**Margaret** (BMT nurse) and **Cindy** (BMT recipient)

**Key learnings**

* Articles were generally single agency experience papers, opinions, or descriptive/qualitative. One RCT.
* Many resources were pamphlet type resources.
* RCT (article #35) – this is work at Fred Hutch to develop educational program for BMT survivors – a nice paper that talked about how to put together information for survivorship program. Active research initiative. (Paper from 2011, but there are more recent papers)
* Themes –
  + The need to have material in multiple formats (print, online etc.) so individualized selection
  + Importance of communicating and documenting education
  + Coping styles and literacy is important – need to think about a way to assess patients and caregivers thoroughly as starting the education process to identify needs, readiness to learn etc. Is it a literacy issue or is it a timing issue?
* One study implied that discharge teaching was leading up to discharge.

**Research questions**

* Not enough in terms of survivorship studies. Ongoing education, and age appropriate.
* Assessment of learning needs – study?
* Inspire model – Specific survivorship content, pilot tested at different sites.
* How to research/compare different formats of education? Print, online etc.
  + Laura and Kristin’s team – reviewed a lot of articles on different patient education methods – teleconferences, social media, group meetings etc.) – Compare different ways in different age groups. Serious gap identified for AYA patients. Resources geared towards 65+ or peds.
* What is the best approach to inform people about the resources and streamline the access? So many resources. Don’t know which one is the best.
* How do we put resources in place around emotional support? Investigate access to educational materials versus access to resources for emotional health.
* Readiness tool or tools for BMT patients? Does it exist? Could we compare?
* Health belief model?
* Integration with EMR so screening/assessments can be useful and shared across all providers.

**Personal / Clinical Experience**

* Not always the health care provider providing the education to patients and families. There may be a role for this, but without tracking and documenting it may be a challenge for patients/families.
* Clinical experience of caregivers saying they are overwhelmed and can’t learn anything at this time. Can information be taught later?
* BMT is so different from other transplants. Often steps forward and backwards. Important that patients/caregivers understand this process. Needs to be validated at each appointment.
* Discharge planning starts the day you are diagnosed. Done by everyone, not just the nurses. Everyone needs to be doing ongoing assessments. At discharge not really discharged, just at a different level of care.
* Assessments of patient learning needs to be required, part of protocol. Need ongoing assessment, could be taken further to a study.
* Don’t need more resources – it’s about access & timing
* More videos, coloring books, comic books etc. for various stages. Readiness of the patient to be able to absorb the information. That’s not necessarily based on literacy, but the emotional state of being overwhelmed.
* Sometimes keeping it simple, actually Super Sam was of great help to me. Then I could proceed from there.