



PAEDIATRIC ONCOLOGY NURSING PROGRAM: CHILDREN CANCER COURSE FOR NURSES(C3N)

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Introduction

For children with cancer and their families, there is substantial evidence of benefit when care is provided by a specialized oncology nurse. Specialized oncology nurses have been found to improve the health outcomes of patients related to pain and symptom management, psychosocial well-being, quality of life, treatment outcomes, uses of health promotion strategies, self-care and treatment compliance and patient knowledge regarding their disease and treatment (Corner et al., 2003).

There are courses in Paediatric and oncology advanced diploma level at present. However, there is no specific course that combines the features of Paediatric oncology nursing. C3N is therefore a necessary to provide nurses with fundamental knowledge and skills to deliver a high standard of nursing care for children with cancer. Its helps to prepare nurses in their growing field of Paediatric oncology specialty.

Aims

1. To provide safe, effective and age appropriate cancer nursing care for children and teenagers and support them and their family throughout their cancer journey and beyond.
2. To build capabilities and competences amongst nurses working in children cancer setting and to improve cancer nursing care outcomes.

Learning Analysis

The Tyler Model has been one of the first models for making curriculum and it was and still is a highly simple model. Ralph Tyler developed this model in the 1940's, is the quintessential prototype of curriculum development in the scientific approach. Utilizing the Tyler model, the C3N course comprise of Determine objectives, Identify experiences, Organise experiences, Evaluate purposes and these four components are inter-related. The focus of the model is to have the outcome to align the objective that is, using appropriate educational strategies to impart knowledge and relevant assessment methods to gather evidence of learning has taken place. The model sets the direction for and provides guidance in the teaching, learning, and assessment of children cancer nursing curriculum.

To produce competent nurses, and to inculcate patient safety



Nurses should have opportunities to complete specific assessments, to discuss their solutions, to think aloud and reflect on what they are doing, and to keep track of how things are going and make changes when necessary

Expected to review treatment plans with oncologist, aware of expected outcomes and possible complications, and independently assess the patients' general physical and emotional status

Reasoning, communication, connections, thinking skills and heuristics are essential for clinical problem solving

Methods

Admission requirement for this course with minimum of two years working in Paediatric oncology unit and competent in care of patients with central venous access device, Administration of chemotherapy. The program is organized so that the participants attend classes twice a week over 4 month's period with 70 contact hours. Participants are schedule to do second shift and classes conducted just before starting their shift. Content and teaching methods are developed based on the learning needs analysis of Paediatric oncology nurses. Total of 10 modules, in this course and are:

Module	Topic
1	Biological basis of cancer investigative procedures to diagnose cancer, and treatment for cancer
2	Children oncologic emergencies
3	Nursing Health Assessment
4	Palliative care
5	Nutrition and complementary therapies
6	Patient counselling
7	Infection control
8	Bone marrow and stem cell transplantation
9	Wound and stoma care
10	Quality improvement project

The course components include lectures, practical assessments. A comprehensive approach was undertaken to assess participants by physical assessment, case study presentation, exam and competencies.

Outcomes

All the participants underwent pre course evaluation of 50 multiple choice question (MCQ) followed by post course evaluation. Participants score for the pre course evaluation between 68 -92% and the post course evaluation showed 80-95%. The post course evaluation showed participants retained their knowledge and increase the confidence and competency for better patient outcome. High level of satisfaction was expressed and received feedback that the course was covered adequate and excellent by all the participants. More over two quality improvement projects completed by the participants from this course in paediatric oncology unit.

Conclusion

The course was importance to the career of the nurse and to quality of care given to families in paediatric oncology unit. C3N topics will be reviewed yearly as Paediatric oncology patients' needs and treatment evolve. Moreover, meeting the learning needs of staff is part of the staff retention strategy.

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ORGANISER



SECRETARIAT

