



EONS Curriculum for Cancer in Older People 2006 (first edition)

A curriculum for the European Oncology Nursing Society
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Copyright Information

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Foreword

Cancer is largely a disease of the elderly people and although 60% of new cancer cases and over 70% of cancer deaths occur in patients aged 65 years and older in Europe, standard cancer treatment strategies have been mostly validated in younger adults. Remarkable progress has been made in treatment of rare diseases like childhood cancers, but the majority of the patients, above the age of 65, have rarely been addressed by specific clinical trials. Experience of collaborative groups worldwide shows that the mean age in studies is near 60, and patients above the age of 70 are rare in most studies. This is dramatically reflected by the breast cancer meta-analysis of the Early Breast Cancer Trialists' Group (EBCTG) where data on adjuvant polychemotherapy is available for 1242 patients above age 70 against a total of 28764 patients in the studies considered.

Ageing results in progressive but extremely uneven decline of functional reserves and reduction of adaptability, meaning that many treatments need to be adapted to this reality. The challenge of the appropriate management of the increasing number of elderly patients with cancer and the impact on the rising costs of medical and social care have been poorly anticipated, as already mentioned in initiatives of the European Oncology Nursing Society (EONS) with the European School of Oncology (ESO) in the late 1990's. The ESO/EONS initiative led to the creation of a working party which published one of the first objective documents about the questions raised by the care of elderly patients with cancer, in the ESO "Scientific Update Series". This document has been of help for all those interested in developing the field, and was edited by Kathy Redmond and the undersigned.

The International Society of Geriatric Oncology (SIOG) was founded at the beginning of the 21st century, and has initiated several Task Forces to help develop research in the field. Its efforts are collaborative with those of others, such as the European Organization for Research and Treatment of Cancer (EORTC) Task Force Elderly, and many national initiatives.

It is within this context therefore a privilege and a great honour to be able to salute this remarkable body of work of the EONS, a Curriculum for Cancer in Older People. EONS

commissioned the Cancer Care Research Centre, University of Stirling to develop this curriculum, aided by a very experienced Steering Group and helped by the European Nursing Academy for Care of Older Persons (ENACO), a group of European experts in nursing of the aged.

Nurses, and not only nurses I believe, will find this work of the highest value. It should become the basis on which to develop the needed progress in this field. As the document is looking at care of those affected by the disease, it does not look at prevention, where one does have data that even if one stops smoking late, after 10 years the increased risk posed to health by smoking is almost abolished. A 75 year-old with minimal comorbidity has a life expectancy that could justify studies about prevention. The value of early detection is poorly documented in the elderly, but while formal studies might be needed, the education of elderly patients in recognizing signs and symptoms of possible cancer should help in overcoming their reluctance to seek advice, which often is based on ignorance. The perception that cancer treatments are often poorly tolerated by the elderly has certainly a basis in some instances; but most often it is the result of the lack of understanding of the treatments and of the management of the side-effects. It is in this area that this curriculum will be extremely helpful, as a highly educated team will be able to increase the benefits of intervention while decreasing its potential difficulties.

One is encouraged by such excellent professional initiatives, and hopes that joint work, among others under the EU 7th framework programme, will increase the breadth and depth of the multidisciplinary approach to the elderly patient with cancer. The care of the elderly needs improvement, and this curriculum is an important step in the right direction. All those involved in the care of elderly patients should join their efforts, which will lead to improved results, in quality and quantity, in the management of cancer and its consequences in the elderly and those who look after them.

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Philosophy, Introduction and Framework

This educational project on cancer in older people emerged from recommendations of the European Oncology Nursing Society (EONS) Oncology Expert Panel who identified a need for an educational framework to support nurses to care for older people with cancer. EONS established a steering group to oversee the development of the curriculum and commissioned the Cancer Care Research Centre, University of Stirling to undertake the work and support the steering group. Cooperation was also sought with the recently founded European Nursing Academy for Care of Older Persons (ENACO), a group of European experts in older peoples nursing. The steering group comprised a multi-specialist nursing team, to reflect the many care settings involved in care for older adults with cancer (Appendix 1). Enhancing integrated care across these environments is important in ensuring the provision of appropriate care. The objective of this curriculum is to provide an integrated framework to be used for local and national training programmes in cancer care for older people.

There are three main reasons for this challenge:

Demography:

Cancer disproportionately affects older people and is more prevalent in those aged 65yrs and over (Balducci & Extermann, 2000 & Repetto et al, 2003). Demographic and epidemiological data suggest that the number of older people with cancer is set to rise across Europe. By 2050 an increase of the ageing population of 40% is expected, with a third of this population being the oldest-old, those aged 80 years or older (Vercelli et al, 2000). In the next decade the increase in older people with cancer will have consequences for health care systems and in the availability of numerous cancer treatment modalities (Levi et al, 2001).

Care Settings:

For many people, cancer is now experienced as a chronic illness. Therefore many older people may live with or have a history of cancer for a number of years and be cared for in a variety of settings (Thome et al, 2004). Currently, too few nurses are available

to provide the specialist care that is needed for this population. It is projected that in 10-20 years, the number of available specialist nurses will be even lower, relative to the number of older people (Oliver, 2004). There is an increasing demand for professional multidisciplinary services for older people and therefore a need for a well trained nursing workforce who can deliver high quality care to support older people with cancer.

Provision of Care:

Currently older people with cancer are screened, staged, and treated less aggressively, inadequately or not at all, as compared to their younger counterparts (Kennedy, 1997). Ageist attitudes towards this population leads to stereotyping and discrimination resulting in sub-optimal treatment for these patients. The pathophysiology of ageing is often not sufficiently understood by clinicians or nurses in the provision of support or in the decision-making process for cancer therapy (Forte & McGregor, 2004). Nurses need knowledge and skills to be able to provide supportive care to meet older peoples complex rehabilitation needs.

Integrated care provides a philosophical basis for the development of education for cancer nurses in gerontology. By 'integrated' we refer to a well planned, comprehensive set of care processes that targets the multidimensional needs or problems of an individual with cancer across acute cancer settings, long term care and in the home or community. This type of education addresses the problems of older people's long term, complex and multiple needs over the entire cancer trajectory. In this curriculum we use the term 'older people' to refer to adults above the age of 70 years.

Older people with cancer require a highly customized approach to care delivery. This includes a tailored package of care, support and services covering the multiple domains of life, respectful of older adults individual preferences and their wider needs. Providing packages of cancer care and services at the appropriate time and place contribute to peoples well being in their old age, in spite of co-morbidities, frailties and disabilities. It is a challenge to care providers (families and health care professionals alike) to deliver such care.

It is widely acknowledged that cancer nurses require special educational preparation in

order to meet the diverse and complex needs of people with cancer and their families throughout their cancer experience (Commission of the European Communities, 1994; Carr-Hill, Dixon, Gibbs et al, 1992). This premise should be no different for nurses caring for older people with cancer. Indeed there is evidence that patient care is improved and health care delivery costs are reduced when appropriately educated nurses provide specialist care (Blegen, Goode & Reed, 1998; Lawton, 1983).

This educational framework aims to provide nurses with the basic knowledge and skills to optimise older people's care within the specialty framework of oncology. Health care is often organised on specific division of labour and tasks, and nurses often work within these boundaries of specialisation and fragmentation. Therefore the first step in establishing a curriculum is to encourage nurses from different specialties to train together.

The EONS Curriculum for Cancer in Older People has been developed following the successful template of the EONS Post-basic Curriculum in Cancer Nursing, 2005 (third edition). The EONS Curriculum for Cancer in Older People has a more extended twofold target population. It provides educational experiences for nurses caring for older people and for specialist oncology nurses. Whilst covering a broad range of timely issues pertinent to the care of older people with cancer, in order to accommodate the learning needs of both subsets of potential students, this curriculum is at a basic level, of shorter duration, and of fewer ECTS credits than the Post-basic Curriculum in Cancer Nursing. Following completion of the EONS Curriculum for Cancer in Older People students can continue on to the EONS Post-basic Curriculum in Cancer Nursing. The EONS Curriculum for Cancer in Older People provides students with a sound level of knowledge in which to commence the Post-basic Curriculum in Cancer Nursing and develops students' knowledge and skills in dealing with older people with cancer, a high priority in cancer care.

Educational Structure and Curriculum Model

The main educational aims of the programme are to:

1. Provide a practice based framework for educators and managers to facilitate post basic training for nurses caring for older people with cancer.
2. Enhance nurses knowledge, understanding and practice skills to improve health care management for older people with cancer.
3. Enhance multi-professional working between oncology and gerontology teams to improve outcomes for older people with cancer.
4. Empower nurses working with older people with cancer to offer input into the multidisciplinary cancer team for research, management and practice.
5. Foster the development of strategic capacity and capability within the context of nursing older people with cancer in any setting.

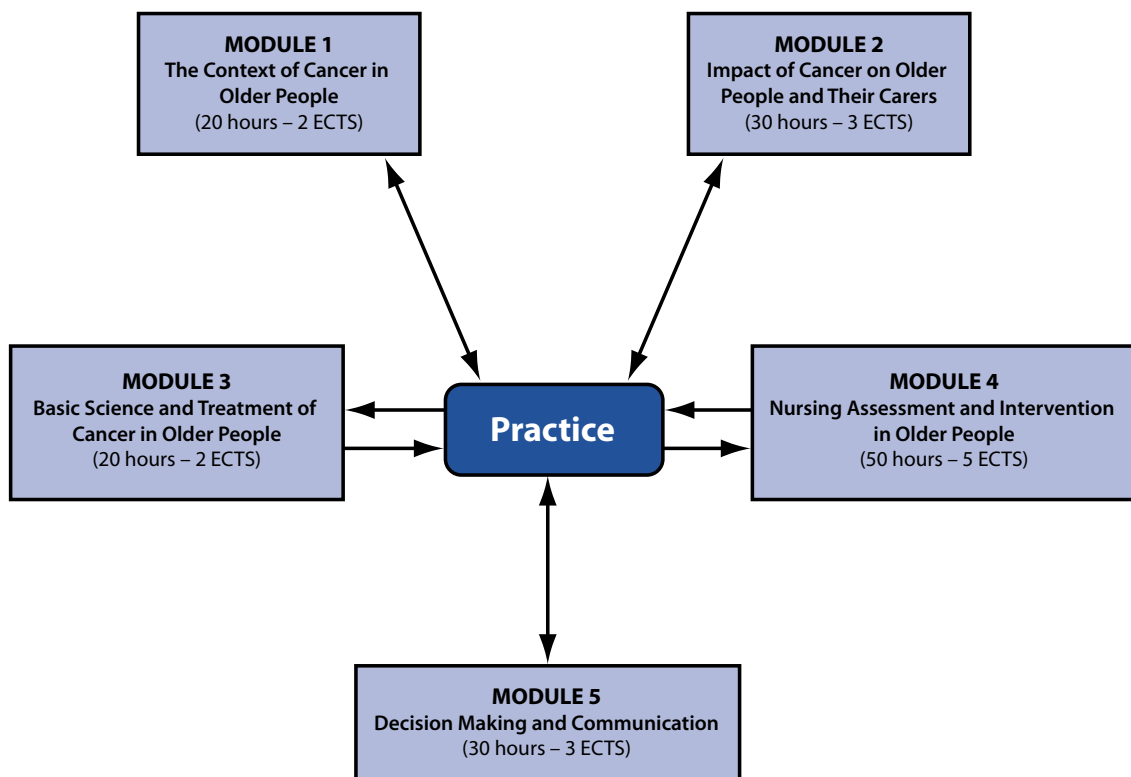
Structure, Length and Mode of Delivery

The EONS Curriculum for Cancer in Older People is a modular framework comprised of five modules that can be taken together as a complete course or as a stand alone module. The course includes practice as well as theory elements. The overall length of the course is 300 hours, which equates to 15 ECTS credit points. Learning outcomes and competencies have been identified so that users of the framework can apply for institutional credits at the appropriate level. Each module provides a self-contained training template with content, assessment of learning outcomes and competencies for practice. Two of the modules will be by distance learning and the remaining three will be covered over a three-month period. Each module will include a small piece of work which will be incorporated into a larger piece of work in the format of a reflective portfolio to demonstrate the students learning over the entire course.

Practice Placements

Nurses working within an oncology area should seek a placement in a gerontology unit or residential home and nurses working in a general or gerontology unit should seek a placement in an oncology unit, to consolidate the learning experience. Nurses with appropriate clinical experience should be allocated as mentors for students practice placement.

Figure 1. EONS Curriculum for Cancer in Older People Educational Framework.



Entry Requirements

To gain entry into the course a nurse must have achieved the first level qualification of a nurse specified in the EC directive 77/452/EEC (subsequently amended by Council Directive 89/595/EEC) or equivalent in other countries. It is recommended that students should have at least one years post registration experience. If the course is run on a part-time basis, the nurse must be involved in the care of older people with cancer and their families.

Rationale

'Context of Cancer in Older People'

The European older population is increasing by approximately 0.8 million (1%) per year, representing 21% of the EU population (Vercelli et al, 1998 & Vercelli et al, 2000). By the year 2050 this is expected to increase to 40% (Vercelli et al, 1998 & Vercelli et al, 2000). With these demographics and the increasing risk of cancer in the elderly population, it is inevitable that Europe's national health systems face huge challenges that must be addressed (Vercelli et al, 1998 & Vercelli et al, 2000). Currently approximately 60% of all malignancies and 70% of all cancer deaths occur in persons aged over 65yrs (Balducci & Extermann, 2000 & Repetto et al, 2003). It is anticipated that the burden of cancer in older people will continue to increase in the coming decades. This constitutes a concern given the poorer prognosis experienced by older people (65-99yrs) in comparison to their younger counterparts (Vercelli et al, 1998 & Vercelli et al, 2000). Additionally significant geographical variations among European countries regarding survival for older people mandates that astute healthcare planning be enacted to satisfy the care demands of the evolving older population (Vercelli et al, 1998 & Vercelli et al, 2000).

Gender, social and cultural differences influence survival rates of cancer in older people. Variability of health care facilities across Europe along with difficulties in accessing health care systems may cause a consequent delay in early detection in some countries, with ultimate detrimental affects on survival. For all patients with cancer, stage of the disease at initial presentation is a critically important prognostic variable and this is particularly so in the treatment planning for older patients (Vercelli et al, 1998 & Vercelli et al, 2000). Problems with early detection, such as inadequate involvement with, and lower attendance rates at, screening, are partly responsible for the poorer survival rates of older people with cancer (Vercelli et al, 2000). It is therefore important that health care professionals consider how best to disseminate age-appropriate information of health promotion, signs and symptoms of cancer and the availability of screening (Fitch et al, 1997).

In considering early detection and treatment for older people, two landmark age

groups have been established: 70yrs and 85yrs (Balducci & Extermann, 2000). At the age of 70yrs, the prevalence of age-related changes increases sharply, with approximately 90% of persons demonstrating clinical signs of ageing (Balducci & Extermann, 2000). Similarly, at the age of 85yrs, the prevalence of frailty increases, characterized by a more rapid decline in visual and hearing capacity making them more prone to injury and/or functional dependence (Balducci & Extermann, 2000). The further burden of a cancer diagnosis and potential treatment or treatment-related toxicities in these individuals can have a significant impact on the social and emotional sequelae associated with caring for older people with cancer.

'Basic Science and Treatment of Older People with Cancer'

Acknowledging that cancer is a disease of prevalence in late life, the biological changes that characterise ageing, are influential suspects in the aetiology and progression of cancer. The functional decline that accompanies normal ageing has been well characterised, but under normal circumstances this does not account for symptoms of disease (Denduluri & Ershler, 2004). For example, renal function declines with age, marrow stem cells become fewer, and the proliferative potential of these cells is decreased. Low levels of anaemia are commonly observed in otherwise healthy older people due to blunted erythropoietin responses in old age. In tandem with these physiological changes come increased incidence of chronic diseases (co-morbidities) and other changes such as functional dependence, which is associated with shortened life expectancy (Balducci & Extermann, 2000). Cognitive impairment such as dementia, delirium and depression are often overlooked and are associated with decreased survival (Balducci & Extermann, 2000; Chochinov, 2001; Ingram et al, 2002).

Whilst ageing itself is not a disease, the consequences of ageing may make individuals more susceptible to disease. The interpretation of carcinogenesis as a multistage process presents at least two explanations for the increased incidence of cancer with age. The first and most basic is that over time, the tissues of an older person will have sustained the serial stochastic events involved in carcinogenesis. Accordingly, the cancers most prevalent among the older population such as prostate, lung, colon and breast, are those involving the greater number of carcinogenic steps (Denduluri & Ershler, 2004). The second hypothesis is that age itself is a risk factor because the process of ageing

involves genetic events similar to those occurring in carcinogenesis. Thus the number of cells that would be susceptible to the effects of late life carcinogenesis increases with age (Denduluri & Ershler, 2004).

Treatment options available for older people with cancer are identical to those for younger adults. Cancer surgery for older people in reasonably good health is safe and morbidity and mortality increase only minimally with age (Hoekstra, 2001; Hoekstra, 2001 & Yancik et al, 1989). Radiotherapy is valuable for both curative and palliative purposes in an older population and although the risk of severe toxicity increases with age, 90-95% of patients over 80yrs are likely to complete their planned treatment (Repetto & Balducci, 2002, Wengstrom et al, 2000). It has generally been thought that the complications of cytotoxic chemotherapy are often more common in older people. Yet this highly debated assumption has been countered with recent evidence that the presence of co-morbidities, rather than chronologic age alone, is the greatest risk factor for therapy-related morbidity in older adults (Rao, Seo & Cohen, 2004; Repetto & Comandini, 2000). However, advanced age should be considered a risk factor for the untoward effects of antineoplastic therapies, particularly systemic ones such as chemotherapy (Balducci & Corcoran, 2000; Scott, 2002). This is in large part due to functional changes in myeloproliferative cell lines and altered pharmacokinetics and pharmacodynamics with advanced age that modify the absorption, distribution, metabolism and excretion of drugs (Balducci & Carreca, 2002; Dolan et al, 2005; Green & Hacker, 2004; Hood, 2003; Wildiers, Highley, de Bruijn & van Oosterom, 2003). Hence in the older host, drugs administered in usual dose and concentration ranges, may result in adverse effects and heightened toxicity profiles (Lichtman, 2004). When advanced stage of cancer, co-morbidity or frailty precludes more aggressive attempts to treat the malignancy, supportive or palliative care may be the most appropriate option. Prior to any decision-making, older people with cancer should undergo a thorough multidimensional assessment to establish what options are viable for them.

'Nursing Assessment and Intervention in Older People'

Ageing involves changes in the functional, emotional and socio-economic domains for an individual and is associated with decreased life expectancy, increased incidence of chronic diseases (co-morbidity) and increased numbers of geriatric syndromes

(Balducci & Extermann, 2000). It is therefore imperative that nurses are aware of their role in the assessment and management of older people with cancer and the resources available from the multi-disciplinary team to facilitate optimal care for older people. Comprehensive geriatric assessment (CGA) is now considered the gold standard for establishing viable treatment options for older individuals (Balducci & Extermann, 2000; Balducci, 2003; Repetto et al, 2003). The use of CGAs will foster the application of a common language to validate the evaluation of the older patient and promote comparisons of treatment outcomes from varying practice settings for quality assurance purposes (Ingram et al, 2002 & Balducci & Extermann, 2000). In addition, it will afford nurses a structured assessment process to aid their practice. Nurses have a crucial role to play in this area of cancer care and require specialised knowledge and skills that combine cancer and older people nursing competencies.

Older people with cancer may experience a wide range of symptoms (i.e., pain, dyspnoea, constipation and anorexia-cachexia syndromes) which appear to increase as age advances (Sutton et al, 2003). The management of these symptoms requires prompt recognition, appropriate assessment using validated tools and implementation of effective therapies following recommended guidelines (Sutton et al, 2003). In addition, patients with life threatening illnesses face significant psychological challenges and at times, debilitating emotional distress.

End of life care for the older person with cancer should involve and respect both patients and those close to them. The care provided should be congruent with their close relationships, culture, values and resources (Sutton et al, 2003). To effectively care for the dying, family members needs must be integrated into the plan of care. Enhanced understanding of the common psychological concerns of patients at the end of life can improve not only the clinical care of the patient and family, but also the nurse's sense of satisfaction and meaning in caring for the dying (Block, 2001).

'The Impact of Cancer and Older People and Their Carers'

A cancer diagnosis, its treatment and the associated toxicities, have a significant impact on older people and their carers. Often older people have to manage the consequences of cancer and its treatment in conjunction with other long-term conditions resulting

in increasing vulnerability requiring intensive support. Whilst a diagnosis of cancer and its treatment has a negative impact for most people, studies suggest that older patients tend to cope better than their younger counterparts.

Survivorship issues have been identified for patients with cancer, and given average life expectancy for people over 65 years, generic survivorship issues that are pertinent for younger patients (i.e., fear of recurrence, ongoing health monitoring and surveillance for second malignancies and long term effects) are appropriate for older patients as well. However, older age-specific phenomenon during extended survivorship must be considered as well (i.e., survivor guilt, coping with cumulative loss, potential for second and third primary cancers) (Boyle, 2006). During this phase of the cancer continuum, family carers sometimes referred to as 'secondary cancer survivors', may also be older and have their own health concerns and limited stamina to provide care in the home. This reality is of further concern due to dwindling resources, more and more cancer care will be transferred from the in-patient to the outpatient setting, with the burden of caring for older patients increasingly falling on their families (Hayman et al, 2001, Hayley, 2003).

It is difficult to make general statements about the requirements of cancer care for older people because of the diversity of impairments experienced by older patients (Hayley, 2003). For family caregivers of some older patients with cancer minimal assistance with activities of daily living and emotional support are required. In contrast, families of patients with end stage disease may require extensive assistance with medical care and activities of daily living. Adding to this complexity is the possibility of older patients with cancer having other co-morbid conditions, such as dementia. Accordingly, nurses must be aware of the burdens that cancer and its treatment can place on older people and their families and identify those patients and carers in need of additional support.

'Decision Making and Communication'

An individual's right to participate in informed decision making is an integral part of cancer care. Supporting and advocating for patient choice has been identified as an important dimension in cancer nursing (Bottorff et al, 2000). Involving patients in

their own care has been linked to enhancement of human dignity, increased patient satisfaction, greater efficacy of health education and improved patient concordance (Bottorff et al, 2000). Older patients with cancer wish to be informed not only about their disease but also about the different treatments available throughout all the phases of their disease (Benbassat et al, 1998; Caruso et al, 2000 & Fitch et al, 1997). It is also imperative to understand that without direct patient inquiry, it is impossible to predict individual patient preferences for treatment (Benbassat et al, 1998). Using decision preferences from relatives without patients consent violates the patients' rights to confidentiality (Noone et al, 2000). Nurses therefore have a key role to play in enhancing effective communication as it influences patient decision-making.

The role of cancer nurses in the decision-making process of older patients with cancer encompasses provision of information, clarification and assistance / reassurance in making decisions and service as a listener (Chouliara et al, 2004 & Lewis et al, 1997). Furthermore, it seems important for nurses to support older persons in their choices, whether they choose to take an active part in understanding the disease and handling daily life or whether they choose to be more passive and delegate decision-making to others (Thome et al, 2003).

The high prevalence of cognitive impairment and neurosensory compromise (i.e., vision, hearing) may make the transmission and processing of information more difficult. In order to overcome these difficulties nurses must ensure that they are patient, sensitive and caring in their communication style at key points along the cancer continuum.

Module 1: The Context of Cancer in Older People

Contact hours: 20

Student study hours with practice: 40

ECT Credit: 2

Specific aims and learning outcomes:

Aims: Given the multidimensional nature of cancer in older people, this module aims to encourage the student to analyse the impact of cancer in an ageing society in a national and European context. By doing such, the student will be sensitized to the influence of attitudes, roles, language, culture, race, religion and lifestyle on individuals' adaptation to cancer.

Learning Outcomes:

At the end of the module the students will be able to:

Subject Knowledge:

- Analyse the impact of cancer in an ageing society in a national and European context.
- Recognise the importance of employing culturally sensitive approaches in the care of older people with cancer and their families.
- Demonstrate knowledge of the older patients' and others attitudes, values and expectations about ageing and the role they play in their social context.

Practice Competencies:

- Describe how awareness of, or lack of awareness of, cancer in older people, influences care delivery in local facilities.
- Demonstrate understanding of the demographics and social pressures of caring for older people and assess the needs of the informal carer in helping define care packages.

Module Content:

The impact of cancer in an ageing society in a national and European context
Cancer statistics and registry data (national and international)
Health care strategies and policy documents for older people with cancer
Ageing process and its correlation with the aetiology of cancer
Age related physiologic changes in older people
Distinctions between chronological ageing versus biological ageing
Loss of function in old age and implications
The role of the geriatric-oncology nurse
Attitudes towards older people with cancer
Existing barriers for older people with cancer
Ageism, discrimination and stereotyping
Social, gender and cultural attitudes to cancer in older people and their influence on decision making
The cancer trajectory of older people with cancer: prevention, early detection, pre-diagnosis treatment, post treatment, remission, survivorship and end of life care
Age appropriate cancer screening – barriers and health promotion
Media and public attitudes to cancer in older people
Land mark age groups
Clinical signs of ageing and frailty
Social and emotional pressures of caring for older people with cancer
Care giving by adult children
Theories of changing risk behaviour to prevent cancer in older people

Teaching and Learning Method:

Web based materials, distance learning pack, teaching sessions reflective and simulation exercises

Assignment:

Subject Knowledge: Analyse the impact of cancer in an ageing society in a national and European context

Practice:

Assess the needs of the older person with cancer and their informal carer in helping

define care packages

Recommended Reading / Resources:

Campbell, K. 1999. *Cancer Epidemiology*. NT Books, London.

Dale, D. Poor prognosis in elderly patients with cancer: The role of bias and undertreatment. *The Journal of Supportive Oncology*. 2003;1;supp2;11-17.

Fitch, M, Greenberg M, Levstein, L, Muir, M, Plante, S, King, E. Health promotion and early detection of cancer in older adults: Needs assessment for programme development. 1997;20;6;381-388.

Hayman, J, Langa, K, Kabeto, M, Katz, S, DeMonner, s, Chernew, M, Slavin, M, Fendrick, M. Estimating the cost of informal caregiving for elderly patients with cancer. *Journal of Clinical Oncology*. 2001;19;13;3219-3225.

Kearney, N and Richardson, A (eds), 2006. *Nursing Patients with Cancer: Principles and Practice*, Elsevier Churchill Livingstone: Edinburgh.

Mandelblatt, J, Yabroff, K, Kerner, J. Equitable access to cancer services: A review of barriers to quality care. *Cancer*. 1999;86;11;2378-2390.

Mezey,M; Fulmer,T; Abraham,Z. 2003. *Geriatric Nursing Protocols for Best Practice*. Springer New York.

Mezey, M, Capezuti, E, Fulme, T. 2004. *Care of Older Adults*. Saunders, Philadelphia.

Milisen,K;De Geest,S;Schuurmans,M;Steeman,E;Habets,H;Defloor,T;Schwendimann,R. Meeting the Challenges for gerontological nursing in Europe: The European Nursing Academy for Care of Older Persons (ENACO).

Oncology Nursing Society and Geriatric Oncology Consortium. The Oncology Nursing Society and Geriatric Consortium Joint Position on cancer care in the older adult. *Oncology Nursing Forum*. 2004. 31;3;1-2.

Rodgers, A. Vulnerability, health and health care. *Journal of Advanced Nursing*. 1997;26;1;65-72.

Repetto, L, Venturino, A, Fratino, L, Serraino, D, Troisi, G, Gianni, W, Pietropaolo, M. Geriatric Oncology: A clinical approach to the older patient with cancer. *European Journal of Cancer*. 2003;39;7;870-880.

Scholder, J, Kagan, S, Schumann, M. Nurse competence in ageing overview. *Nursing Clinics of North America*. 2004; 39; 3; 429-42.

Silverman MA, Zaidi U, Barnett S, Robles C, Khurana V, Manten H, Barnes D, Chua L & Roos BA. Cancer screening in the elderly population. *Hematology/Oncology Clinics of North America*. 2000; 14;1; 89-112.

Vercelli, M, Capocaccia, R, Quaglia, A, Casella, C, Puppo, A, Coebergh, J, EUROCARE, Working Group. Relative survival in elderly European cancer patients: evidence for health care inequalities. *Critical Reviews in Oncology Haematology*. 2000;35;161-179.

Vercelli, M, Quaglia, A, Casella, C, Parodi, S, Capocaccia, R, Martinez Garcia, C, EUROCARE, Working Group. Relative survival in elderly cancer patients in Europe. *European Journal of Cancer*. 1998;34;14; 2264-2270.

Module 2: Impact of Cancer on Older People and their Carers

Contact hours: 30

Student study hours with practice: 60

ECT Credit: 3

Specific aims and learning outcomes:

Aims: This module aims to provide the student with an understanding of the impact of cancer on older patients and their informal carers. It will provide an awareness of the differing needs of older people with cancer and discuss interventions and rehabilitation programmes for the older individual with cancer.

Learning Outcomes:

At the end of the module the students will be able to:

Subject Knowledge:

- Assess the actual and potential impact of cancer and its treatment on the older person and their informal carers.
- Recognise the physical symptoms, psychological and spiritual concerns experienced as a result of cancer therapy.
- Explore the concept of survivorship for the older person.

Practice Competencies:

- Assess older persons and families understanding of the cancer diagnosis and subsequent treatment, and how these variables influence their experience of cancer.
- Establish standards of care to recognise the differing needs of older people with cancer.
- Problem-solve dilemmas related to illness, disabilities or side-effects as a result of cancer therapies.

- Refer appropriately to allied health and social care professionals.

Module Content:

The impact of older peoples life history, emotional, psychosocial and physical status impacts on their coping mechanisms

Physical side effects of cancer therapies affecting older patients

Emotional side effects of cancer therapies affecting older patients

Older persons with cancers' coping mechanisms

Impact of sub-optimal treatment for older persons

Concepts of supportive care, hope and cure

Experience of informal carers, children, friends and non-traditional families

Survivorship

In-patient care

Care in the community

Transitions in care

End of life care

Loss and bereavement

Spirituality

Impact of informal care giving

Educate informal carers to recognise emergencies and reduce the risk of falls

Theories of psychological morbidity

Assessment of support needs for both older patients with cancer and their informal carers

User involvement and patient support groups

Teaching and Learning Method:**Assignment:****Subject Knowledge:**

Case study: How a cancer diagnosis affected an older individual and their family

Practice:

Observation and discussion with an older patient with cancer and their family for the above assignment

Recommended Reading / Resources:

Balducci, L, Extermann, M. Management of Cancer in the Older Person: A practical approach. *The Oncologist*. 2000;5;224-237.

Baum, L. Psychosocial needs of patients with cancer in the primary care setting. *Lippincott's Primary Care Practice*. 2000;4;4;417-425.

Binstock, R & George, L. 2001. *Handbook of Ageing and Social Sciences*. Academic Press, London.

Boyle D. Delirium in elderly cancer patients: A review and recommendations for practice and research. *Oncology Nursing Forum*. 2006; 33;1; 61-78

Boyle DA. A review of the evidence-base of an evolving science: Gero-oncology nursing. In: *Comprehensive Treatment and Management of Cancer in the Elderly*. Muss H, Johnson K & Hunter C (Eds.) 2006. Marcel Dekker: New York, pp. 507-537.

Boyle DA. The older adult with breast cancer. In: *An Evidence-Based Approach to the Treatment and Care of the Older Adult with Cancer*. Cope D & Reb A (Eds). 2006. Oncology Nursing Press: Pittsburgh, pp. 103-134.

Boyle DA. Survivorship. In : *Psychosocial Nursing Care Along the Cancer Continuum* (2nd. Ed.) Carroll-Johnson R, Gorman LM & Bush NJ (Eds.) 2006; Oncology Nursing Press: Pittsburgh, pp. 25-51.

Corner, J & Bailey, C. 2001. *Cancer Nursing: Care in Context*. Blackwell Science, Oxford.

Deimling GT, Sterns S, Bowan KF & Kahana B. The health of older adult long-term survivors. *Cancer Nursing*. 2005; 26;6;415-424.

DeVita,V; Hellman,S & Rosenberg,S. 2005. Cancer: Principle & Practice of Oncology. Lippincott, Williams & Wilkins.

Doyle, D; Hanks,G; Cheryn,N; & Calman,K. 2004. Oxford Textbook of Palliative Medicine. Oxford University Press.

Evans; Grimley; Williams; Franklin; Beattie; Lynn; Michel; & Wilcock. 2000. Oxford Textbook of Geriatric Medicine. Oxford University Press

Fitch, M, Gray, R, Franssen, E. Perspectives of living with ovarian cancer. Older women's views. 2001;28;9;1433-1441.

Gallo, J; Busby-Whitehead,J; Rabins,P; Silliman,R; Murphy,J & Reichel, W. 1999. Reichel's care of the elderly: Clinical aspects of ageing. Lippincott, Williams & Wilkins.

Haley, W. The costs of family caregiving: implications for geriatric oncology. Critical reviews in Oncology Haematology. 2003;48;2;151-158.

Hayman, J, Langa, K, Kabeto, M, Katz, S, DeMonner, s, Chernew, M, Slavin, M, Fendrick, M. Estimating the cost of informal caregiving for elderly patients with cancer. Journal of Clinical Oncology. 2001;19;13;3219-3225.

Hunter, C. 2000. Cancer in the elderly: Basic and clinical oncology. Published by Marcel Dekker Inc, New York.

Kearney, N and Richardson, A (eds), 2006. Nursing Patients with Cancer: Principles and Practice, Elsevier Churchill Livingstone: Edinburgh.

Miaskowski, C. 1997. Oncology Nursing: An Essential Guide for Patient Care. WB Saunders, Philadelphia.

Parboteeah, S & Tremayne, P. 2003. Client Profiles in Nursing: Adult and the Elderly 2. Greenwich Medical Media, London.

Simpson, J, Rosenzweig, M. Treatment considerations for the elderly patient with cancer. AACN Clinical Issues. 2002;13;1;43-60.

Souhami,R; Tannock,I; Hohenberger,P & Horiot,J. 2002. Oxford Textbook of Oncology. Oxford University Press.

Tschudin, V. 1996. Nursing the Patient with Cancer. Prentice Hall, London.

Module 3: Basic Science and treatment of cancer in older people

Contact hours: 20

Student study hours with practice: 40

ECT credit: 2

Specific aims and learning outcomes:

Aims:

The aim of this module is to provide students with a basic understanding of how cancer develops in older people and the factors that contribute to cancer development in the older host. The module also aims to enhance student's understanding of the main cancer therapies, the rationale for treatments, combined therapies and efficacy in the older age group.

Learning Outcomes:

At the end of the module students will be able to:

Subject knowledge:

- Recognise normal physical changes of ageing and their potential influence on older adults response to cancer treatment
- Demonstrate knowledge of the principles of pharmacology in older people with cancer
- Demonstrate knowledge of morbidities associated with cancer therapies

Practice Competencies:

- Recognise common co-morbid illnesses and their sequelae in older adults with cancer
- Apply existing treatment knowledge to the nursing care of an older person experiencing therapy-related toxicities
- Recognise poly-pharmacy and drug interactions in older people

Module content:

Biology of cancer: Carcinogenesis

Differentiation between benign / malignant tumours

Histo-pathophysiology of cancer

Programmed cell death

Chemotherapy, hormone therapy, surgery and radiotherapy for the older person with cancer

Cancer treatment related morbidities in the older person

Factors affecting the treatment of cancer in older patients including haematological risk factors, pharmaceutical, pharmacokinetic and pharmacodynamics in the ageing population

Safe and effective therapy in the older person

Polypharmacy in older patients

Venous access concerns in older patients

Biological basis for symptoms eg: cachexia, anorexia, pain, fatigue, nausea and vomiting

Teaching and Learning Method:

Web based materials and distance learning pack, teaching sessions, case studies, guided reading, clinical treatment centre visits

Assignment:

Subject Knowledge: Analyse / Critique an article on an aspect of treatment for older people with cancer.

Practice: Provide an older person with appropriate patient education on cancer treatment or health promotion.

Recommended reading/ Resources:

Armitage P & Doll R. The age distribution of cancer and a multi-stage theory of carcinogenesis. *British Journal of Cancer*. 2004; 91; 1983-1989.

Audisio RA, Bozzetti F, Gennari R, Jaklitsch MT, Koperna T, Longo WE, Wiggers T & Zbar AP. The surgical management of elderly cancer patients: Recommendations of the SIOG surgical taskforce. *European Journal of Cancer*. 2004; 40; 926-938.

Barton Burke, M. 1996. Cancer Chemotherapy: A Nursing Process Approach. Jones & Bartlett, London.

Cherneckey, C & Berger, B. 1998. Advanced and Critical Care Oncology Nursing. WB Saunders, London.

Clarke, D, Flanagan, J, Kendrick, K. 2002. Advancing Nursing Practice in Cancer and Palliative Care. Palgrave MacMillan, Basingstoke.

Extermann M. Measurement and impact of co-morbidity in older cancer patients. *Critical Reviews in Oncology/Hematology*. 2000; 35;3; 181-200.

Faithfull, S, Wells, M. 2003. Supportive Care in Radiotherapy. Churchill Livingstone, Edinburgh.

Forte D & McGregor R. 2004 Older people and cancer: considerations for health care. *European Journal of Cancer Care* ;13; 501-514

Gabriel, J. 2001. Oncology Nursing in Practice. Whurr, London.

Garbett, R. 1998. Cancer Nursing. Emap Healthcare, London.

Green JM. 2004. Chemotherapy in the geriatric population *Clinical Journal of Oncology Nursing* 8 (6) 591-597

Groenwald, S et al. 1997. Principles and Practice. Jones & Bartlett, London.

Grundy, M. 2000. Nursing in Haematological Oncology. Bailliere Tindall, Edinburgh.

Hood LE. 2003. Chemotherapy in the elderly: supportive measures for chemotherapy-induced myelotoxicity *Clinical Journal of Oncology Nursing* 7(2) 185-190

Johnson, B & Gross, J. 1998. Handbook of Oncology Nursing. Jones & Bartlett, London.

Kearney, N, Richardson, A & Di Giulio, P. 2000. Cancer Nursing Practice: A Textbook for

The Specialist Nurse. Churchill Livingstone, Edinburgh.

Kearney, N and Richardson, A (eds), 2006. Nursing Patients with Cancer: Principles and Practice, Elsevier Churchill Livingstone: Edinburgh.

Lewis J, Kilgore M, Goldman, Trimble E, et al. 2003. Participation of patients 65 years of age or older in cancer clinical trials Journal of Clinical Oncology 21 1383-1389

Muscari, E. 2001. Advanced Practice in Oncology Nursing. WB Saunders, London.

Otto, Shirley. 2004. Oncology Nursing Clinical Reference. Mosby, St Louis.

Redmond K & Apro. 1997. Cancer in the elderly: a nursing and medical perspective: ESO Scientific Updates 2 published by Elsevier

Repetto L & Balducci L. 2002. A case for geriatric oncology The Lancet Oncology 3 289-297

Turner N, Hayward R, Mulley G et al (1999) Cancer and old age- is it adequately investigated and treated? British Medical Journal 319 309-312

Vercelli M, Capocaccia R, Quaglia A et al. 2000. Relative survival in the elderly European cancer patients: evidence for health care inequalities. The EURO CARE working group Crit Rev Hematol 35 (3) 161-179

Yates JW. Comorbidity considerations in geriatric oncology research. CA-A Cancer Journal for Clinicians. 2001; 51; 6; 329-336.

Zachariah B & Balducci L. Radiation therapy of the older patient. Hematology/Oncology Clinics of North America. 2000; 14;1; 131-167.

Module 4: Nursing Assessment and Intervention in Older People

Contact hours: 50

Student study hours with practice: 100

ECT Credit: 5

Specific aims and learning outcomes:

Aims: The aim of this module is to provide the student with the knowledge and understanding to assess the multidimensional needs of older people with cancer. This integrates knowledge and skills building to facilitate multidisciplinary team working, deliver independent care between the hospital and home care setting, promote patient autonomy and provide a high standard of symptom management and end of life care in both the hospital and community setting.

Learning Outcomes:

At the end of the module the students will be able to:

Subject Knowledge:

- Demonstrate the need for a comprehensive assessment of an older person's needs.
- Demonstrate knowledge of each aspect of the CGA and its importance in the assessment of an older person with cancer.
- Identify the common signs and symptoms of cancer in older people.
- Recognise the geriatric syndromes common to older people.
- Demonstrate knowledge of the support available from the multi-disciplinary team in preparing the patient for rehabilitation.
- Evaluate the evidence base for practice that enhances symptom management and end of life care for older people with cancer

Practice Competencies:

- Identify co-morbidities and geriatric syndromes established from a CGA and their impact on patients' treatment choice
- Identify how to ameliorate the constraints of existing co-morbidities to foster re-examination of decision-making regarding treatment / rehabilitation
- Recognise cognitive dysfunction, sensory changes and co-morbid conditions that may impact on health promoting activities in older people
- Manage and provide care related to the administration of cancer therapies
- Assess the multi-dimensional needs of the older person with cancer using culturally validated assessment tools
- Implement practices and support systems for end-of-life care

Module Content:

Comprehensive Geriatric Assessment

Culturally appropriate validated tools for assessing the multi-dimensional needs of older patients with cancer

Nursing Theories

Evaluate the needs of an older person with cancer

Evaluate the needs of informal carers of older persons with cancer.

Social networks

The role, function and purpose of the multi-disciplinary team.

Rehabilitation

Spirituality and hope

Supportive Care including symptom management (pain, fatigue, constipation anorexia/cachexia)

Age specific pain management issues

Oral hygiene (Mucositis)

Alternative and complimentary therapies

Self management strategies

End of life care
Palliative symptom management
Haematological risk factors (neutropenia and anaemia)
Frameworks for assessment
Mental and physical frailty
Psychiatric Issues
Co-morbid conditions and cancer management
Standards of care
Recognising mistreatment of older adults
Evidence based practice
Management of side effects
Theories of self-care and interdependence
Role of home care

Teaching and Learning Method:

Assignment:

Subject Knowledge:

- a) Critically evaluate an assessment tool that is considered appropriate to use with older people with cancer
- b) Multiple choice questionnaire on the management of cancer in older patients

Practice:

- a) Conduct a comprehensive assessment of an older person with cancer
- b) Observe the management of a common cancer symptom

Recommended Reading / Resources:

Balducci, L. New paradigms for treating elderly patients with cancer: The comprehensive geriatric assessment and guidelines for supportive care. *The Journal of Supportive Oncology*. 2003;1;supp2;30-37.

Balducci, L & Extermann, M, 2005. *Biological Basis of Geriatric Oncology: Cancer*

Treatment and Research. Published by Kluwer Academic Publishers, New York

Balducci, L, Extermann, M. Management of Cancer in the Older Person: A practical approach. *The Oncologist*. 2000;5;224-237.

Balducci, L, Beghe, C. The application of the principles of geriatrics to the management of the older person with cancer. *Critical Reviews in Oncology Haematology*. 2000;35;147-154.

Balducci, L, Carreca, I. Supportive care of the older cancer patient. *Clinical Reviews in Oncology Haematology*. 2003;48;supp1;s65-s70.

Block, S. Psychological considerations, Growth and transcendence at the end of life: The art of the possible. *JAMA*. 2001;285;22;2898-2905.

Bourbonniere, M; Kagan, S. Nursing intervention and older adults who have cancer: specific science and evidence based practice. *Nursing Clinics of North America*. 39;3;529-43.

Caird, F. 1990 *Cancer in the elderly*. Published by Wright, London

Chochinov, H. Depression in cancer patients. *The Lancet*. 2001;2;499-505.

Daniel, BT. 2001. *Palliative and Supportive Care of Advanced Cancer*. WB Saunders, Philadelphia.

DeVita,V; Hellman,S & Rosenberg,S. 2005. *Cancer: Principle & Practice of Oncology*. Lippincott, Williams & Wilkins.

Downing, J. 1999. *Pain in the Patient with Cancer*. NT Books, London.

Doyle, D; Hanks,G; Cheryn,N; & Calman,K. 2004. *Oxford Textbook of Palliative Medicine*. Oxford University Press.

Evans; Grimley; Williams; Franklin; Beattie; Lynn; Michel; & Wilcock. 2000. Oxford Textbook of Geriatric Medicine. Oxford University Press.

Extermann, M. Studies of comprehensive geriatric assessment in patients with cancer. *Cancer Control*. 2003;10;6;463-468.

Ferrell,B,R & Ferrell,B,A. Pain in the elderly: a report of the task force on pain in the elderly of the International Association for the Study of Pain. Published by ISAP Press, Seattle. 1996.

Hill, R, Cousins, C & Thompson, J. 2003. MacMillan Nursing Service: The Views of Patients. HHC/ NHS Highland.

Hogg, G & Christie, P. 2002. Palliative Cancer Care in Acute Nursing. Whurr, London.

Hunter, C 2000. Cancer in the elderly: Basic and clinical oncology. Published by Marcel Dekker Inc, New York.

Ingram, S, Seo, P, Martell, R, Clipp, E, Doyle, M, Montana,G, Cohen, H. Comprehensive assessment of the elderly cancer patient: The feasibility of self-report methodology. *Journal of Clinical Oncology*. 2002;20;3;770-775.

Kabir, Z; Parker, M; Szebehely, M; Tishelman, C. Influence of Sociocultural and Structural Factors on Functional Ability. *Journal of Ageing and Health*. 2001; 13; 3; 355-378.

Kabir,Z; Herlitz, A. The Bangla adaption of mini-mental state examination (BAMSE): An instrument to assess cognitive function in illiterate and literate individuals. *International Journal of Geriatric Psychiatry*. 2000; 15; 441-450.

Kearney, N and Richardson, A (eds), 2006. *Nursing Patients with Cancer: Principles and Practice*, Elsevier Churchill Livingstone: Edinburgh.

Kennedy, B. Ageing and Cancer. *Cancer*. 1997;80;7;1270-1272.

Balducci, L, Extermann, M. *Management of Cancer in the Older Person: A practical*

approach. *The Oncologist*. 2000;5;224-237.

Lichtman, S. Chemotherapy in the elderly. *Seminars in Oncology*. 2004;31;2.

Matulonis UA. End of life issues in older patients. *Seminars in Oncology*. 2004; 31;2; 274-281.

Nesle Nutritional Services. 1998. Mini nutritional assessment (MNA): Research and practice in the elderly. Published by Nesle Ltd, Switzerland.

Rao, A, Seo, P, Cohen, H. Geriatric assessment and comorbidity. *Seminars in Oncology*. 2004;31;2.

Repetto, L. Greater risks of chemotherapy toxicity in elderly patients with cancer. *The Journal of Supportive Oncology*. 2003;1;supp2;18-24.

Repetto, L, Balducci, L. A case for geriatric oncology. *The Lancet*. 2002;3;289-297.

Repetto, L, Venturino, A, Fratino, L, Serraino, D, Troisi, G, Gianni, W, Pietropaolo, M. Geriatric Oncology: A clinical approach to the older patient with cancer. *European Journal of Cancer*. 2003;39;7;870-880.

Roche, R, Forman, W, Rhyne, R. Formal Geriatric Assessment: An imperative for the older person with cancer. *Cancer Practice*. 1997;5;2;81-86.

Roth AJ & Modi R. Psychiatric issues in older cancer patients. *Critical Reviews in Oncology/Hematology*. 2003; 48; 185-197.

Simpson, J, Rosenzweig, M. Treatment considerations for the elderly patient with cancer. *AACN Clinical Issues*. 2002;13;1;43-60.

Souhami,R; Tannock,I; Hohenberger,P & Horiot,J. 2002. *Oxford Textbook of Oncology*. Oxford University Press.

Sutton, L, Demark-Wahnefried, W, Clipp, E. Management of terminal cancer in elderly

patients. *The Lancet*. 2003;4;3;149-157.

Tishelman, C. Who cares? Patients descriptions of age related aspects of cancer and care in Stockholm. *Cancer Nursing*. 1993;16;4;270-282.

Wieland, D, Hirth, V. Comprehensive Geriatric Assessment. *Cancer Control*. 2003;10;6;454-462.

Yancik, R, Wesley, M, Ries, L, Havlik, R, Long, S, Edwards, B, Yates, J. Comorbidity and age as predictors of risk for early mortality of male and female colon carcinoma patients. *Cancer*. 1998;82;11;2123-2134.

Yarbro, C, Frogge, M. 1999. *Cancer Symptom Management*. Jones & Bartlett, Sudbury.

Zinzani, P. Complications of cytotoxic chemotherapy in older patients: focus on myelotoxicity in lymphomas. *Critical Reviews in Oncology Haematology*. 2003;48;supp1;s27-s31.

Module 5: Decision Making and Communication

Contact hours: 30

Student study hours with practice: 60

ECT Credit: 3

Specific aims and learning outcomes:

Aims:

This module aims to provide the student with the skills required to communicate effectively, respectfully, and compassionately with older people with cancer and their families. Ethical principles are emphasized as they relate to the promotion of informed decision-making in older adults.

Learning Outcomes:

At the end of the module the students will be able to:

Subject Knowledge:

- Recognise ethical issues that pose threats to autonomy of older adults e.g. ability to live independently in the community, self-medication and mobility.
- Demonstrate the ability to recognise sensory changes in sight, hearing, speech, cognition and movement that have a high potential to impair communication with older adults.
- Demonstrate the decisions critical to older people as they make transitions between health care settings.

Practice Competencies:

- Communicate effectively, respectfully and compassionately with older adults and their families.
- Assist older adults, families and caregivers to understand and balance 'everyday' autonomy and safety decisions.
- Apply ethical and legal principles to the complex issues that arise in

the care of older adults with cancer

- Delineate communication approaches which consider neurosensory compromise in the older adult.

Module Content:

Introduction to communication

Factors that make breaking bad news to cancer patients difficult for healthcare workers

Informational needs of older people with cancer

Informed decision making for older people with cancer

Supporting patient decision making

Informed consent

Patient autonomy

Improvement of communication skills

Effective and culturally sensitive communication

Normal aging changes in vision

Communication in health promotion and patient concordance.

Use of Care Diaries

Barriers to communication (paternalism, ageism, cognitive impairment, poor vision, hearing, speech)

Communication techniques (verbal)

Alternative methods of communication (audiotapes, videos, booklets in large print)

Ethical issues (age based rationing, patient versus family choices)

Communication within the multidisciplinary team

Dissemination of knowledge

Educating informal carers in the home setting to recognise emergencies and prevent falls

Teaching and Learning Method:

Lectures, role-play, reflective practice, discussion groups.

Assignment:

Subject Knowledge:

Reflect on a critical incident relating to the decision making of an older adult with cancer.

Practice:

Observe the communication styles (effective and non-effective) used when conversing with older people with cancer.

Recommended Reading / Resources:

Benbassat J, Pilpel, D, Tidhar, M. Patients preferences for participation in clinical decision making: A review of published surveys. *Behavioral Medicine*. 1998;24;2;81-88.

Bottorff, J, Steele, R, Davies, B, Porterfield, P, Garossino, C, Shaw, M. Facilitating day-to-day decision making in palliative care. *Cancer Nursing*. 2000;23;2;141-150.

Caruso, A, Francesco, B, Pugliese, P, Cinanni, V, Colito, A. Information and awareness of diagnosis and progression of cancer in adult and elderly cancer patients. *Tumori*. 2000;86;199-203.

Chouliara, Z, Kearney, N, Stott, D, Molassiotis, A, Miller, M. Perceptions of older people with cancer on information, decision making and treatment: a systematic review of selected literature. *Annals of Oncology*. 2004;15;11;1596-1602.

Elf, M, Wikblad, K. Satisfaction with information and quality of life in patients undergoing chemotherapy for cancer: The role of individual differences in information preference. *Cancer Nursing*. 2001;24;5;351-356.

Engelking C. Communication in cancer care: Making every word count. In: *Oncology Nursing Secrets* (2nd ed.). R Fink & R Gates (Eds.) Hanley & Belfus: Philadelphia, 2001; pp. 490-501.

Galloway, S, Graydon, J, Harrison, D, Evans-Boyden, B, Palmer-Wickham, S, Burlein-Hall, S, Rich-van der Bij, L, West, P, Blair, A. Informational needs of women with a recent diagnosis of breast cancer: development and initial testing of a tool. *Journal of*

Advanced Nursing. 1997;25;6;1175-1183.

Haggerty RG, Butow PN, Ellis PA, Lobb EA, Pendlebury S, Leighl N, Goldstein D, Lo SK & Tattersall HN. Cancer patient preference for communication of prognosis in the metastatic setting. *Journal of Clinical Oncology*. 2004; 22; 9; 1721-1730.

Jewel, S. Elderly patients participation in discharge decision making:2. *British Journal of Nursing*. 1996;5;17;1065-1071.

Kearney, N and Richardson, A (eds), 2006. *Nursing Patients with Cancer: Principles and Practice*, Elsevier Churchill Livingstone: Edinburgh.

Lewis, M, Pearson, V, Corcoran-Perry, S, Narayan, S. Decision making by elderly patients with cancer and their caregivers. *Cancer Nursing*. 1997;20;6;389-397.

Liang W, Burnett CB, Rowland JH, Meropol NJ, Eggert L, Hwang YT, Silliman RA, Weeks JC & Mandelblatt JS. Communication between physicians and older women with localized breast cancer: Implications for treatment and patient satisfaction. *Journal of Clinical Oncology*. 2002; 20; 4; 1008-1016.

Mueller PS, Hook C & Fleming KC. Ethical issues in geriatrics: A guide for clinicians. *Mayo Clinic Proceedings*. 2004; 79; 554-562.

Noone, I, Crowe, M, Pillay, I, O'Keefe, ST. Telling the truth about cancer: Views of elderly patients and their relatives. *Irish Medical Journal*. 2000;93;4;104-105.

Nussbaum, J; Thompson, T; Robinson, J. 1989. *Communication and ageing*. Published by Harper & Row, New York.

Ptacek JT & Ptacek JJ. Patients' perceptions of receiving bad news about cancer. *Journal of Clinical Oncology*. 2001; 19; 21; 4160-4164.

Radziewicz R & Baile WF. Communication skills: Breaking bad news in the clinical setting. *Oncology Nursing Forum*. 2001; 28; 6; 951-953.

Rees,C, Bath, P. The information needs and source preferences of women with breast cancer ad their family members: a review of the literature published between 1988-1998. *Journal of Advanced Nursing*. 2000;31;4;833-841.

Rogers, A, Kaslen, S, Addington-Hall, J. 'All the services were excellent. It is when the human element comes in that things go wrong': dissatisfaction with hospital care in the last year of life. *Journal of Advanced Nursing*. 2000;31;4;768-774.

Sweeney C & Bruera E. Communication in cancer care: Recent developments. *Journal of Palliative Care*. 2002; 18; 4; 300-306.

Thome, B, Dykes, A, Gunnars, B, Hallberg, I. The experiences of older people living with cancer. *Cancer Nursing*. 2003;26;2;85-96.

Tulsky JA. Beyond advance directives: Importance of communication skills at the end of life. *Journal of the American Medical Association*. 2005; 294; 3; 359-365.

Strategy for Teaching and Learning

Enabling nurses to feel confident in their knowledge and skill and putting this competency into practice, is the strategy for teaching and learning. Research demonstrates that student learning is more complex and fragile than the 'delivery' model. Students bring their own cultural and life experiences as well as those from nursing practice that need to be integrated. To this end the EONS teaching and learning framework draws on four learning contexts:

1. Valuing user perspectives
2. Learning from practice
3. Learning agreements
4. Appraising practice based skills and competences

Valuing User Perspectives

Current health and social care policy within the EU aims to place the users of services at the centre of service planning and delivery. Students will be encouraged to focus on the impact their practice has on individuals (older people with cancer, families) and groups (including carers) or communities from both user and perspective as a legitimate lifelong learning context for professional knowledge development (ECPC 2005).

Learning from Practice

Enquiry based learning is learning which offers an optimal method for developing the student's critical analytical skills, communication skills and decision making in a variety of cancer contexts. The initial starting point of evidence based learning is a query or problem that the learner wishes to solve (Betchel et al, 1999). This provides an individual focus to learning, providing experience and feedback to the learner. Students will be encouraged to use a model of reflection to develop skills. Reflection as a teaching and learning strategy ensures that students think about what they are going to do before they do it (Schon, 1983). The connections between theory and practice are inherent

within the EONS curriculum but require students to reflect on practice experience that will then contribute to their cancer nursing assessments.

Learning Agreements

Profiling at the outset of the programme is essential to develop individual learning and work based plans for students developing competencies. A learning agreement is viewed as a professional development tool that demonstrates the student's development route to achieve their intended outcomes.

The learning agreement will include statements about:

- The students learning needs in relation to past experience and the learning outcomes they now seek to achieve
- Demonstrate how the student will achieve the desired outcomes
- The resources the student will need to access and utilise in order to achieve the learning outcomes
- The ways in which the student will monitor and evaluate progress
- How the student will demonstrate that outcomes had been achieved

Practice Based Skills and Competencies

The development of practice competencies is a central part of the curriculum revisions. Providing higher education that meets health related service needs through appropriate cancer-nursing and older people nursing skills is at the centre of practice development. The push for accountability in health care has led to greater emphasis on what the baseline standards of performance are within nursing (Fordham, 2005). Competencies have been defined in order to set standards and provide a framework for defining the speciality of nursing older people with cancer within Europe. Competency in this context is defined as nursing skills for safe and effective professional cancer practice for older people with cancer. Assessment of practice-based skills is necessary to evaluate the effective application of knowledge and skills (Redman, 1999). A suitably qualified nurse with experience in working with older people with cancer should supervise

students' clinical practice. Supervisors are responsible for guiding students in practice as well as assessing student's competence in practice.

Assessment

Learner assessment within courses using the EONS Cancer in Older People Curriculum should be based on a selection of methods of assessment reflecting the learning outcomes and competencies of the programme. The assessment tasks should include the wider goal of requiring evidence of critical thinking, logical argument, selection of relevant evidence, systematic problem solving, professional judgement and action, and independent learning.

It is crucial that any learning strategy promotes the notion of progressive learning that, at the end point of the programme, produces a practitioner who is able to practise from a sound knowledge base. To be able to achieve this goal, the integration of theory and practice is paramount. Fundamental to this goal is that practice is seen as a source of knowledge development and is valued through assessment and accreditation of practice based learning. A variety of assessment methods are suggested including essays, examinations, integrative assignments, projects and case studies. The assignment criteria for any course will need to be clearly articulated to students and should be assessed using published criteria and applied consistently.

Quality Control and Evaluation

Internal and external audit is essential for evaluation of the quality and level of the programme. Higher education establishments and institutions should have a policy and procedures in place for the assurance of quality and standard of their cancer programme. This includes a formal process of review of modules and programmes with periodic evaluation of student feedback and achievements. Tutors and lecturers should be qualified and competent to teach. Appropriate learning resources and student support should be evaluated for adequacy. Information on student pass and attrition rates should be recorded and used to inform the management of the modules and programmes. External audit and periodic review should be undertaken. Information on recommended standards for quality assurance within higher education within

Europe are available from ENQA (Standards and guidelines for quality assurance in the European Higher Education Area, 2005).

ECTS and Accreditation

European Credit Transfer System (ECTS) is student centred and based on the student workload required to achieve the objectives of the module or programme. This is based on student workload, learning outcomes and contact hours. ECTS make study programmes easier to compare and facilitate student mobility and academic recognition. Student workload in ECTS consists of the time required to achieve all planned learning activities such as lectures, seminars as well as independent study and practice components. Credits are allocated to all educational elements including written work and placements. To obtain the ECTS label academic institutions need to apply. All first and second cycle degree programmes are eligible. The criteria for ECTS are individually assessed (ECTS, 2005). Accreditation of courses through EONS provides recognition of programme quality against the EONS post-basic nursing curriculum cancer in older people. Further information on accreditation is available on the EONS website (www.cancerworld.org).

Further Reading

Balducci, L, Extermann, M. Management of Cancer in the Older Person: A practical approach. *The Oncologist*. 2000;5;224-237.

Balducci L & Corcoran MB. Antineoplastic chemotherapy of the older cancer patient. *Hematology/Oncology Clinics of North America*. 2000; 14; 1; 193-212.

Balducci L & Carreca I. The role of myelopoietic growth factors in managing cancer in the elderly. *Drugs*. 2002; 62; suppl 1; 47-63.

Balducci, L. New paradigms for treating elderly patients with cancer: The comprehensive geriatric assessment and guidelines for supportive care. *The Journal of Supportive Oncology*. 2003;1;supp2;30-37.

Betchel, G; R, Davidhizar & M, Bradshaw. Problem-based Learning in a competency-based world. *Nurse Education Today*. 1999; 19; 182-7.

Benbassat J, Pilpel, D, Tidhar, M. Patients preferences for participation in clinical decision making: A review of published surveys. *Behavioural Medicine*. 1998;24;2;81-88.

Binstock, R & George, L. 2001. *Handbook of Ageing and Social Sciences*. Academic Press, London.

Blegen MA, Goode CJ & Reed L. Nurse staffing and patient outcomes. *Nursing Research*. 1998; 47;43-50.

Block, S. Psychological considerations, Growth and transcendence at the end of life: The art of the possible. *JAMA*. 2001;285;22;2898-2905.

Bottorff, J, Steele, R, Davies, B, Porterfield, P, Garossino, C, Shaw, M. Facilitating day-to-day decision making in palliative care. *Cancer Nursing*. 2000;23;2;141-150.

Bouchardy C, Rapiti E, Fioretta G, Laissue P et al. Undertreatment strongly decreases prognosis of breast cancer in elderly women. *Journal of Clinical Oncology*. 2003; 21; 3580-3587.

Boyle D. A review of the evidence-base of an evolving science: Gero-oncology nursing. In: Muss HB, Hunter CP & Johnson KA (eds.). *Multidisciplinary Treatment and Management of Cancer in the Elderly*. 2006; Dekker: New York, pp. 507-537.

Boyle D. Cancer in the older adult: an annotated bibliography. *Oncology Nursing Forum*. 2005; 32; 5; 1-5.

Carr-Hill RE, Dixon P, Gibbs I et al, 1992. Skill mix and the effectiveness of nursing care. Centre of Health and Economics, University of York.

Caruso, A, Francesco, B, Pugliese, P, Cinanni, V, Colito, A. Information and awareness of diagnosis and progression of cancer in adult and elderly cancer patients. *Tumori*. 2000;86;199-203.

Chochinov, H. Depression in cancer patients. *The Lancet*. 2001;2;499-505.

Chouliara, Z, Kearney, N, Stott, D, Molassiotis, A, Miller, M. Perceptions of older people with cancer of information, decision making and treatment: a systematic review of selected literature. *Annals of Oncology*. 2004; 15;11; 1596-1602.

Commission of the European Communities, 1994, Advisory Committee on Training in Nursing: Recommendations on Continuing and Specialist Training (III/F/5004/4/4/93), Brussels.

Denduluri, N, Ershler, W. Ageing biology and cancer. *Seminars in Oncology*. 2004;31;2.

Dolan, S, Crombez, P, Munoz, M. Neutropenia management with granulocyte colony-stimulating factors: from guidelines to nursing practice protocols. *European Journal of Oncology*. 2005; 9; supp 1; s14-23.

ECTS, 2005, Europe Unit. <http://www.europeunit.ac.uk/qualifications/ects.cfm> (accessed 28 July 2005).

Fitch, M, Greenberg M, Levstein, L, Muir, M, Plante, S, King, E. Health promotion and early detection of cancer in older adults: Needs assessment for programme development. *Cancer Nursing*. 1997; 20;6;381-388.

Fordham. Using a competency based approach in nurse education. *Nursing Standard*. 2005; 19;31; 41-48.

Forte D & McGregor R. Older people and cancer: considerations for healthcare practitioners. *European Journal of Cancer Care*. 2004;13;501-514.

Hayman, J, Langa, K, Kabeto, M, Katz, S, DeMonner, s, Chernew, M, Slavin, M, Fendrick, M. Estimating the cost of informal caregiving for elderly patients with cancer. *Journal of Clinical Oncology*. 2001;19;13;3219-3225.

Haley,W. The costs of family caregiving: Implications for geriatric oncology. *Critical Reviews in Oncology / Hematology*. 2003; 48;2; 151-158.

Hoekstra, H. Cancer surgery in the elderly. *European Journal of Cancer*. 2001; 37;s235-44.

Ingram, S, Seo, P, Martell, R, Clipp, E, Doyle, M, Montana,G, Cohen, H. Comprehensive assessment of the elderly cancer patient: The feasibility of self-report methodology. *Journal of Clinical Oncology*. 2002;20;3;770-775.

Kearney, N and Richardson, A (eds), 2006. *Nursing Patients with Cancer: Principles and Practice*, Elsevier Churchill Livingstone: Edinburgh.

Kennedy, B. Ageing and Cancer. *Cancer*. 1997;80;7;1270-1272.

Lawton D, 1983. *Curriculum studies and educational planning*. Hodder & Stroughton, London.

Levi F, Lucchini F, Negri E, Boyle P & La Vecchia C. Changed trends of cancer mortality in the elderly. *Annals of Oncology*. 2001; 12; 1467-1477.

Lewis,M, Pearson,V, Corcoran-Perry,S, Narayan,S. Decision making by elderly patients with cancer and their caregivers. *Cancer Nursing*. 1997; 20;6; 389-397.

Nies H & Berman PC, 2004. Integrating services for older people: a resource book for managers, published by The European Health Management Association (EHMA), Dublin.

Noone, I, Crowe, M, Pillay, I, O'Keefe, ST. Telling the truth about cancer: Views of elderly patients and their relatives. *Irish Medical Journal*. 2000;93;4;104-105.

Oliver G. Cancer and ageing. *European Journal of Cancer Care*. 2004; 13; 398.

Oncology Nursing Society and the Geriatric Oncology Consortium. Oncology Nursing Society and Geriatric Oncology Consortium joint position on cancer care and the older adult. *Oncology Nursing Forum*. 2004; 31; 3; 1-2.

Redman RW, Lenberg CB, Walker PH. Competency assessment: Methods for development and implementation in nursing education. *Online Journal Issues In Nursing*. 1999; 30; 12.

Repetto, L, Balducci, L. A case for geriatric oncology. *The Lancet*. 2002;3;289-297.

Repetto L & Compandini D. Cancer in the elderly: assessing patients for fitness. *Critical Reviews in Oncology/Hematology*. 2000; 35; 3; 155-160.

Repetto, L, Venturino, A, Fratino, L, Serraino, D, Troisi, G, Gianni, W, Pietropaolo, M. Geriatric Oncology: A clinical approach to the older patient with cancer. *European Journal of Cancer*. 2003;39;7;870-880.

Schon, D. *The Reflective Practitioner*. 1983. Basic Books, New York.

Scott S. Identification of cancer patients at high risk of febrile neutropenia. *American Journal of Health Systems Pharmacists*. 2002. 59; suppl 4; S16-S19.

Standards and guidelines for quality assurance in the European Higher Education Area, 2005. European Association for Quality Assurance in Higher Education. <<http://www.enqa.net/bologna.lasso>>(accessed 28 July 2005).

Sutton, L, Demark-Wahnefried, W, Clipp, E. Management of terminal cancer in elderly patients. *The Lancet*. 2003;4;3;149-157.

Thome, B, Dykes, A, Gunnars, B, Hallberg, I. The experiences of older people living with cancer. *Cancer Nursing*. 2003;26;2;85-96.

Thome B, Esbensen BA, Dykes AK & Hallberg IR. The meaning of having to live with cancer in old age. *European Journal of Cancer Care*. 2004; 13; 399-408.

Vercelli, M, Capocaccia, R, Quaglia, A, Casella, C, Puppò, A, Coebergh, J, EUROCARE, Working Group. Relative survival in elderly European cancer patients: evidence for health care inequalities. *Critical Reviews in Oncology Haematology*. 2000;35;161-179.

Vercelli, M, Quaglia, A, Casella, C, Parodi, S, Capocaccia, R, Martinez Garcia, C, EUROCARE, Working Group. Relative survival in elderly cancer patients in Europe. *European Journal of Cancer*. 1998;34;14; 2264-2270.

Wengstrom, Y, Haggmark, C, Strander, H, Forsberg, C. Perceived symptoms and quality of life in women with breast cancer receiving radiation therapy. *European Journal of Oncology Nursing*. 2000; 4;2;78-88.

Wildiers H, Highley MS, de Bruijn EA & van Oosterom AT. Pharmacology of anticancer drugs in the elderly population. *Clinical Pharmacokinetics*. 42; 14; 1213-1242.

Yancik, R, Ries, L, Yates, J. Breast cancer in ageing women. *Cancer*. 1989; 63;976-981.
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