



# Reframing Views of Terminally Ill Patients and the Radiation Therapists' Role in Their Care through Engaged Scholarship

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## ABSTRACT

**Introduction:** The purpose of this study is to explore innovative teaching methodologies to reframe radiation therapy students' perceptions of who a terminally ill patient is. This will allow students to better meet their patients' needs in their future work with this unique demographic.

**Methods:** This qualitative case study explores the experiential and transformational learning that took place when a hospice-based engaged scholarship project was incorporated into a radiation therapy course. Data presented consists of students' individual guided reflection answers and individual student interviews reflecting on their experience working with hospice patients.

**Results:** Through this project, students recognized companionship as one of the greatest needs of their hospice patients and planned to use that information in their future clinical practice. Students also gained a better understanding of the difference between curative and palliative treatment and reframed their preconceived notions of the palliative patients they were seeing in the clinic.

## RÉSUMÉ

**Introduction:** Le but de cette étude est d'explorer des méthodes d'enseignement innovatrices afin de reformuler la perception que les étudiants en radiothérapie ont des patients en phase terminale pour mieux répondre à leurs besoins dans leur futur travail auprès des patients de ce groupe démographique.

**Méthodes:** Cette étude de cas qualitative explore l'apprentissage expérientiel et transformationnel survenu lorsqu'un projet de stage en maison de soins palliatifs a été intégré au cours de radiothérapie. Les données présentées correspondent aux réponses données par les étudiants dans une réflexion dirigée et aux entrevues individuelles auprès des étudiants qui reviennent sur leur expérience auprès des patients de la maison de soins palliatifs.

**Résultats:** Ce projet a permis aux étudiants de constater que la camaraderie était l'un des plus grands besoins de ces patients et ils prévoient intégrer cette information dans leur pratique clinique future. Les étudiants en ont aussi tiré une meilleure compréhension de la différence entre les soins curatifs et palliatifs, et ils ont revu leurs idées préconçues à propos des patients de soins palliatifs qu'ils voyaient en clinique.

## Introduction

The diagnosis of cancer is a life-altering event for both the patient and the patient's family. According to the American Cancer Society, the typical diagnosis in most parts of the world is of advanced-stage disease, which means the main goal of treatment will be palliation [1]. Terminally ill patients often have unique needs from health care professionals, and many initiatives examine how to improve the nature of care provided to palliative patients [2, 3]. Among these initiatives are the strengthening of both the quality and quantity of communication by health care workers with patients and families and recognizing the value of caring in the field of medicine [2].

In one study, terminally ill patients indicated that the major disappointment in care provided to them at the end of their life was the distance they felt from health care professionals during their illness [4]. This perceived distance prevented them from developing meaningful relationships with those giving them care. Studies show that medical professionals working with terminally ill patients need to consciously move from curing to caring treatment strategies. There is a need for medical professionals to focus on the, "physical, psychosocial, and spiritual needs" [3] and truly begin to empathize with patients and their families, which will create an open space for voicing concerns and questions about the process of dying [4]. This will dramatically increase the quality of care given to terminally ill patients.

Research shows that most college-age students have little experience with death or individuals struggling with terminal

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illness [5–7], and, therefore, they “attach a distant perception to death” [5]. Furthermore, studies on college students’ perceptions of working with older patients in the medical field are also negative [8, 9]. Students in health professions need to understand the unique skills needed to work with the elderly and terminal population [9]. There is a need to alter health profession students’ perceptions of death and dying so they are ready to enter the workforce and provide high-quality care at the time of their graduation.

Even though the radiation therapy curriculum establishes the need for students to develop superior communication skills and empathy in their professional setting, the literature on radiation therapy does not indicate how to do this in the classroom setting. Research suggests that although educators in the health professions understand the importance of teaching students communication and empathy skills, the teaching strategy most commonly used is lecturing [10, 11]. However, research on adult education indicates that it is crucial for adult learners to use experience to validate, test, and build new knowledge [12–15]. The literature on radiation therapy research offers very few examples of teaching strategies that effectively develop and increase students’ communication and empathy skills. More importantly, no studies were located that had been done to increase these skills within the field of radiation therapy.

The purpose of this study was to explore innovative teaching methodologies to better prepare radiation therapy students to confidently and professionally discuss and address issues of mortality with cancer patients and their family members. Rooted in the principles of engaged scholarship, this study includes the design and implementation of a curricular intervention to engage students in their learning and provide them with meaningful learning experiences that will transfer into knowledge gained. Engaged scholarship is also known as community engagement or service learning and has been defined as “a structured learning experience that combines community service with explicit learning objectives, preparation, and reflection” [16]. In addition, the project correlated specific academic goals and objectives that were relevant to the students’ curriculum and that built reciprocal and mutually beneficial relationships with the community.

Within this framework, the teaching-learning process becomes a meaningful practice that requires (1) providing a service to the community, (2) reflecting and discussing to enhance student learning, (3) teaching civic responsibility, and (4) supporting community development [17, 18]. The students achieve the established curricular objectives through acquiring knowledge in the real-world setting, and they actively apply the course material in a powerful and authentic way [17]. The guiding research questions for this study are the following: (1) How does a hospice-based engaged scholarship project influence the students’ view of the role of the radiation therapist in working with palliative patients? and (2) How does this teaching methodology alter the students’ views of terminally ill patients?

## Methods

This qualitative case study explores the experiential and transformational learning that took place when a hospice-based engaged scholarship project was incorporated into a radiation therapy course. Institutional review board approval and participant informed consents were both obtained before the implementation of the engaged scholarship project.

The study took place within the radiation therapy program at Texas State University in San Marcos, TX. It was incorporated into the Introduction to Radiation Therapy course, which is offered during the fall semester of the first year and is one of the first courses taken by students in the program. The project was presented to the students on the first day of the semester by the instructor of the class. Throughout the semester, the instructor took on the role as teacher/researcher as described in the literature: an educator interested in examining her own teaching practice with the goal of improving the education she is providing to her students [19, 20]. As a teacher/researcher, one begins to question students’ learning and one’s teaching techniques with the goal of making appropriate adjustments to better fit the students’ needs, documenting the teaching-learning process to share lessons learned with others in the field, and evaluating the outcome of one’s investigation [21]. As a researcher, Merriam [22] describes the teacher as “the human instrument and filter of the information.” Within this role, important decisions were made while collecting and analyzing data for the study, and many steps were taken to reduce any ethical issues that may arise with being both the teacher and the researcher.

The major ethical issue that could be perceived is the authority role the teacher holds as the instructor of the course. To prevent students from feeling the need to like the project and only report the positive, the teacher consistently reminded them that their honest opinions and thoughts were most appreciated and that disliking the project and giving feedback as to why this learning experience was not helpful was just as meaningful information as positive feedback. In creating a space of mutual respect and trust, a relationship with the students was developed that allowed for open dialogue of both the positive and negative aspects of the project.

As part of the engaged scholarship project, students who chose to participate volunteered their time working with a local hospice, and this represented 20% of their total grade. They were first required to complete the hospice volunteer orientation provided by the hospice office. The hospice coordinator offered the orientation, an important step in adequately preparing the students for their interaction with the hospice patients. After completion of the orientation, the students were paired with a patient with a cancer diagnosis. Because pairing with a cancer patient was important, it should also be noted that many of these patients also suffered with other illnesses such as dementia, Parkinson disease, etc., in addition to their cancer diagnosis. They volunteered 3 hours a month with their patient for a total of 20 hours.

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