

## ONCOLOGY NURSING EDUCATION:

*Teaching Strategies That Work*

MARGUERITE J. PURNELL, SANDRA M. WALSH, AND MARY ANNE MILONE

The diagnosis of cancer and other life-threatening diseases can be devastating to patients and their families. While many complex, disease-focused medical procedures are routinely prescribed for patients, often little or no consideration is given to prescribing comfort measures and sustaining optimal quality of life. Nurse educators are on the front lines in promoting the holistic care that is essential for the nurturing of persons with cancer and other serious illnesses.

In the 1940s, the American Cancer Society began offering continuing education courses to nurses interested in learning more about cancer care (1). Since that time, rapid and often spectacular technological advances have focused attention on aspects of medical "cure" rather than on meeting and sustaining the need for nurturing among patients and families. Nurses who are specifically educated to provide sensitive, coordinated care can help sustain optimal quality of life, not only for those who succumb to disease but also for those who survive (2).

Among the many challenges faced by individuals affected by life-threatening illnesses are profound changes in social roles and interpersonal relationships (3). Maintaining employment is difficult, and parenting, socializing with friends, and spiritual well-being are all affected. Ferrell and Coyle (3) note that the whole person suffers by a threat to any one of four dimensions: physical, psychological, social, or spiritual. However, nurses who possess effective communication skills can positively influence rate of

recovery, optimize pain control interventions, and better facilitate emotional well-being.

Nurse educators face a great challenge. How can nursing students best be educated and transformed into expert nurses who are sensitive, caring, supportive, and unafraid to laugh and cry with patients? What innovative teaching strategies can help students dissolve preconceived ideas and communication barriers and truly come to know their patients? How can nurse educators facilitate their students' appreciation of the wholeness of persons with life-threatening diseases? What are ways that students come to know nursing?

Faced with these challenges, faculty in a baccalaureate nursing program selected Carper's fundamental patterns of knowing (4) to guide development of a new oncology nursing elective. This article describes in detail three teaching strategies rank ordered by students as most effective in enhancing their knowing of themselves and their patients.

**ABSTRACT** Faculty at a university school of nursing developed an innovative oncology nursing elective designed to enhance baccalaureate students' knowing and aesthetic appreciation of persons living with cancer. Following completion of the course, students rank ordered class activities they felt would help them most in their nursing careers. Students chose the cancer survivor interview first, followed by a seminar on spirituality and a clinical inquiry project. The implementation and outcomes of these three activities are described. Evaluative comments confirmed that experiential activities enhanced students' knowing of themselves and their patients.

**The Conceptual Framework** Carper's fundamental patterns of knowing (4) form a fluid and dynamic framework for understanding ways that nurses know in their practice. Fundamental patterns of knowing are described as empirical, personal, ethical, and aesthetic (see Sidebar 1). Extending throughout the domain of practice, these patterns provide a guiding framework for faculty to create strategies through which students come to know and appreciate the issues of patients and families in oncology care.

In designing teaching strategies, ways were sought to actively engage students within the lifeworld of persons with serious illnesses and to enhance their appreciation of what it means to live with their illness. A primary focus was for students to transform their thinking of patients as objects that need to be fixed or cured, to the understanding of human beings who are constantly growing and fulfilling their human potential, regardless of the diagnosis.

According to Carper (4), each pattern of knowing is necessary for achieving mastery in nursing. Each pattern is incomplete without the dynamism of the others (5) and each enlarges the capacity of the nurse to perceive the whole. Carper states that "nursing thus depends on the scientific knowledge of human behavior in health and in illness, the aesthetic perception of significant human experiences, a personal understanding of the unique individuality of the self, and the capacity to make choices within concrete situations involving particular moral judgments" (4, p. 13).

The course was designed to focus specifically on enhancing students' knowing and appreciation of persons with cancer and life-threatening illnesses. Foundational to the development of this

course was reflection on the contemporary role of nurses who care for cancer patients and experiential feedback from students during the evolution of the course.

**The Role of the Oncology Nurse** Oncology nurses are dedicated to various aspects of cancer care, including prevention and early detection, secondary and tertiary care of patients and families, and care of survivors. They also educate patients, families, students, and colleagues and advocate for change in legislation that will affect the future of cancer care.

Palliative care, closely associated with oncology nursing, is defined by the Institute of Medicine (6) as care delivered to "palliate" symptoms. Palliative care is more narrowly used for those who are terminally ill and includes care delivered at the end of life in efforts to relieve suffering through careful management of symptoms. Brant (7) describes holistic palliative care as caring for the total person with the recognition that body, mind, and spirit are intertwined and inseparable.

Recent texts concentrating on palliative care (8,9) provided a needed resource during development of this course. Additional information from the End of Life Nursing Education Consortium (10) and Tool-Kit for Nursing Excellence at End of Life (11) provided motivation and impetus for faculty to emphasize end-of-life (EOL) care.

As the course evolved, faculty teaching the course responded to students' feedback with increased emphasis on EOL care. While students said they felt confident in their bedside clinical

#### Sidebar 1.

##### Carper's Ways of Knowing as a Framework for the Oncology Nursing Elective

**EMPIRIC KNOWING** Empiric knowing is generally designated as nursing science, the expression of which includes the integration of general laws and theories for describing, explaining, and predicting nursing phenomena. Empiric knowing is factual, objectively descriptive, and generalizable. For students, empiric knowing is the most familiar and easily understood pattern.

**PERSONAL KNOWING** Nursing is an interpersonal process in which the quality of the interaction between nurse and patient influences the person's coping with illness and attaining wellness. Carper asserts that personal knowing is the pat-

tern that is most essential to understanding health in terms of the individual's well-being. Through the therapeutic use of self, the nurse strives to recognize the patient as a whole person within an authentic personal relationship. Interviewing a cancer survivor provided the opportunity for students to use self therapeutically as they came to know the patient in a different context.

**ETHICAL KNOWING** Nursing actions are intentional and express the values of the practitioner. Ethical knowing that focuses on matters of obligation or what ought to be done requires a broad understanding of different ethical frameworks that arise not only from the nursing situation, but are embedded in complex cultural values. It was anticipated that face-to-face encounters with persons of different cultures would

provide students with an understanding of what is considered moral in the context of diverse cultural norms.

**AESTHETIC KNOWING** This pattern of knowing refers to the expressive rather than the more concrete pattern of empiric knowing. Aesthetic knowing requires abstraction and resists articulation. It is commonly understood as the "art of nursing" and refers to an understanding that may be described as "appreciation." Aesthetic knowing refers uniquely to the perception, or picture, of the whole, with attention to the significant particulars of the situation that arouse appreciation. This mode of knowing is particularly applicable to this oncology nursing course as it integrates personal, empiric, and ethical knowing and transforms and creates new meanings.

skills with patients whose survival was likely, they noted that they were anxious and fearful when they encountered situations with dying patients and their families. Students expressed a desperate need to learn more about educational, supportive, and communication interventions appropriate for these patients and families (12).

Deliberately included in this broad approach to oncology nursing, therefore, were specific emphases on palliative and EOL care, communication with families, and, when death was imminent, how to promote a “good” death (13). Carper’s patterns of knowing (4) were represented not only in the strategies created to educate nurses, but also in the enhanced depth of students’ learning and their desire to experience the aesthetic, transformative aspects of the course.

**The Three Top Strategies** Class activities were designed to enable students to participate in a rich variety of experiences. They were different each week and engaged students in progressive growth of understanding of self, the patient, and the patient’s family. At the end of the course, students were asked to rank-order activities as most important to them in their development as nurses during the course. Responses were anonymous to encourage students to express their preferences freely. Students were given written instructions and a list of the activities. The three top choices are discussed in detail.

Thirty students who chose to respond identified the most helpful activities as 1) the Cancer Survivor Interview, 2) the Spirituality Seminar, and 3) the Clinical Inquiry Project. These activities involved knowing and appreciating self and removing communication barriers in order to know and appreciate others.

**CANCER SURVIVOR INTERVIEW** Ranked most helpful, the cancer survivor interview left an indelible impression on the students. Students learned that contrary to their preconceived notions that cancer survivors would not want to talk about their disease history, survivors freely communicated their hopes and fears. During interviews, students connected with cancer patients and close family members in ways they had never imagined.

Prior to conducting an interview, students discussed the mechanics and content of the assignment during class. They were given written guidelines pertaining to the mechanics of setting up an interview and suggestions for tape recording or taking notes. A minimum of 30 minutes and a maximum of one hour were recommended. Students who did not know a cancer survivor were referred by prior arrangement to the director of volunteer services at a regional comprehensive cancer center. This person provided names and contact information of individuals who were willing to be interviewed.

Students could formulate their own questions depending on their knowledge of the person to be interviewed. They were also given a list of broad questions that they might want to consider using. Examples were:

- What have you learned as a result of your illness?
- What are your greatest strengths?
- What is your philosophy for getting through the rough times?
- What do you want to accomplish most in your life now?

A form was provided for recording the interview. Students were instructed to indicate what questions were asked and summarize each answer. They were also asked to describe how they chose questions, when they used probing questions, if questions were effective, and whether they changed questions or formats during the interview. A summary paragraph was required to include reactions to the assignment and how students felt the assignment related to the course objectives.

One class period following the assignment was devoted to discussion of what the students learned. Students revealed that the interviews had opened their eyes to both the realities and the richness of the subjects’ lives and the changes that had occurred because of cancer.

The summary paragraphs contained information about how the students interacted with the cancer survivors, their relationships to the persons being interviewed (many were relatives or close friends), and new knowledge they had gained. The following comments reflect how initial barriers of fear and apprehension disintegrated during the interviews:

- *“At first I was reluctant to do this interview, partially because I was afraid of really facing the reality of death, but I am very pleased that I was able to do it because I’ve learned so much. I loved this assignment.”*
- *“This interview impacted me in a lot of ways. Mrs. C showed me that having cancer is not such a horrible thing. I expected to speak with a withdrawn, tired, and pessimistic person and found myself talking to a strong, powerful, beautiful, energetic, and optimistic woman who saw cancer as her ‘wake-up’ call.”*
- *“I learned that people are willing to talk about these challenging situations, and that one should not shy away thinking that talking about an illness or death will make the person feel uncomfortable....This assignment is a crucial part of the curriculum because it focuses on a student’s responsibility to learn how to listen and care.”*
- *“In my culture we do not speak about a relative’s illness. Yet, I wanted to complete the interview with my grandfather who has cancer and surprisingly I came to know him better and feel close to him because of the interview. It provided me with a challenge and opportunity within my own family.”*



care provided. Students were mentored and supervised by expert oncology nurses.

Teams of two to three students pursued a course of inquiry that was of particular interest to them. They indicated preferences for placement, and faculty arranged for mentors in suitable clinical situations. Inpatient units, outpatient settings, and pediatric oncology clinics were among the settings selected. Two students observed autopsies. Some went on walks with breast cancer survivors, and some attended a meeting of the Oncology Nursing Society where they presented posters about their experiences.

The students were required to write summaries of their experiences that included patient interactions, evaluations of the oncology nurse role, and general impressions of the setting. The course culminated with an end-of-term oral clinical inquiry report by student teams. By this time, students' growth in understanding had developed into sensitivity, readiness, and an openness to encounters with seriously ill persons. The reports provided a rich context for reliving and appreciating the experiences yielded by the course.

The student reports varied in form. One was a "game show" in which a panel of "experts" answered questions about oncology nursing to demonstrate knowledge students had obtained during the clinical inquiry experience. Students who went on survivor walks and attended the Oncology Nursing Society meeting spoke about their reactions to these experiences. Other students gave computer slide presentations, and some role played situations they had encountered during their experiences. One student who had attended a pediatric oncology clinic brought two of the children to class to demonstrate how full of health and energy they appeared.

**Faculty Reflections** Faculty who developed the course recommend the use and/or augmentation of these strategies to enhance care of all patients. Particularly valuable was the use of Carper's fundamental patterns of knowing (4) to guide the selection and development of class activities that responded to the needs of both students and patients. Faculty were encouraged by students' positive reactions to learning activities that encompassed holistic care of the oncology patient.

Student evaluations provided evidence that these three teaching strategies helped develop empathy and caring sensitivity to the needs of persons living with life-threatening illnesses. Students judged the course a landmark event in their learning. Oncology nursing took on a new meaning: Patients were not dying — they were living! Students expressed feelings of both responsibility and privilege as they explored ways to provide comfort and care. NIN

**About the Authors** *Marguerite J. Purnell, PhD, RN, is an assistant professor, Florida Atlantic University, Christine E. Lynn College of Nursing, Boca Raton. Sandra M. Walsh, PhD, RN, is a professor, Barry University School of Nursing, Miami Shores, Florida. Mary Anne Milone, MSN, RN, FNP-BC, AOCN, is a doctoral student, University of Miami School of Nursing, Coral Gables, Florida, and a nurse practitioner, Baptist Health Systems, Miami. For more information, contact Dr. Purnell at mpurnell@fau.edu.*

**Key Words** Nursing Education – Oncology Nursing – Teaching Strategies – Cancer Survivor – Spirituality – Fundamental Patterns of Knowing

## References

- Hagopian, G. A. (2000). Advancing cancer nursing through nursing education. In C. H. Yabro, M. Goodman, M. H. Frogge, & S. L. Groenwald (Eds.), *Cancer nursing: Principles and practice* (5th ed., pp. 1701-1711). Sudbury, MA: Jones & Bartlett.
- Ferrell, B., Virani, R., Grant, M., & Uman, G. (2002). Beyond the Supreme Court decision: Nursing perspectives on end-of-life care. *Oncology Nursing Forum*, 27(3), 445-455.
- Ferrell, B., & Coyle, N. (2002). An overview of palliative nursing care. *Lippincott's Case Management*, 7(4), 163-168.
- Carper, B. A., (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1(1), 13-23.
- Silva, M. C., Sorrell, J. M., & Sorrell, C. D. (1995). From Carper's patterns of knowing to ways of being: An ontological philosophical shift in nursing. *Advances in Nursing Science*, 18(1), 1-13.
- Field, M. J., & Cassel, C. K. (Eds.) (1997). *Approaching death: Improving care at the end of life*. Washington, DC: National Academy Press.
- Brant, J. (1998). The art of palliative care: Living with hope, dying with dignity. *Oncology Nursing Forum* 25(6), 995-1002.
- Ferrell, B., & Coyle, H. (Eds.) (2001). *Textbook of palliative nursing*. New York: Oxford University Press.
- Matzo, M., & Sherman, D. (Eds.) (2001). *Palliative care nursing: Quality care to the end of life*. New York: Springer Publishing.
- ELNEC. (2001). End-of-Life Nursing Education Consortium. Training Program, March 15-17. Pasadena, California. [On-line]. Available: <http://www.aacn.niche.edu/elneec>.
- Cancer Pain and Symptom Management Nursing Research Group. (2001). *Toolkit for nursing excellence at end of life transition*. Seattle, WA: University of Washington School of Nursing.
- Walsh, S. M., & Hogan, N. S. (2003). Oncology nursing education: Student nurses' commitment of "presence" with the dying patient and the family. *Nursing Education Perspectives*, 24, 86-90.
- Byock, I. (1996). The nature of suffering and the nature of opportunity at the end of life. *Clinical Geriatric Medicine*, 2, 237-251.
- Films for the Humanities and Sciences (Producer). (2000). *Beyond life and death*. (Available from Films for the Humanities and Sciences, PO Box 2053, Princeton, NJ 08543)
- Hudley, J. R., Smith, C., & Millison, M. B. (1995). Unfinished business: Assessing the spiritual needs of hospice clients. *American Journal of Hospice and Palliative Care*, 12(2), 30-37.