

Details of the references cited in this article can be accessed at www.cancerinurse.eu/communication/eons_newsletter.html

Coventry University accredited and launched the Post-Graduate Certificate in Cancer Care for Teenagers/Young Adults in February 2007.
ESO is pleased to announce its 5th Annual Best Cancer Reporter Award which acknowledges excellence in cancer journalism.

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Do you think that you should be rewarded for your clear and accurate reporting on cancer?

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For full details and a nomination form visit www.cancerworld.org or contact Corinne Hall +39 02 8546 4522 mediaservice@eso.net
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