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Effective Teaching Strategies and Methods for Cancer Patient Education

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Effective Teaching Strategies and Methods for Cancer Patient Education

Recommendations

This section is a quick reference guide and provides the guideline recommendations only. For key evidence associated with each recommendation, the systematic review, and the guideline development process, see the Full report.

GUIDELINE OBJECTIVES

The guideline objective is to make recommendations on the most effective teaching strategies and methods of delivery for patient education in the cancer system.

TARGET POPULATION

Individuals living with or at risk of developing cancer and their care partners who seek services from the cancer system covering the entire continuum of care (prevention, screening, diagnosis, treatment, survivorship, and palliative care).

INTENDED USERS

Intended users of this guideline are members of the healthcare team involved in patient education. This may include patient education specialists and other leaders in healthcare. Intended users may also include physicians, nurse practitioners, nurses, and other allied healthcare professionals with an interest in patient education.

PREAMBLE/BEST PRACTICE STRATEGIES

Thoughtful and intentional patient education is essential in healthcare, especially for individuals living with cancer. Patients with or at risk of developing cancer and their care partners (herein referred to as “learners”) often face significant emotional and psychological challenges, making it difficult for them to absorb and retain information. Recognizing that learners may not be at their best during these difficult times makes cancer care a uniquely challenging environment for both teaching and learning. Thus, patient education must be approached with compassion and patience.

The goal of patient education is not simply to deliver information, but to ensure that it is understood, retained, and aligns with the learner's needs, goals, and values. This requires an approach that is deeply learner-centred, considering not only the emotional states but also the unique learning preferences and circumstances of each individual. By considering the learner's perspective, a more personalized and empowering educational experience can be created. In addition, careful consideration should be made among the interprofessional team to coordinate teaching and assign specific teaching goals. For example, decisions should be made between physicians and nurses on what parts of the teaching plan each profession will cover and in what depth. This can serve to ensure the full breadth of education is covered and aligned and can help alleviate role confusion. Strategic overlap of teaching topics is welcome to reinforce learning. Drawing on a rich body of literature from fields such as patient education, health literacy, therapeutic patient education, nursing, and public health, the following strategies highlight best practices for delivering effective, patient-centred education.

1. Building Rapport and Trust

Establishing strong rapport with learners is critical to engagement. Consider their emotional and psychological state, as these factors significantly affect their ability to engage

with the material. Focus on building relationships and trust, as this will enhance learning and create a supportive environment for sharing information.

2. Establishing a Mutual Learning Agenda

Establishing a mutual learning agenda with learners involves actively engaging them in conversations about their education needs and preferences. By collaboratively identifying what they understand, what they want to learn, and how they prefer to receive information, healthcare providers can tailor their approach to be more relevant and effective. This shared process helps build trust, empowers learners to take an active role in their care, and can help ensure that educational content addresses both the clinical and personal aspects of their care.

3. Using Inclusive and Clear Educational Materials

Patient education should adhere to best practices, ensuring the use of plain language, clear design, and inclusive content, as well as [the Accessibility for Ontarians with Disabilities Act \(AODA\)](#) information and communications standards. Consult the [Patient Education Materials Assessment Tool \(PEMAT\)](#) to see patient education best practices. Materials should reflect principles of diversity, equity, accessibility, and anti-racism, as well as consider persons with disabilities, ensuring that all learners feel respected and included.

4. Adapting to Different Learning Styles and Literacy Levels

Patient education must be adaptable to various learning styles and literacy levels. This includes considering differences in health literacy, digital literacy, numeracy, and persons with disabilities. It is essential to deliver content in a way that is accessible and supportive, recognizing that cancer care is very complex, and not all learners process information in the same way.

5. Assessing the Learner's Ability to Absorb Information

Being sensitive to the learner's current ability to absorb and retain information is key. The emotional and physical well-being of patients and their care partners can impact how effectively they can engage with educational material. Regularly assess the learner's understanding and adjust your approach based on their immediate needs, experiences, and emotional state.

6. Recognizing the Fluidity of Learning Styles

Learning styles are not static; they can evolve over time, particularly in the context of illness. It is important to regularly assess and adjust your educational approach to ensure it aligns with the learner's changing needs. For example, a learner may at first prefer one-on-one verbal teaching and over time, they may benefit from accessing recommended websites to obtain more detailed information. This ongoing assessment helps provide more effective and personalized education.

7. Delivering the Right Amount of Information at the Right Time

Tailor the amount and timing of information to the individual learner's preferences. Some learners' may need only enough information to manage the next step in their care, while others may wish to understand every detail upfront. It is important to be flexible and responsive to these preferences to avoid overwhelming the learner.

8. Respecting Individual Differences

Appreciate and accommodate the diversity of learners. This includes considering their backgrounds, cultural differences, and personal preferences. Use inclusive and respectful

language to ensure that every learner feels comfortable and supported in their educational experience.

9. Using Best Practices for Audiovisual Materials

When developing audiovisual materials, follow best practices to ensure clarity and effectiveness. Utilize tools like the [PEMAT-A/V](#) to evaluate and enhance the understandability and actionability of these materials. Well-designed audiovisual content can significantly improve the learner's ability to comprehend and retain information.

RECOMMENDATIONS

The following recommendations are based on the expertise and opinions of the Working Group, informed by the currently available evidence. The evidence underpinning these recommendations is complex and not easily summarized; please refer to Section 4 of this report for more details. The recommendations are not meant to provide specific details with respect to the content provided through patient education. These recommendations are meant to provide an overview concerning the efficacy of the teaching strategies and methods of delivery that have been evaluated in the literature.

A) Teaching Strategies

Recommendation 1:

- 1.1. **One-on-One Teaching:** One-on-one teaching is an effective strategy for patient education. Using the teach-back method, when appropriate, further enhances this approach. Teach-back helps confirm the learner's understanding of the information presented and can reinforce key points to ensure retention.
- 1.2. **Group Teaching:** Group teaching is an effective strategy, although it presents challenges when it comes to confirming individual understanding. In group settings, teach-back may not be appropriate, as it can feel intrusive to individual learners. Instead, other methods of assessment and reinforcement should be used in group teaching environments.
- 1.3. **Self-Directed Learning:** Self-directed learning is an effective strategy, either on its own or in conjunction with other teaching methods. For some individuals, this approach may be particularly effective, allowing them to build new knowledge based on their learning style and the ability to process information at their own pace.
- 1.4. **Multiple Strategies:** Patient education is most effective when delivered through multiple modalities, tailored to the needs of the learner.

Qualifying Statements for Recommendation 1:

- Support one-on-one teaching with additional resources, such as written materials, to reinforce the learning (see Recommendation #2 below).
- Sensitive topics may not be suitable for group teaching and should be carefully considered before inclusion. Assess whether the topic is appropriate for a group setting. For example, topics like “introduction to chemotherapy” may be relevant to a broad group, while a more tailored discussion, such as “chemotherapy for gynecologic cancers”, may be more suitable for a smaller, specialized group. Additionally, consider whether there is an opportunity to personalize the content, such as addressing specific side effects related to certain regimens.

- While some learners may feel comfortable discussing sensitive topics in a group, options should be available for one-on-one teaching for those who prefer a more private setting.
- Self-directed learning is most effective for learners who are self-motivated and capable of independently managing their learning process.
- To enhance the learning experience, engage learners through multiple modalities. The more senses involved in the learning process, the more effective the experience will be. Combining different teaching methods—such as verbal, written, and visual—can help reinforce key concepts and support better retention.
- Identify multiple opportunities to teach and reinforce information throughout the learning process. Leveraging multiple healthcare professionals to deliver key teaching points at different stages can be an effective strategy to reinforce the message and ensure consistency.
- Various teaching methods and materials can be used to deliver patient education effectively. [Refer to Recommendation #2 for additional guidance.](#)
- This guideline outlines the best evidence on effective teaching strategies for patient education. Key factors for successful patient education include the learning relationship between the learner and the healthcare team, tailoring interventions to meet the learner's needs, assessing readiness to learn, accommodating diverse learning styles, and understanding the learner's information-seeking behaviors. Although these factors fall outside the scope of this guideline, they are integral to a person-centered approach to education.
- As cancer prevalence increases and it is increasingly viewed as a chronic disease, there is a growing need for guidance on self-management and therapeutic patient education. Incorporating these interventions is essential to support patients in managing their care effectively.

B) Materials and Methods

Recommendation 2

- 2.1. ***Tailored Written Materials:*** Providing written materials, especially those tailored to the specific needs of the learner, can be an effective strategy for patient education. Direct provision of these materials by a healthcare professional or a member of the healthcare team increases the likelihood of learner engagement and ensures that the materials are relevant and well-received.
- 2.2. ***Oral Discussions:*** Oral discussions are an effective teaching strategy and are most impactful when paired with other modalities. This combination helps reinforce key points and supports better retention of the information shared.
- 2.3. ***Audiovisual Materials:*** Audiovisual resources, such as videos and audio recordings, can be valuable tools in patient education. These materials can enhance understanding by providing visual and auditory context that may make complex information more accessible.
- 2.4. ***Technology in Learning:*** When used alongside other teaching methods, technology can significantly enhance the learning experience. It is important to apply best practice strategies for user experience and interface design, ensuring that learners can easily access and engage with the content. Web-based learning often requires a higher literacy level compared to print materials thus careful consideration should be given to the learner's needs and technological proficiency.

- 2.5. **Demonstration:** Demonstrations can reinforce verbal instructions and provide clear, actionable steps. Learners should be provided with accurate visual aids to help them replicate the steps with supervision, ensuring they can eventually perform tasks safely and independently.
- 2.6. **Traditional Lectures and Webinars:** Both traditional lectures and webinars (synchronous) involve group-based learning where the instructor delivers information, and learners can ask questions. These sessions can also be recorded and made available for self-directed, asynchronous learning, allowing learners to access the content at their convenience.
- 2.7. **Multiple Modalities:** Using a variety of teaching modalities is recommended to reinforce learning. However, the choice of modalities should be tailored to the specific information being shared to ensure that each method supports the content effectively.

Qualifying Statements for Recommendation 2

- To be effective, written materials—whether physical or web-based—should align with best practice guidelines for clear, accessible communication. This includes using plain language, user-friendly design, and inclusive language that reflects the principles of IDEAA: Inclusion, Diversity, Equity, Accessibility, and Anti-Racism.
- The learning environment should be private, comfortable, and free from distractions to support optimal engagement and focus. Teachers should ensure learners have access to the appropriate technology (e.g., computers, tablets, Internet) to engage with the materials, especially for those who may not have access to such resources at home.
- The effectiveness of patient education is significantly influenced by how information is delivered. Learners are more likely to value the educational material if it is endorsed by a trusted member of their healthcare team. This endorsement can help reinforce the relevance and importance of the information being shared.
- Information shared through different modalities—whether verbal, written, or digital—should be consistent and complementary. For example, the content provided in a group teaching session should align with the same information presented in written materials. Additional information should enhance or build upon what has already been communicated. Inconsistencies between these formats can cause confusion and may lead to uncertainty or inaction. Patient education should focus on the learner's goals and limit the information to what is most relevant and desired, helping to reduce cognitive overload.
- While no specific evidence supports the efficacy of demonstrations (e.g., using anatomical models or diagrams), simulations, or traditional lectures/webinars, these teaching methods can still be valuable in practice. When teaching something the learner has to perform on their own, demonstrations using teach back can be an effective way to ensure they will be able to perform the activity on their own.
- When planning educational delivery, consider accessibility in terms of both the format (in person vs. online) and the timing (synchronous vs. asynchronous). Online learning platforms can significantly increase access for learners who might otherwise face barriers, such as living far from the cancer centre, adverse weather conditions, or logistical issues like transportation costs (e.g., parking fees) and caregiving, school, or employment responsibilities.