

Creating a Palliative Educational Session for Hematopoietic Stem Cell Transplantation Recipients at Relapse

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Relapse after hematopoietic stem cell transplantation (HSCT) is a stressful event for patients and families, but provides an opportunity for education and psychosocial support. Little available research satisfies the needs of transplantation recipients at this critical time in the cancer trajectory. This article will apply the End-of-Life Nursing Education Consortium content principles to tailor an education session in an advanced practice nursing research intervention after a relapse from HSCT. The components were a specific session devoted to relapse, family-focused education and assessment, and bereavement follow-up. The details of the three steps are discussed with application to four case studies, which describe the variety of scenarios that can occur and illustrate how a standard approach should be tailored for each situation. In addition, the actual teaching tools and forms used for the intervention are included.

Although survival after hematopoietic stem cell transplantation (HSCT) has improved from 20%–30% in the 1970s to 60%–70% to date, the mortality rate remains substantial (Horowitz, 2009). Unfortunately, relapse after transplantation with progression to end-of-life care is a reality for 30%–50% of recipients (Negrin & Blume, 2006; van den Brink et al., 2010). Only one article (Yoon, Conway, & McMillan, 2006) was found that addressed the educational needs of transplantation recipients at end-of-life care after relapse. However, a few relevant articles have addressed educational and palliative care concerns at the end of life in intensive care unit and hematology populations, as well as in patients with advanced cancer.

Relapse is a stressful event for patients and their families. Vital education and communication provided by healthcare professionals to patients and families may decrease psychological distress. Effective educational strategies to assist HSCT recipients and their families through the relapse phase have been identified (Yoon et al., 2006). Strategies included one-on-one teaching from a healthcare professional, psychological approaches,

At a Glance

- ◆ Education and psychosocial support for hematopoietic stem cell transplantation recipients and their families at the time of relapse are vital.
- ◆ Relapse is a time of crisis for patients and families. Teaching needs are unique and must be tailored for the situation.
- ◆ Education must encompass physical and psychosocial issues for both the patient and family.

encouraging physician involvement, maximizing the use of the Internet, and facilitating professionals' one-on-one partnerships with the patient and family (Yoon et al., 2006). Lautrette et al. (2007) discussed the need for close communication with the relatives of patients dying in the intensive care unit. The study concluded that proactive communication with the family and supportive literature may lessen the burden of bereavement (Lautrette et al., 2007). Bowman, Rose, Radziewicz, O'Toole,

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