

Online learning initiative to address the ongoing clinical challenges of chemotherapy-induced nausea and vomiting (CINV)

Cox K*, Carson EK[†], D'Souza D[‡], Goodall H[#], Krassas G[§], Lee A[^], Steiner C[‡], Tan J[±]



* Chris O'Brien Lifehouse NSW, [†] St Vincent's Hospital NSW, [‡] Westmead Hospital NSW, [#] Armidale Rural Referral Hospital NSW, [§] Scius Healthcare Solutions, [^] Royal North Shore Hospital NSW, [‡] Northern Cancer Institute St Leonards NSW, [±] Mundipharma Pty Limited NSW

ABSTRACT

- **Background:** Nausea and vomiting are two of the most frequent and troubling side effects of chemotherapy, adversely impacting cancer therapy and quality of life.^{1,2} Patients often do not volunteer information on CINV and research indicates that physicians and nurses underestimate the incidence of CINV in particular delayed CINV.^{1,3}
- **Aim:** To evaluate the effectiveness of an online learning activity to advance CINV management by oncology nurses and other members of the clinical care team.
- **Key findings:**
 - This CPD activity was pitched at the correct level for oncology nurses and pharmacists
 - The most challenging aspects of managing CINV was managing delayed CINV and anticipatory CINV
 - Completing this activity improved confidence levels in managing delayed CINV as well as overall CINV in patients receiving HEC* or MEC*

METHODS

A multidisciplinary education committee developed the online educational activity with an independent education provider, Scius Healthcare Solutions.

The activity is 2 hours in duration and addressed the challenges and consequences of CINV. The activity consists of three modules focusing on understanding CINV and barriers to optimised care; the evidence and role of the different antiemetic therapies as well as best practice guidelines for the management of CINV; case studies to demonstrate the implementation of key management principles.

Successful completion equated to answering $\geq 80\%$ assessment questions correctly.

The activity is endorsed by the Australian College of Nursing and is allocated 2 CPD* hours according to the Nursing Midwifery Board of Australia - Continuing Professional Development Standard.

The learning objectives are to:

- Recognise the consequences of CINV
- Assess individual patients' risks for CINV
- Overcome barriers to the identification of CINV
- Review the evidence for the different classes of antiemetics
- Optimise antiemetic therapy based on risks and clinical response.

One month after the launch of the online activity, a preliminary analysis was conducted to gain insights into the effectiveness of the educational activity.

Statistics: Two-tailed T-tests were used to compare pre- and post-activity performance.

Analysis of the effectiveness of this activity will be repeated in 1 year.

Case 1: John testicular cancer

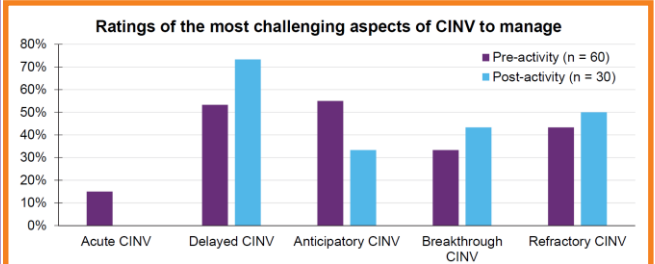


Case 2: Ayshah breast cancer

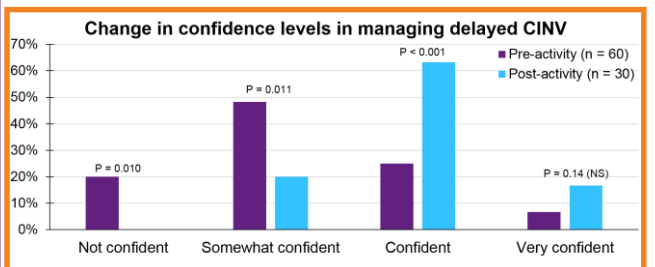


RESULTS

- A total of 60 healthcare professionals commenced the activity and 30 had completed the activity within the first month
- The majority of participants were nurses (60%) followed by pharmacists (40%)
 - 43% of participants had < 10 years clinical experience
 - 80% passed the activity at first attempt
 - All pharmacists and 71% of nurses successfully completed the activity
- CPD activity was pitched at the correct level:
 - 87% rated the activity as "Entirely met" their learning objectives
 - 90% rated the activity as "Entirely relevant" to their clinical practice
- As a result of completing the activity, participants rating of the 2 most challenging aspects of CINV management changed, with the greatest increase being for "Delayed CINV"



- Confidence levels in managing delayed CINV improved as a result of completing this activity



- Confidence levels in managing CINV in patients receiving HEC* or MEC* similarly improved ("Confident" or "Very confident" increasing from 37% to 70%, P = 0.004)

CONCLUSIONS

The accredited online CINV CPD activity, Chemotherapy-induced nausea and vomiting: the essentials has been developed to improve the clinical knowledge of CINV, its assessment and management amongst oncology nurses and other members of the clinical care team.

Initial analysis of this activity indicates that it is achieving the educational goals.

As the primary goal of CINV management is prevention, there is an ongoing need to increase clinical focus on delayed CINV which is addressed by the CPD activity.

REFERENCES

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3. Grunberg SM, *et al.* Cancer 2004;100:2261-2268