Implementation of a Prechemotherapy Educational Intervention

Peggy E. Malone, RN, BS, OCN®

Traditionally, patients have received chemotherapy education in the clinical setting during the first chemotherapy treatment. Nurses long have been aware that patients are anxious and overwhelmed on that first chemotherapy day and have noted a lack of retention of information. This article describes a prechemotherapy education project initiated at an urban cancer clinic in the midwestern United States. The project was created in an effort to alleviate some of the anxiety associated with the first chemotherapy experience.

At a Glance

✦ Educating patients prior to the first chemotherapy experience may help to improve their ability to cope.
✦ After a diagnosis of cancer, patients and families experience a significant need for information about treatment and side effects.
✦ Improved coping strategies may result from nurses meeting with patients and families in a quiet environment prior to the start of treatment.

Objectives

The project's objectives were to (1) educate patients prior to their first chemotherapy treatment, (2) improve patient’s ability to cope, (3) improve patient satisfaction with the chemotherapy treatment, and (4) improve patient compliance.

Methods

Patients were referred to the chemotherapy class prior to their first treatment. Patients were referred to the class via a checkbox was placed on their discharge paperwork. Either a nurse or a physician marked the checkbox, which allowed scheduling staff to register patients for the class. Classes were held in a quiet area of the cancer center. Patients were encouraged to bring family members.

The concept for prechemotherapy patient teaching was presented to the nursing staff, who helped to develop a Power Point® (Microsoft®, Redmond, WA) presentation containing slides that explained common side effects of chemotherapy in simple language. The nursing staff also assembled a folder with reading materials for participants to review at home. The project was launched as a one-hour class for patients and families, facilitated by an oncology certified nurse (OCN®). Afterward, surveys were sent to participants asking them to rate their satisfaction with the class on a Likert scale. The study did not require approval from the hospital’s institutional review board because it was educational in nature and posed no risk to patients.

In conducting a literature review, the author discovered that patients’ ability to adapt to cancer treatments is related to improved patient compliance (Gold & McClung, 2006; Jahraus, So-