**Kim** (BMT nurse) and **Alva** (Physician)

All reviews of the literature. Most articles were not cancer education, but were in other areas.

**Key learnings**

* Developing a clinical informed and patient-centered measure of knowledge (related to LVADs). The goal was to facilitate discussion.
* Quantitative review of educational interventions looking at QOL, pain – determine if patient education affected this.
* Themes – discussion about variability and lack of standardization in education process; education does need to be standardized/consistent; smaller amounts of education may be better; different learning formats customize format to needs of patient; competence of health care provider in doing the education; cultural difference and literacy; what strategy is the best
* #23 – Long term follow up of informal caregivers post-alloHCT for adults. Focused on caregivers. More about emotional care than education. Not great fit for our focus.
* #66 – Development & analysis of mHealth program for kidney transplant donors/recipients, African-American. Attitude assessment. Using mobile health technology. Culturally sensitive education.
* #69 – Discharge education to promote self-management following cardiovascular survey. Literature review with some aspects of comparative effectiveness. Reduced anxiety, depression; quality of life. Needs assessment tool to figure out what the individualized needs were. Not clear how many interactions you needed to get the adequate patient education. Compare multiple modalities.
* #79 – Effective teaching strategies – adult and pediatrics. Multiple diseases. Looked at different modalities. End points – decreased anxiety, increased knowledge. Good reference for possible tools.

**Research questions**

* Can lack of information aggravate distress for patients?
* Does higher quality education improve access to transplant?
* Does variability/lack of standardization contribute to lack of knowledge?
* Does patient-to-patient education (peer education) impact how well the education is received?
* Does individually tailored education enhance learning?
* Does personalized education help patients absorb information?
* How does the design of materials influence health literacy?
* Does training on cultural competency impact patient education, learning and care?
* How many sessions to deliver education and at what point in treatment process?
* How effective are different strategies?
* Compare patient preferences for education?
* Develop pre-BMT needs assessment tool for individualized care for patients?
* Can educating family member help education the patient?
* Technology and mobile health as a modality for patient education?

**Personal / Clinical Experience**

* How to develop a tool to help guide where we’re missing education for patients/caregivers. Interviews with patients and caregivers to generate items. Then ranked items to identify what was missing. Included validity testing and cognitive testing.
* Personalized education – experience at Nebraska

**Discussion**

* Barry – individualized patient information, attention is higher when seems to be personalized
* Helene – Like the idea of looking at competence of health care provider. It’s very relevant. Idea of self-management presented and medical doctors not ready yet to accept that they have a teaching position.
* Margaret – We see transition between family members/caregivers who are involved in the care, and we don’t do a good job in re-visiting the education with new caregiver or family member. We don’t re-do the transplant admission class.
* Susan – My son-in-law and I both took care of Betsy. When she came home, a nurse came out to teach us how to provide care. This was best. She stayed with us as long as we needed for the training. We were both present for the training.