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

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Published by European Oncology Nursing Society (EONS),
Avenue Mounier 83/8, B 1200 Brussels,
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http://www.cancerworld.org/eons

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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.

**Matti S. Aapro**
Chair, EORTC Task Force Elderly
Executive Director, SIOG
Acknowledgements

Thanks to the participants of the first AMGEN Oncology Expert Panel who identified the need for Educational Program and a core curriculum on cancer in the elderly (“CC”) and recommended to EONS to give this top priority.

Thanks to Mary Uhlenhopp, Clinical Education Manager, Oncology Amgen, International Operations who provided EONS with an unrestricted Grant to finance this project.

Thanks to Jan Foubert, EONS immediate past-president for insuring the funding and the administration of this project.

Thanks to the Cancer Care Research Centre at the University of Stirling who coordinated the work of this group.

The contributions of all the members of the curriculum development team (see appendix) which resulted in the creation of the EONS Curriculum for the Care of Older People with Cancer and the European expert reviewers Elisabeth Patiraki (Greece) Carol Tischelman (Sweden) and Anu Saag (Estonia) are acknowledged with gratitude.

EONS would like to thank the key opinion oncology leaders Lazzaro Reppeto (Italy), Deborah Boyle and (USA), Jill Blair (USA) for their feedback and input.

A special thank to Nicky Blake, the research assistant working on the project and her mentor Nora Kearny for the fantastic work they did in a very strict timeline.
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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
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:**

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.


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


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:

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


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


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


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:**


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


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


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

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.

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


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

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


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


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

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


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, respectively 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:


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


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.


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


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


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


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


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.


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. – old ref, I will send you my current one in new ONS text due in print this month
Appendix

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