A Collaborative and Personalized Education Programme for Patients on New Chemotherapy and Targeted Therapy

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Introduction
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Good education can better prepare the patients for chemotherapy and targeted therapy. However, our original programme lacked a structured design, consistency, personal contact and clear documentation. Following a successful nursing pilot project in 2014 on a selected chemotherapy scheme, we decided to revise and extend the programme to all the new chemotherapy and targeted therapy by collaborating with our clinical pharmacists.

Objectives
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This new collaborative and personalized education programme aims at meeting the patients’ information needs better and empowering them for good adherence to the treatment, early recognition of significant side effects and prompt appropriate actions, and alleviating their distress.

Methodology
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Psychoeducation approach, self-regulation theory, adult learning principles and Kanter’s empowerment theory were adopted to revise the education programme. Our oncology nurses and clinical pharmacists collaborated to educate individual patient about the treatment schedule, side effects management, proper way of oral drug administration, and potential drug-drug and drug-food interactions. Psychosocial care was also provided as necessary. Multiple types of media, including video, written information, and face-to face interview, were employed. Clinical guideline, standard assessment form, care checklist, drug pamphlets and electronic template were
designed to guide the education process and facilitate the documentation. The programme was rolled out by 3 phases, from a specific prototype scheme to all in-patients and then to all out-patients. Effectiveness was mainly evaluated by patient’s oral drug compliance, change in distress level, and their satisfaction.

**Result**

**Results & Outcomes:**

The programme was commenced in January 2016 and fully implemented in October 2016. Until the end of November 2016, it had been given to 484 cases. Among the 195 patients who had oral anticancer drug treatment, 192 (98.5%) of them showed good drug compliance. Patients’ mean distress level, as scored by the 10-point Distress Thermometer of the National Comprehensive Cancer Network, reduced from 4.34 before treatment to 2.96 after cycle 1 treatment with a mean decrease of 1.38 ($P < 0.001$; 95% CI: 1.23-1.54). The patients were highly satisfied with our nurses (mean satisfaction scores ranged from 3.27/4 to 3.39/4) and pharmacists (mean satisfaction scores ranged from 3.29/4 to 3.36/4). They also agreed that they were treated with respect and dignity (mean score: 3.43/4), better prepared for treatment (mean score: 3.34/4) and involved in important decisions (mean score: 3.29/4).

This programme has demonstrated that both nurses and pharmacists can better prepare our patients for chemotherapy and targeted therapy with a collaborative and personalized approach.