



PATIENT EDUCATION

Interdisciplinary Modular Teaching for Patients Undergoing Progenitor Cell Transplantation

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Patients and family caregivers preparing for cancer treatment that includes progenitor cell transplantation (PCT) require complex education. Family caregivers provide around-the-clock home care to patients post-PCT, including frequent assessments, direct care, medication administration, central line care, dressing changes, and emotional support. Occasionally, caregivers also provide assistance with daily activities, such as bathing and ambulation. Caregivers are responsible for monitoring patients and contacting their physicians when warranted. When patients are cared for at home, complications and problems may arise from the underlying disease or its treatment, immobility, infection, the side effects of medication, or other sequelae of PCT (Gillis & Donovan, 2001; Kohda et al., 2001). Some complications may result in death (Serody & Shea, 1997). Therefore, family caregivers must be prepared adequately to provide post-PCT care.

About 100 PCTs are performed at the Texas Transplant Institute each year. The patient population consists of adults and a small number of children undergoing autologous, allogeneic, and matched unrelated donor transplants. Because of the unique needs of the pediatric population, the pediatric bone marrow program developed a patient-education plan specific to the needs of these patients. Adults undergoing treat-

ment involving PCT historically have attended a teaching session held several weeks before the planned date of admission. During the session, representatives from the interdisciplinary team (i.e., medical oncologist, oncology nurse, pharmacist, dietician, social worker, case manager, and chaplain) met with patients and caregivers informally to provide information about what to expect before, during, and after PCT. Team members began to anecdotally note inconsistencies in the information provided to patients and found discrepancies in the patients' and caregivers' ability to retain and process the information. For example, after the teaching session, some of the patients had difficulty listing foods allowed on a neutropenic diet, medications to avoid, and symptoms that necessitate a call to the physician. A few patients required a hospital readmission where the reason stemmed from their in-

ability to recall and follow instructions. In addition, the members of the interdisciplinary team had varying levels of education and clinical experience that further contributed to inconsistencies in the scope, depth, and accuracy of information disseminated. No patient teaching template to guide instructors existed. No process was in place, such as a summative evaluation, to consistently document the patients' and caregivers' comprehension of subject matter or their response to teaching. Also, the method of teaching did not meet the Joint Commission on the Accreditation of Healthcare Organizations' (JCAHO's) requirements for the provision of patient and caregiver education, which include standards for providing coordinated patient education specific to patients' assessed needs, abilities, learning preferences, and readiness to learn (JCAHO, 2001).

Audit Indicators

Members of the interdisciplinary team met to discuss the system of patient education in use and agreed that consistent information must be provided to patients and caregivers to facilitate a clear understanding of the PCT process and promote

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