



EDCAN UNIVERSITY STAKEHOLDERS WORKSHOP 13TH APRIL 2007

Background

The EdCaN project aims to develop educational resources for undergraduate and postgraduate nurses. To achieve this, the input of nursing/cancer university educators has been sought to help identify the nature of cancer nursing education in undergraduate and postgraduate courses in Australia. As part of this process, 24 university educators from 23 Australian universities were invited to attend a University Stakeholder workshop to further inform the curriculum phase of the project.

Key Objectives

The workshop involved a series presentations and small group discussions to:

- Review the project aims and curriculum framework
- Present the key findings from the curriculum scoping survey
- Seek feedback on the curriculum development and implementation plan
- Seek feedback on the plan for development of curriculum resources
- Discuss opportunities and challenges associated with uptake of the curriculum resources

Key Findings

The EdCaN model needs to highlight both the development of nurses within the cancer speciality and the bigger picture of all nurses who work with people affected by cancer. It should be more systems based, less linear, patient centred and include clear reference to the competency standards within the model.

The curriculum framework needs to foster life long learning through demonstrated pathways and be flexible enough to cover assorted learning and teaching styles, experience levels, prior learning and various educational contexts. While the use of case-based modules and facilitator 'tool kit' was supported, questions of the final resource size and should it be a stand alone elective or buried within current curricula was raised.

Suggested foci for case studies included people from non-English speaking or Indigenous backgrounds, families, a single parent, paediatric cancer and palliative care. Case studies should also consider engagement with other care environments, future cancer care, pain management, oncological emergencies, assessment and referral skills. It is also important to ensure clinician input, particularly for use in rural and remote areas.

Case study resources suggested to be useful included multimedia resources, video clips, discussion boards, photos and progressive view formats (like blackboard). Resources could also reference poetry, literature, videos etc and not just texts.

In discussing competency standards, it was noted that difficulty arises in attempting to measure at what point in the competency spectrum defines the specialist cancer nurse. Topics highlighted to ensure inclusion included health promotion and prevention, quality of life, survivorship, aged cancer care, palliative care, grief and loss, ethical issues, advocacy, communication skills, dealing with conflict, fear of doing harm and self care for nurses.

Suggestions for methods of assessment include online assessments, a question bank, critical incident critique, portfolios and the use of standards and competencies as a reflective tool or benchmark. The use of vocational training resources, workplace assessors and CPD was also raised.

Barriers to implementation included implementation cost and support, sustainability, maintenance of resource relevance over time, course ownership and intellectual property rights and getting through university approval processes. Concern was also raised about crowded curricula, philosophical differences in teaching, content agendas and priorities, and of nursing registration boards dictating curriculum content.

Participants suggested that implementation would be facilitated through use of a CD-ROM package, ensuring a feedback loop once instituted and simplification of copyright issues. Aligning resources and content within individual curriculum would also facilitate resources being integrated throughout a full curriculum and not just in one subject.

Implications

Two EdCaN models may be needed, one covering the development of cancer nurses and one covering a patient centred approach to the cancer control journey to capture all nurses working with people with cancer.

Within the Curriculum framework, EdCaN needs to define the roles of its resources in the context of existing curricula, reflect feedback within the framework and link in with the CPD project to facilitate life long pathways of development within the curriculum.

Case studies need to consider other health and pedagogical frameworks when framing modules, engage with other faculty areas when considering inclusion of overlapping content areas and consider feedback when defining case study profiles.

Multimedia case study resources will need to be highly adaptable and functional. EdCaN should also begin developing a clearing house of resources, academic, contemporary or otherwise. EdCaN also needs to develop a plan for sustainability of the resources, including methods for incorporating ongoing feedback and updating resources.

EdCaN needs to define a minimum set of competency standards for the specialist cancer nurse and ensure incorporation of feedback within the standards. Exploration is required of best practice methods for assessing competence, contemporary vocational training resources, the use of workplace assessors and the viability of a question bank.

To aid implementation, EdCaN should set clear guidelines for copyright and intellectual property issues and investigate combining specialty areas of content to reduce pressure on crowded curricula. Ensure resources are in 'break apart' modules applicable to other course units and contain graded levels of study to facilitate integration.

Transparency of how the resources meet generic nursing curriculum requirements and the possibility of working with nursing registration boards to look at their requirements also needs to be explored. The feasibility of in-house university workshops to assist integration of resources should also be assessed, including considering obstacles set by university approval process.