



# Standardization of Initial Chemotherapy Teaching to Improve Care

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Recognizing that each nurse approaches patient education differently, a team of nurses at Dana-Farber Cancer Institute satellite facilities employed quality improvement strategies to develop a standardized approach to patient education. The goal was to eliminate variation in teaching and improve patient satisfaction scores.

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**E**liminating process variation is key to reducing waste and improving efficiency and quality (Langley et al., 2009). At the Dana-Farber Cancer Institute (DFCI) satellite practices, chemotherapy teaching has always been provided to patients prior to the first infusion or initiation of oral chemotherapy. However, the tools used for teaching and the point in time the teaching occurred have varied across practices. Each site provides *Chemotherapy and You* and *Eating Hints* (National Cancer Institute, 2011a, 2011b) as well as two general safety guideline handouts developed at DFCI. The sites also provide varied location-specific resources, such as information about local support groups and financial resources, as indicated. Recognizing the variation, the authors of this article brought staff from each satellite location together to share current tools and processes and to develop a standard approach to patient

education, documentation, and follow-up using a standard checklist, written materials, and teaching processes.

## Strengthening Patient Education

The American Society of Clinical Oncology and the Oncology Nursing Society recently updated the standards for chemotherapy, which include patient education (Neuss et al., 2013). Although oncology nurses strive to meet these standards, processes need to be developed and monitored to ensure the desired outcomes can be achieved. To guide the work, the authors conducted a review of the literature related to approaches for patient and family education about chemotherapy treatment. Chan, Webster, and Marquart (2011) assessed interventions to orient patients to a cancer care facility. However, because of small sample sizes and design limitations, no

single intervention could be recommended. Mueller and Glennon (2007) described the implementation of a prechemotherapy education checklist as a method to provide better organization and consistency in nursing staff education sessions. Van Weert et al. (2009) evaluated the psychometric properties of QUOTE<sup>chemo</sup>, an instrument used to measure needs and actual experiences with communication preceding chemotherapy treatment. Their findings provided evidence of reliability and validity for using QUOTE<sup>chemo</sup> in this patient population. However, the instrument is lengthy, unavailable in English, and, therefore, not applicable to the current setting. Gawande (2009) demonstrated the value of checklists in the operating room to ensure safety measures are in place prior to providing patient care. The use of checklists and education has demonstrated positive patient outcomes by reducing ventilator-associated pneumonia (Tablan, Anderson, Besser, Bridges, & Hajjeh, 2003) and central line infections (Pronovost et al., 2006).

Oncology nurses are committed to providing patient education prior to chemotherapy to ensure patient understanding of what to expect, how to provide self-care, and when to access additional medical assistance. Chemotherapy educational content is broad, and patients present with diverse learning needs and barriers to learning. Although the nursing staff at the authors' institutions strive to meet all patient learning needs, they are challenged to do so by competing responsibilities, time limitations, and finite resources. To optimize resource use and provide high-quality care, a reassessment of education processes was indicated.