

Training redesign utilising eviQ Education Anti-Cancer Drug Administration Course (ADAC) v4

Mohini Bhatt

Clinical Nurse Educator

Peter MacCallum Cancer Centre
Australia

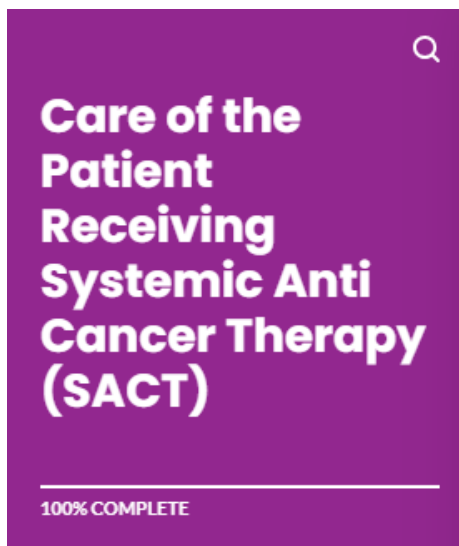
Background

Why redesign our SACT credentialling process?

- Increasing availability and complexities of Systemic Anti-Cancer Therapies (SACT) - cytotoxic chemotherapy, immunotherapies, targeted therapies, bi-specific antibodies
- Variability in prior knowledge and experience across nursing workforce
- Existing credentialling was time-based, assessor dependent and unique to PMCC
- Growing need for standardised education that was accessible and consistent in approach

Building the Foundation

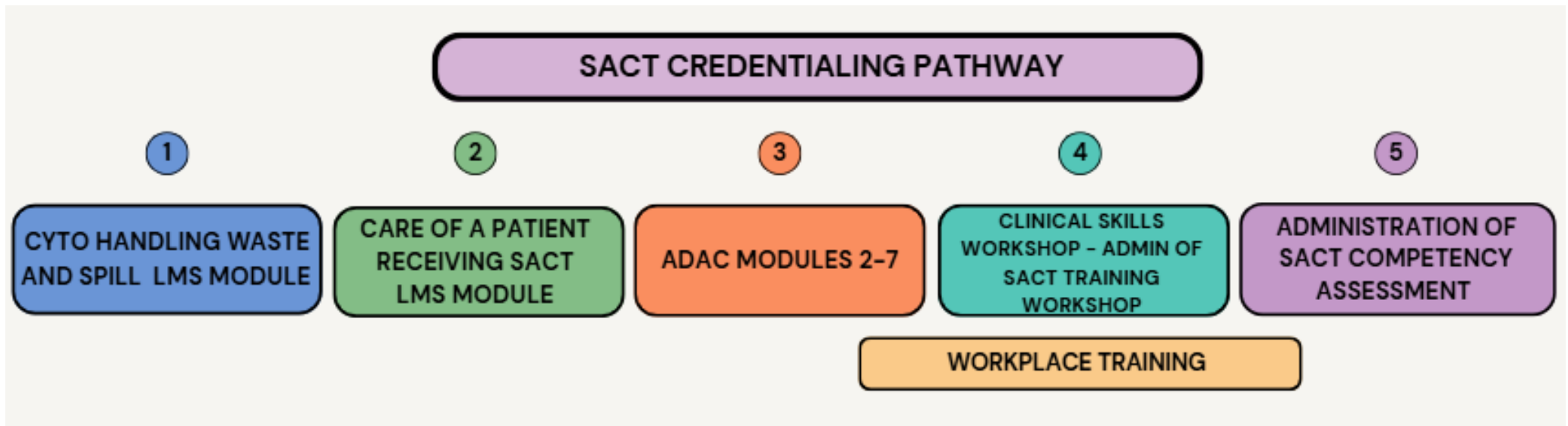
‘Care of the Patient Receiving SACT’



- Growing need for **all nurses** to be supported through an education and training pathway that supports:
 - The care of patients undergoing SACT
 - The credentialling process to delivery SACT
- Ensures all nurses have a minimum prerequisite knowledge
- Support building knowledge for nurses who care for patients throughout the entire cancer care continuum

Introducing eviQ ADAC v4

Why was this the right fit?



Learning Management System

Keeping everything in one place

Anti-Cancer Drug Administration Course (ADAC) - eviQ

Administration

▼ Course administration

Grades

▼ Switch role to...

Return to my normal role

About this course

Learning material

Upload your certificates

Clinical skills workshop

Competency assessment

Certificate of completion

Resources and Acknowledgements

All sections

eviQ Module 2: Certificate ...	eviQ Module 3: Certificate ...	eviQ Module 4: Certificate ...	eviQ Module 5: Certificate ...	eviQ Module 6: Certificate ...	eviQ Module 7: Part 1: ...	eviQ Module 7: Part 2a: ...	eviQ Module 7: Part 2b: ...	eviQ Module 7: Part 2c: ...	SELF DECLARATION (FOR ...	eviQ Module 7: Part 2d: ...	eviQ Module 7: Part 2e: ...	eviQ Module 7: Part 2f: ...	Recognition of prior ...	Clinical skills workshop - ...	Upload your completed ...	Competency assessment ...
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒



Training Redesign

Short course to facilitator workshop – from theory to practice

- Adapted ADAC facilitator guide to local context
- Rebuilt facilitator slide deck content to:
 - Consolidate ADAC e-learning
 - Integrate EMR workflows
 - Simulate real-world administration
- Consistent education, training and competency assessment aligned with local policy and EMR

▼ ☐ Protocol Summary

☐ Protocol Summary

✓ COMMENTS:
Daily weights

DAY 1:

-60 mins: Loratadine PO, Nizatidine PO
-30 mins: Dexamethasone IV
TREATMENT START TIME: Paclitaxel IV
PRN: Hydrocortisone IV, Promethazine IV

DAY 2:

-2 hrs, 30 mins: Sodium Chloride IV
-30 mins: Dexamethasone IV, Granisetron IV
-15 mins: Mesna IV
TREATMENT START TIME: Ifosfamide IV (dose 1)
+4 hrs: Mesna IV (must commence exactly 4 hrs after start of Ifos)
+4 hrs, 15 mins: Sodium Chloride IV
+8 hrs: Mesna IV (must commence exactly 8 hrs after start of Ifos)

DAY 3:

-2 hrs, 30 mins: Sodium Chloride IV
-30 mins: Dexamethasone IV, Granisetron IV
-15 mins: Mesna IV
TREATMENT START TIME: Ifosfamide IV (dose 2)
+4 hrs: Mesna IV (must commence exactly 4 hrs after start of Ifos)
+4 hrs, 15 mins: Sodium Chloride IV
+8 hrs: Mesna IV (must commence exactly 8 hrs after start of Ifos)

DAY 4:

-2 hrs, 30 mins: Sodium Chloride IV
-30 mins: Dexamethasone IV, Granisetron IV
-15 mins: Mesna IV
TREATMENT START TIME: Ifosfamide IV (dose 3)
+4 hrs: Mesna IV (must commence exactly 4 hrs after start of Ifos)
+4 hrs, 15 mins: Sodium Chloride IV
+8 hrs: Mesna IV (must commence exactly 8 hrs after start of Ifos)

DISCHARGE:

Lipegfilgrastim / Filgrastim, Dexamethasone, Metoclopramide PRN

▼ ☐ Pre-Treatment

☐ sodium chloride 0.9 % infusion 1,000 mL

✓ 1,000 mL, Intravenous, at 500 mL/hr, Administer over 2 Hours, Once, Starting when released, For 1 dose
Start -2 hrs, 30 mins.

☐ dexAMETHASone injection 8 mg

✓ 8 mg, Intravenous, Administer over 15 Minutes, Every 24 hours, Starting when released, For 3 doses
Start at -30 mins.
Can bring forward Day 2+ doses to align with Ifosfamide.

☐ granisetron 3 mg in sodium chloride 0.9 % 20 mL injection

✓ 3 mg, Intravenous, Administer over 5 Minutes, Every 24 hours, Starting when released, For 3 doses
Start at -30 mins.
Can be added to Dexamethasone. Run concurrently with normal saline.
Can bring forward Day 2+ doses to align with Ifosfamide.

☐ mesna 1,700 mg in sodium chloride 0.9 % 100 mL infusion

✓ 1,700 mg (rounded from 1,701 mg = $700 \text{ mg/m}^2 \times 2.43 \text{ m}^2$ Treatment Plan BSA from Recorded weight), Intravenous, Administer over 15 Minutes, Once, Starting when released, For 1 dose
Start -15 mins.

Administer dose: $700 \text{ mg/m}^2 \times 2.43 \text{ m}^2$ (BSA based on [Treatment plan recorded weight: 115.6 kg as of 2/4/2026]
[Height: 190 cm as of 2/4/2026] [BSA formula: DuBois and DuBois])
= 1,700 mg (rounded to the nearest 100 mg from 1,701 mg)
= $1,700 \text{ mg} \times 1 \text{ mL}/100 \text{ mg}$
= $17 \text{ mL} \times 100 \text{ mg/mL}$
= 1,700 mg

▼ ☐ Treatment

☐ iFOSFamide 4,860 mg in sodium chloride 0.9 % 1,135 mL infusion

✓ 4,860 mg ($2,000 \text{ mg/m}^2 \times 2.43 \text{ m}^2$ Treatment Plan BSA from Recorded weight), Intravenous, Administer over 4 Hours, Once, Starting at treatment start time, For 1 dose
Treatment start time.

Administer dose: $2,000 \text{ mg/m}^2 \times 2.43 \text{ m}^2$ (BSA based on [Treatment plan recorded weight: 115.6 kg as of 2/4/2026]
[Height: 190 cm as of 2/4/2026] [BSA formula: DuBois and DuBois])
= $4,860 \text{ mg} \times 50 \text{ mL}/2,000 \text{ mg}$
= $121.5 \text{ mL} \times 2,000 \text{ mg}/50 \text{ mL}$
= 4,860 mg

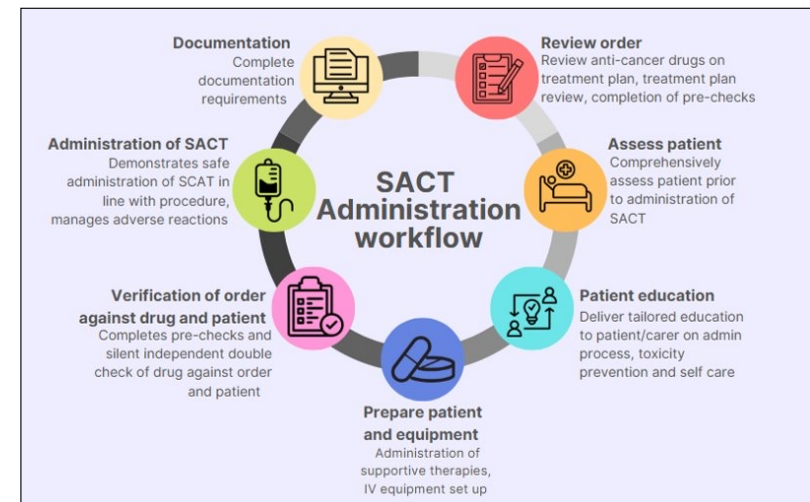
☐ mesna 1,700 mg in sodium chloride 0.9 % 100 mL infusion

✓ 1,700 mg (rounded from 1,701 mg = $700 \text{ mg/m}^2 \times 2.43 \text{ m}^2$ Treatment Plan BSA from Recorded weight), Intravenous, Administer over 15 Minutes, Once, Starting 4 hours after treatment start time, For 1 dose
Start at +4 hrs.
Must commence exactly 4 hours after start of Ifosfamide infusion.

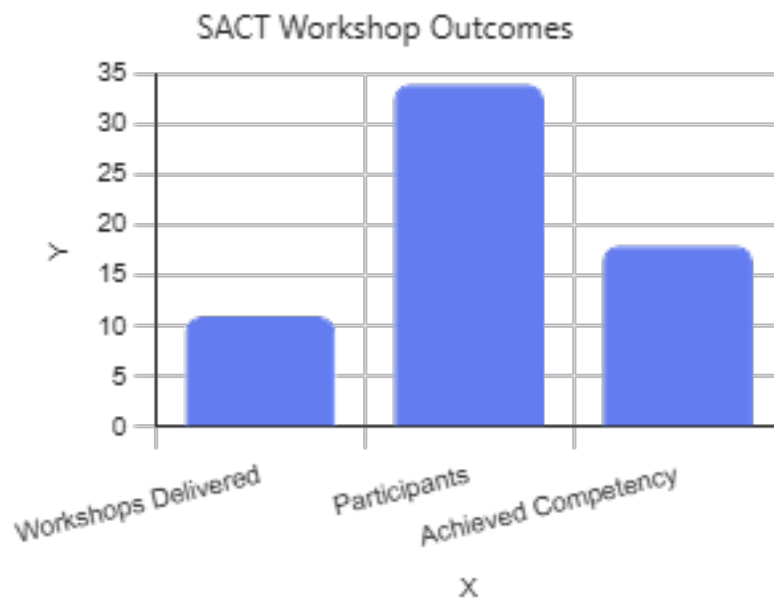
What we teach and how

SACT Administration Workflow

- Recap of SACT principles
- Hands-on technical skills
- EMR-based scenarios
- Equipment familiarisation
- Facilitated discussion + reflection



What we are seeing so far...



Number of workshops delivered to date: **11**

Number of participants: **34**

Number of participants achieved competency: **18**

Average of **26.1 days** between workshop and competency attainment

Themes in feedback...

**Practical component
and opportunity to
practice the
administration
process**

**Small group sessions
allowing a deeper
level of engagement
and ability for
facilitator to tailor
to individual needs**

**The link back to
local policy and
procedure and EMR
involvement for
nurses newer to the
organisation**

Reflections and takeaways

- Hybrid model allows consistency
- ADAC supports standardisation of education, teaching local procedure ensures clinical safety
- Educators and stakeholders critical to implementation

Acknowledgements

Georgia Byrne-Nelson, Clinical Nurse Educator

Amruta Nandi, Clinical Informatics Officer

Joey Yapp, Senior EMR Clinical Informatics Officer

Nursing Education, Peter MacCallum Cancer Centre

Clinical Nurse Educators & Practice Development Nurses, Peter MacCallum Cancer Centre

eviQ Education

