Oral Chemotherapy Education: Using Innovation to Ensure Broad Access

Clare M. Sullivan, OCN®, BSN, MPH, Carole Dalby, RN, MBA, OCN®, Anne H. Gross, PhD, RN, FAAN, Kaitlin Chesnulevich, RN, BSN, OCN®, Christine W. Lilienfeld, RN, BSN, OCN®, Catherine Hooper, RN, BSN, OCN®, Patricia Rizzo, RN, BSN, and Thomas Kochanek, PhD

The purpose of this article is to share one institution’s intervention to improve oral chemotherapy patient education. The overall aim was to provide clinicians with a single source of educational materials that would meet a diverse group of patients’ educational needs and be consistent with published guidelines.

At a Glance

• Have a consistent message when standardizing educational materials across a large academic institutional setting.
• Social media is an innovative platform to distribute patient educational materials.
• An animated audiovisual is a cost-effective method of producing patient education.

Three critical components are a part of any comprehensive safety initiative: education, monitoring, and follow-up (Weingart et al., 2008). The patient safety initiative for OACs at the authors’ institution included the improvement of patient educational materials. In an assessment of the organization’s educational materials, only one teaching sheet was found that focused on oral chemotherapy. The content was comprehensive, but the message was too complex for the general population. On this teaching sheet, the information on safe handling of medications and bodily waste was overwhelming, leaving patients with more questions than answers. Although clinicians could print the sheet from the organization’s internal website, this practice was undersubscribed. In response to these concerns, representatives from the departments of Patient Education, Quality Improvement, and Communications formed a task force to include nurses, pharmacists, and patients experienced with OACs.

Planning and implementing patient education requires knowledge of the special needs of the population and knowledge of adult learning principles (Best, 2001). The authors’ organization treats a moderately diverse population of adult patients with different learning styles, literacy levels, health beliefs, and cultural values. After a review of patients’ unique needs and readiness to learn, the group determined OAC educational materials should be available not just internally, but also on the organization’s public website. The intent was to increase patient and family access to materials in an effort to increase understanding and adherence to OACs.