



Oral Chemotherapy Education: Using Innovation to Ensure Broad Access

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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.

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Key words: oral chemotherapy; audiovisual education; social media

Digital Object Identifier: 10.1188/16.CJON.126-128

The number of promising and effective oral chemotherapeutic agents available in clinical trials and as standard therapy continues to increase rapidly in cancer treatment. Although patients find that taking a pill is less burdensome than traveling to a clinical setting for IV medications, oral treatments place additional burdens for safety and adherence on patients and their caregivers. Educational materials for safe and effective administration of oral chemotherapy do not often cover all the unique topics or address the diverse learning needs of patients who have been prescribed these

medications. As the use of oral agents for cancer (OACs) continues to rise, so too does the complexity in administration and the risk for life-threatening consequences associated with errors in administration and adherence. The more complex the OAC regimen, the greater the potential for error (Moore & Brandt, 2010). In response to the 2014 Institute for Safe Medication Practices (ISMP) report on a patient death from taking a three-month supply of oral lomustine (Ceenu[®]) in one month, health-care institutions are expanding patient safety initiatives to include OAC risk factors (ISMP, 2014).

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 underused. 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.