# Developing digital learning resources to enhance Acute Oncology learning: initial project updates

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## Background

Advances in treatment options, ageing patient demographics and increased co-morbidities result in complex patient populations. The COVID-19 pandemic has added additional challenges providing comprehensive ward-based acute oncology teaching to support staff to recognise and manage oncological emergencies (Macmillan, 2020).

## Goals

This project demonstrates the use of MS teams as a digital learning environment to adapt to novel teaching requirements within acute assessment departments, aligning with aspects of the ACCEND framework (Potter & Taylor, 2022).

Key project aims included:
➢ Mitigate the effect of staffing pressures and COVID-19 restrictions on traditional face to face learning methods by increasing accessibility of resources.
➢ Support new staff and upskill existing workforce linking to succession planning objectives.
➢ Increase patient safety and experience through improved recognition of AO red flags.
➢ Promote careers in oncology to students.
➢ Aid staff retention by promoting a supportive learning environment within the ward.
➢ Provide learning that is responsive to the educational needs of the unit.

*"Educational opportunities make staff feel valued and investment in training helps retention"*

*Staff Nurse,*
*Acute Ambulatory Care Unit*

## Methods

Content was linked to UKONS Knowledge & Skills Guidance framework (UKONS, 2018) and the trust AO Handbook (Haji-Michael, 2017). A wide pool of MDT colleagues were utilised as subject matter experts providing educational content. This programme was supplemented by additional resources accessible via MS Teams, recorded sessions were utilised to improve accessibility.

Qualitative analysis included focus groups of new staff with no previous oncology experience including newly qualified nurses. Quantitative data was captured using session evaluation surveys and graded case study exercises.

*"Increasing staff knowledge will help improve quality of patient assessments"*

*Junior Sister,*
*Acute Admissions Ward*

## Data Collection

Session content includes a wide variety of acute oncology topics widely encountered in practice within these ward areas. An initial scoping exercise was undertaken by the ward-based clinical practice facilitator and incorporated staff feedback in addition to topics from the trust wide Friday FoCUS forum (Focus on Care Understanding Safety) to provide an educational response to learning from incidents.

### Quantitative
• Session evaluation surveys with Likert scores
• Graded scenario responses to measure clinically applied learning.

### Qualitative
• Pre and post intervention surveys delivered to a focus group of staff new to the department
• Comment box within session evaluation to gather reiterative feedback following each teaching episode.

*"Digital platforms improve accessibility of resources and make ward-based training more interactive"*

*Team Leader,*
*Acute Oncology Management Services*

## Ongoing Evaluation

It is hoped that as this project becomes embedded within the ongoing clinical development and educational culture on the department it may have a role to play within staff retention and recruitment of student nurses upon qualifying. Including the student workforce within ward-wide educational opportunities helps promote inclusivity of student learners and foster support.

*"Educational Interventions will help to improve accuracy of triage of acute symptoms"*

*Acute Oncology Advanced Nurse Practitioner*

## Conclusions

Initial data analysis suggests positive results with feedback around improved accessibility and appropriate level of course content with the learning hub fostering a supportive culture of ward-based peer-learning. The initial pilot was deemed successful and further effect on staff retention will form the long-term evaluation phase of the project.

In conclusion, this project demonstrates the viability of using digital platforms to supplement traditional practice-based education.

**References:**

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