

Advanced Master's Degree Oncology Nursing





Advanced Master's Degree Oncology Nursing

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: www.techitute.com/in/nursing/advanced-master-degree/advanced-master-degree-oncology-nursing

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Certificate

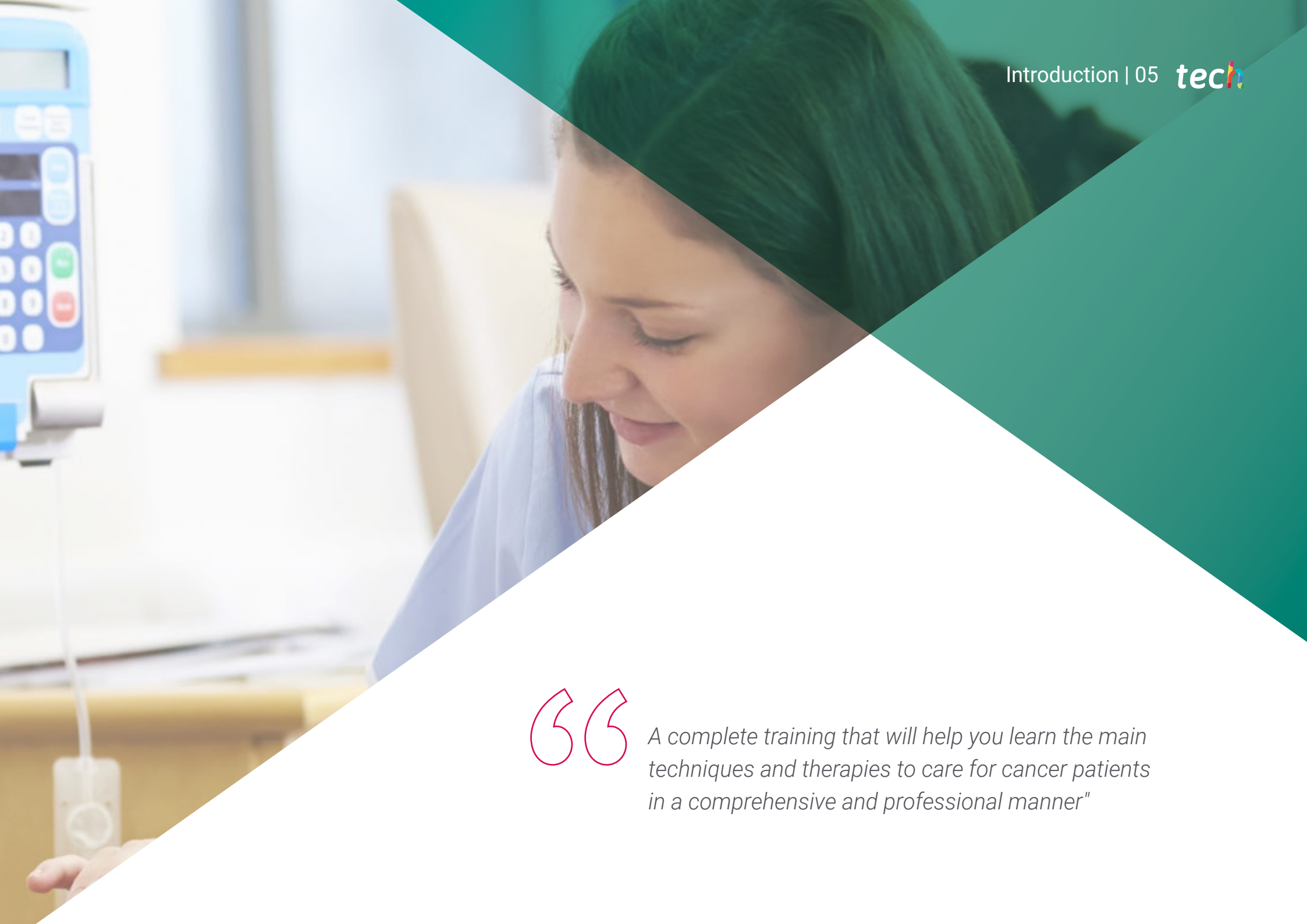
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01

Introduction

This program is focused on providing in-depth and up-to-date information to nursing professionals who work in the field of Oncology Nursing, whose functions require high levels of qualification and the initiation of their activity as professionals in the field of research. Only with an adequate, focused and specialized refresher program can the necessary knowledge and skills be acquired and maintained to respond adequately.





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A complete training that will help you learn the main techniques and therapies to care for cancer patients in a comprehensive and professional manner"

Thanks to scientific and technological advances in recent years, there has been a significant increase in the possibilities for treating and curing children and adults with oncological diseases.

The nursing professional is a key role in the care of the oncology patient. Its form of intervention makes it possible to provide comprehensive care to the patient with closer communication, intervening in overlapping areas and also interacting within the family environment.

Nursing care for oncology patients and their families is a great challenge, to the development this disease can have in patients. Thus, the specific treatments required by these patients, their side effects and the affective needs they require make this specialty essential in the field of nursing.

In order to provide an effective solution to this demand for nursing professionals, at TECH we have designed this Advanced Master's Degree in Oncology Nursing, a unique study opportunity for those who wish to acquire a theoretical and practical specialization in a single program and under the same degree title. In this way, our students will have the opportunity to learn about the most appropriate treatment and care for cancer patients and their families, through theoretical content provided in an online format.

The combination of multimedia resources, real clinical cases and up-to-date contents will complete the training of the student, who will also acquire skills in communication, psychosocial approach and research, essential to provide quality care based on scientific research.

The up-to-date contents of this Advanced Master's Degree and its integrative approach will provide a complete vision of all aspects related to Oncology Nursing. The contents will provide a journey through the diverse needs of cancer patients, whose particularities require personalized attention.

This Advanced Master's Degree in Oncology Nursing aims to train the professional through a complete, global and practical learning to enable them to act safely in each and every one of the areas that the nursing professional will develop in this field.

This **Advanced Master's Degree in Oncology Nursing** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ◆ Development of more than 75 clinical cases presented by experts in Oncology Nursing
- ◆ The graphic, schematic, and eminently practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional practice
- ◆ The latest information on care and intervention in Oncology Nursing
- ◆ Practical exercises where the self-evaluation process can be carried out to improve learning
- ◆ Algorithm-based interactive learning system for decision-making in the situations that are presented to the student
- ◆ With special emphasis on evidence-based Nursing and research methodologies in Oncology Nursing
- ◆ All of this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ◆ Content that is accessible from any fixed or portable device with an Internet connection



Update your knowledge through the Advanced Master's Degree program in Oncology Nursing"

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This training will give you a sense of confidence in your daily practice which will help you grow both personally and professionally”

The teaching staff includes professionals from the field of Oncology Nursing, who bring their experience to this training program, as well as renowned specialists from leading scientific societies.

The multimedia content developed with the latest educational technology will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive training program to train in real situations.

The design of the program is based on Problem-Based Learning, by means of which the nursing professional must try to solve the different professional practice situations that arise throughout the program. For this purpose, the physician will be assisted by an innovative interactive video system created by renowned and experienced experts in the field of Oncology Nursing with extensive teaching experience.

We have the best teaching methodology and a multitude of simulated cases that will help you train in real situations.

Make the most of the opportunity to learn about the latest advances in Oncology Nursing and improve the care of your patients.



02 Objectives

The Advanced Master's Degree in Oncology Nursing is oriented to train health professionals in their daily work caring for cancer patients, following the highest quality standards in the performance of their work.





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This Advanced Master's Degree is designed, with the use of the latest educational technology, to help you update your knowledge in Oncology Nursing, to contribute, with quality and safety, to decision-making, diagnosis, treatment, and patient support"



General objectives

- ♦ Update the professional's knowledge, facilitating the acquisition of advanced competencies that will enable them to provide specialized care to complex oncology patients
- ♦ Incorporate theoretical and pathophysiological fundamentals in nursing practice, assuming the particularities of pediatric, adult and elderly patients
- ♦ Define the specific competencies of the nurse in the oncology setting to increase effectiveness and efficiency in the organization and acquire skills in coordination and management of the nursing team
- ♦ Design patient and family care plans integrating knowledge, attitudes and skills acquired during training
- ♦ Apply the theoretical knowledge acquired in relation to the oncologic patient and the management and administration of treatment, guaranteeing patient safety at all times
- ♦ Deepen understanding in the development of interpersonal relationships between the professional and the patient-family, as well as with the rest of the members of the multidisciplinary team
- ♦ Integrate emotional management strategies in the different stages of the disease process, incorporating the psychosocial and spiritual approach in the care and assuming death as a natural process in the terminal patient
- ♦ Acquire the necessary training to act with autonomy and provide the best care based on scientific evidence
- ♦ Implement research into routine nursing practice as a basis for professional development and effective and efficient management of complex cases
- ♦ Update the necessary knowledge in the nursing care of pediatric oncology patients in order to increase the quality and safety of nursing practice in the pediatric unit





Specific objectives

- ◆ Describe the professional competencies of Oncology Nursing
- ◆ Become familiar with the main etiopathogenic theories of cancer, as well as the most important mechanisms of malignant transformation
- ◆ Differentiate and understand the alterations involved in the processes of carcinogenesis
- ◆ Determine the risk factors related to the occurrence of oncologic diseases and their effects on health
- ◆ Know the epidemiological data of the main malignant tumors
- ◆ Recognize the different levels of cancer prevention, as well as the actions and strategies for each type of prevention
- ◆ Acquire information on the characteristics and development of the main programs of early cancer detection
- ◆ Perform a complete assessment of the oncology patient, which allows for the detection of needs and the implementation strategies to solve problems
- ◆ Know the main types of malignant tumors in relation to their anatomical location
- ◆ Acquire knowledge about prevalence and risk factors related to each group of neoplasms
- ◆ Identify the most frequent signs and symptoms in each group
- ◆ Describe the diagnostic tests most commonly used in tumor detection and staging
- ◆ Determine the current therapeutic options for each type of tumor
- ◆ Apply the acquired theoretical knowledge in the development of nursing care plans appropriate to the patient's pathology
- ◆ Describe the therapeutic modalities that exist in adult oncology patients, as well as the main indications for their choice
- ◆ Identify the surgical techniques used for the resection of the most frequent tumors and the nursing care derived from them

- ♦ Acquire knowledge about the different chemotherapeutic agents, their indications, as well as the most frequent adverse effects related to their use
- ♦ Distinguish between the different radiotherapy modalities and determine the necessary care in each one of them
- ♦ Perform nursing care plans that respond to the side effects of chemotherapy and radiotherapy
- ♦ Know the characteristics and indications of other current oncological therapies: hormonal treatments, biologics and interventional procedures
- ♦ Determine the recommended pre-, post- and follow-up nursing care for the patient undergoing transplant surgery to oncologic reasons
- ♦ Recognize the steps in the process of administering chemotherapy treatment
- ♦ Gain in-depth knowledge of the protocol for receiving and storing cytostatics and guarantee the safety of the patient, the professional and the rest of the healthcare team during their handling
- ♦ Understand the meaning of pharmaceutical validation and demonstrate knowledge of compatibilities and incompatibilities of antineoplastic drugs
- ♦ Identify the resources available in the work area set up for the preparation of cytostatics, as well as the standards to be worked
- ♦ Explain how to act in the event of a spill of chemotherapeutic products and/or contamination of the work area
- ♦ Acquire advanced knowledge related to the administration of chemotherapy
- ♦ Classify the different routes of administration of cytostatics, knowing their indications, risks and benefits for the patient
- ♦ Prevent and recognize early complications associated with venous access during the administration of chemotherapy treatment and develop care plans aimed at their resolution
- ♦ Determine the drugs with the highest risk of producing extravasation and know how to prevent and treat it
- ♦ Expose the genetic risks derived from the handling of cytostatics and to know how they can be avoided or minimized
- ♦ Differentiate the types of waste generated after the handling and administration of antineoplastic drugs
- ♦ Become familiar with the process and regulations for the treatment of cytostatic waste
- ♦ Teach patients and their families how to properly manage body excreta after chemotherapy
- ♦ Apply the Nursing Care Process (NCP) in the oncology patient, establishing a comprehensive and individualized care
- ♦ Detect the main symptoms that may compromise the health of the oncology patient imminently
- ♦ Determine the most appropriate and up-to-date nursing care to act on the symptoms that have the greatest impact on the quality of life of the oncology patient
- ♦ Perform a comprehensive and systematic assessment of the person's health
- ♦ Explain the pathophysiological basis of pain in the oncologic patient and know its repercussion on the individual
- ♦ List the methods and tools for pain exploration and their appropriateness according to the patient's characteristics
- ♦ Assess pain as a multidimensional entity and not only for its intensity
- ♦ Recognize the existing myths and prejudices regarding the use of opioid analgesics, both in patients and health professionals
- ♦ Establish the analgesic needs of an oncology patient based on the most recent evidence available
- ♦ Observe the individual's responses to analgesic treatment, assess its effectiveness and the occurrence of adverse effects

- ◆ Deepen understanding of the relationship between nutrition and cancer
- ◆ Determine the pathophysiological basis of oncologic malnutrition and its causes
- ◆ Acquire the necessary knowledge to assess the nutritional status of the oncologic patient and prevent possible complications
- ◆ Identify the nutritional needs of the oncology patient and their approach
- ◆ Develop skills to perform a nutritional and pharmacological therapeutic approach in cases of altered ingestion
- ◆ Update knowledge of the aspects related to the indications, access routes and complications of artificial nutrition (enteral and parenteral)
- ◆ Assess the nutritional needs of terminal patients and address them from an ethical point of view
- ◆ Describe the postsurgical care of the most frequent types of cancer
- ◆ Put into practice the techniques and nursing care in pulmonary rehabilitation and respiratory physiotherapy
- ◆ Recognize the different types of ostomies and their characteristics to provide quality care to the ostomized patient
- ◆ Demonstrate competence in the correct management of lymphedema as a complication of breast surgery
- ◆ Recognize the importance of palliative care and know its historical background
- ◆ Frame the palliative patient and their care within the state regulations, knowing their rights
- ◆ Identify the signs and symptoms that appear in the oncology patient at the end of life and know how to treat them to provide the greatest comfort and well-being
- ◆ Detect the patient's needs in the last days of life in order to provide comprehensive and quality care
- ◆ Develop skills to provide emotional and psychological support to the patient's family in times of agony
- ◆ Become familiar with the end-of-life process at home, as well as its historical background
- ◆ Distinguish the types of grief and its phases
- ◆ Design nursing care plans for family members going through the stages of grief
- ◆ Understand the different areas covered by bioethics in palliative care
- ◆ Develop care plans through the nursing care process including diagnoses (NANDA), objectives (NOC) and interventions (NIC)
- ◆ Communicate in an understandable way, appropriate to the patient's needs and providing true information that helps decision-making
- ◆ Develop assertive communication and self-regulation skills, as well as problem analysis and resolution
- ◆ Facilitating the adaptation process and motivating patients with maladaptive denial to change
- ◆ Implement the phases of the deliberative process as a strategy to guide the patient in making decisions about their own health
- ◆ Manage the appearance of the conspiracy of silence through emotional validation, empathy, anticipation or agreement
- ◆ Assess the patient's decision-making capacity and identify the non-competent patient
- ◆ Recognize the external, internal and learning factors involved in the appearance of aggressiveness in the oncology patient
- ◆ Support and evaluate the emotional reactions derived from the possibility of limiting the therapeutic effort
- ◆ Anticipate and prevent family breakdown by identifying related factors and developing family intervention strategies
- ◆ Identify manifestations and risk indicators of complicated grief and implement family support techniques
- ◆ Guide the patient and family in advance planning for health care decisions

- ♦ Determine the prevalence of cancer in the pediatric age group and become familiar with the most frequent tumors
- ♦ Describe the main treatments in children and adolescent patients, as well as their possible complications
- ♦ Identify the needs of the pediatric cancer patient and their family environment from a holistic perspective to provide quality care
- ♦ Develop skills to care for the pediatric patient in the last days of life, providing psychological and emotional support
- ♦ Evaluate the nutritional status of the pediatric patient and adapt nutrition to reduce complications and increase quality of life
- ♦ Provide psychological care to the patient and their surrounding support during the different stages of the disease that favors an effective adaptation and improves their well-being
- ♦ Describe the most frequent tumors in the elderly population
- ♦ Know the specific characteristics of the elderly population and their influence on neoplastic diseases
- ♦ Acquire the knowledge necessary to perform a comprehensive geriatric assessment and identify the patient's needs in order to develop a treatment plan
- ♦ Review the fundamental aspects of oncologic pain in the elderly patient and its multidimensional approach
- ♦ Expose the fundamentals of research in Health Sciences and its importance in the field of Oncology
- ♦ Distinguish the various areas of research in Oncology and Oncology Nursing, and their contribution to improving the quality of life of the patients



- ♦ Deepen knowledge in the characteristics of translational research and its importance in Oncology
 - ♦ Determine the main lines of nursing research in Oncology, both nationally and internationally
 - ♦ Direct, organize and evaluate individual research projects and nursing or multidisciplinary work groups
 - ♦ Understand and cope with the challenges and difficulties that new staff may face, based on different institutional support strategies
 - ♦ Reflect on one's own practice, making critical judgments, showing a constructive attitude and taking into account the latest knowledge
 - ♦ Differentiate the main models of critical reading, according to the type of study to be analyzed
 - ♦ Interpret the information contained in the scientific literature to provide the patient with contrasted and quality evidence
 - ♦ Use new information and communication technologies to improve daily practice and teamwork
 - ♦ Gain up-to-date knowledge on Pediatric Oncology
 - ♦ Promote work strategies based on a comprehensive approach to tend to Pediatric Oncology patients as a standard model for achieving excellence
 - ♦ Encourage the acquisition of technical skills and abilities, through a powerful audiovisual system, and the possibility of development through online simulation workshops and/or specific training
 - ♦ Encourage professional stimulation through continuous education and research
 - ♦ Optimize the quality and care of pediatric patients with oncological pathology, providing more qualified healthcare professionals
- ♦ Acquire the essential competencies to offer comprehensive care for children and adolescents with cancer and their families
 - ♦ Recognize and assess the physical, psychological, social and spiritual needs of children and adolescents with cancer and their family
 - ♦ Achieve sufficient knowledge and skills to be able to develop the personal and professional attitudes required to treat children and adolescents with cancer
 - ♦ Develop a comprehensive vision of care for children and adolescents with cancer and their families, in order to promote their well-being, autonomy and dignity at all times
 - ♦ Develop problem-solving and evidence generation capabilities in the field of pediatric oncology to correct knowledge shortcomings and thus establish excellence in practice



Update your knowledge through the Advanced Master's Degree program in Oncology Nursing"

03 Skills

After passing the evaluations of the Advanced Master's Degree in Oncology Nursing, the nursing professional will have acquired the professional competencies necessary for quality and up-to-date nursing care, based on the latest scientific evidence.



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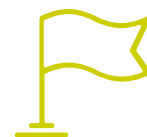
With this program you will be able to master the new therapeutic procedures and provide optimal Oncology Nursing care”



General skills

- ◆ Lead nursing care at all stages of the oncology process and at all levels of care
- ◆ Manage continuity of care by focusing attention on the needs of the patient and their environment
- ◆ Coordinate expert nursing consultations in oncology and palliative care
- ◆ Lead oncology care teams in all settings: inpatient units, day hospitals and outpatient consultations
- ◆ Coordinate expert nursing consultations in oncology and palliative care
- ◆ Lead oncology care teams in all settings: inpatient units, day hospitals and outpatient consultations
- ◆ Possess and understand knowledge that provides a basis or opportunity to be original in the development and/or application of ideas, often in a research context
- ◆ Apply acquired knowledge and problem-solving skills in new or unfamiliar environments within broader (or multidisciplinary) contexts related to the area of study
- ◆ Integrate knowledge and face the complexity of making judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities linked to the application of their knowledge and judgments
- ◆ Communicate their conclusions and both the knowledge and rationale behind them to specialized and non-specialized people in a clear and unambiguous manner
- ◆ Acquire the learning skills that will enable further studying in a largely self-directed or autonomous manner





Specific skills

- ♦ Provide specialized care to oncology patients, according to their particular needs
- ♦ Coordinate and lead a team of nurses specialized in oncology patients
- ♦ Care for the families of oncology patients, with special attention to those in the bereavement phase
- ♦ Administer prescribed treatments to patients, ensuring their safety
- ♦ Carry out the psychosocial approach to the patient in the different stages of the disease, paying special attention to the end of life
- ♦ Know the risk factors for each type of tumor
- ♦ Detect possible emergencies or side effects in patients receiving treatment
- ♦ Identify possible malnutrition or nutritional needs in the oncology patient
- ♦ Detect the needs of palliative patients and address them
- ♦ Participate in new lines of nursing research in the field of oncology
- ♦ Work in a holistic, tolerant, non-judgmental, caring and sensitive manner, ensuring that the rights, beliefs and wishes of children and adolescents with cancer and their families are not compromised, allowing them to express their concerns and interests, and to respond appropriately
- ♦ Provide nursing care oriented to satisfying the needs derived from the health issues of children or adolescents with cancer and preventing complications, all while guaranteeing safe and quality practice

- ♦ Assess the impact of hospitalization and disease processes involving a loss or change in the lives of children and adolescents with cancer and their families, establishing a therapeutic relationship that facilitates their adaptation to the unit, adequate coping strategies and promotes progressive involvement in the care process
- ♦ Comprehensively and contextually assess children and adolescents with cancer and their family, detecting any anomalies and possible deficits in their needs, making professional clinical judgments, planning interventions and autonomously solving the problems identified and/or referring to another professional, ensuring shared and coordinated action
- ♦ Effectively and efficiently perform the different procedures, diagnostic tests and treatments derived from the different health problems in children and adolescents, taking into account the different levels of care and ensuring professional practice based on ethical, legal and clinical safety principles
- ♦ Provide comprehensive care to the child or adolescent with cancer and their family from an ethical and legal perspective, with respect, tolerance, without being judgmental, with sensitivity to cultural diversity, guaranteeing the right to privacy, confidentiality, information, participation, autonomy and informed consent in decision-making
- ♦ Consider emotional, physical and personal care, including meeting comfort, nutritional and personal hygiene needs and allowing patients to continue with their daily activities
- ♦ Manage nursing care for children with oncological processes in an autonomous way, allowing an adequate adaptation, experience and coping with the disease, its long evolutionary process, the intensive and specific therapy it requires, its side effects and the psycho-emotional and social repercussions it entails for the child, adolescent and their family
- ♦ Educate, facilitate, support and encourage the well-being and comfort of children and adolescents with cancer and their family
- ♦ Apply different health education strategies to children or adolescents with cancer, in an autonomous manner, identifying learning needs, designing, planning and carrying out interventions to promote, foster and maintain the autonomy of children and adolescents with cancer and their family, to prevent risks and achieve the highest possible level of self-care
- ♦ Assess children and adolescents with cancer and their family and social environment, identifying their degree of dependence, the care they require, the resources and social support available, and the health services required to meet their needs
- ♦ Manage nursing care aimed at meeting the needs of children and adolescents with cancer and their family and the complications arising from a health problem requiring care in the Pediatric Emergency and Intensive Care Units (PICU) taking into account the standards of quality and clinical safety
- ♦ Develop the ability to predict and act in situations that may put the life of a critically ill child or adolescent at risk, in a complex environment with constantly updated diagnostic and therapeutic technology
- ♦ Provide the necessary emotional support, in the face of the impact produced by the severity of the disease, admission to the ER or PICU, in order to reduce emotional stress, facilitate effective coping with the situation and favor adaptation to the unit or the experience of bereavement

- ◆ Maintain effective communication with the team, with other professionals, institutions, and social groups, using available resources, facilitating the exchange of information and contributing to an improvement in the care provided in a climate of collaboration and to realize that the patient's well-being is achieved from the combination of resources and actions of the team members
- ◆ Assess risk and actively promote the well-being and safety of all people in the work environment
- ◆ Base their clinical practice on the best available evidence to contribute to continuous improvement in the quality of care provided to children and adolescents with cancer and their family

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Make the most of the opportunity and take the step to get up to date on the latest developments in Oncology Nursing”

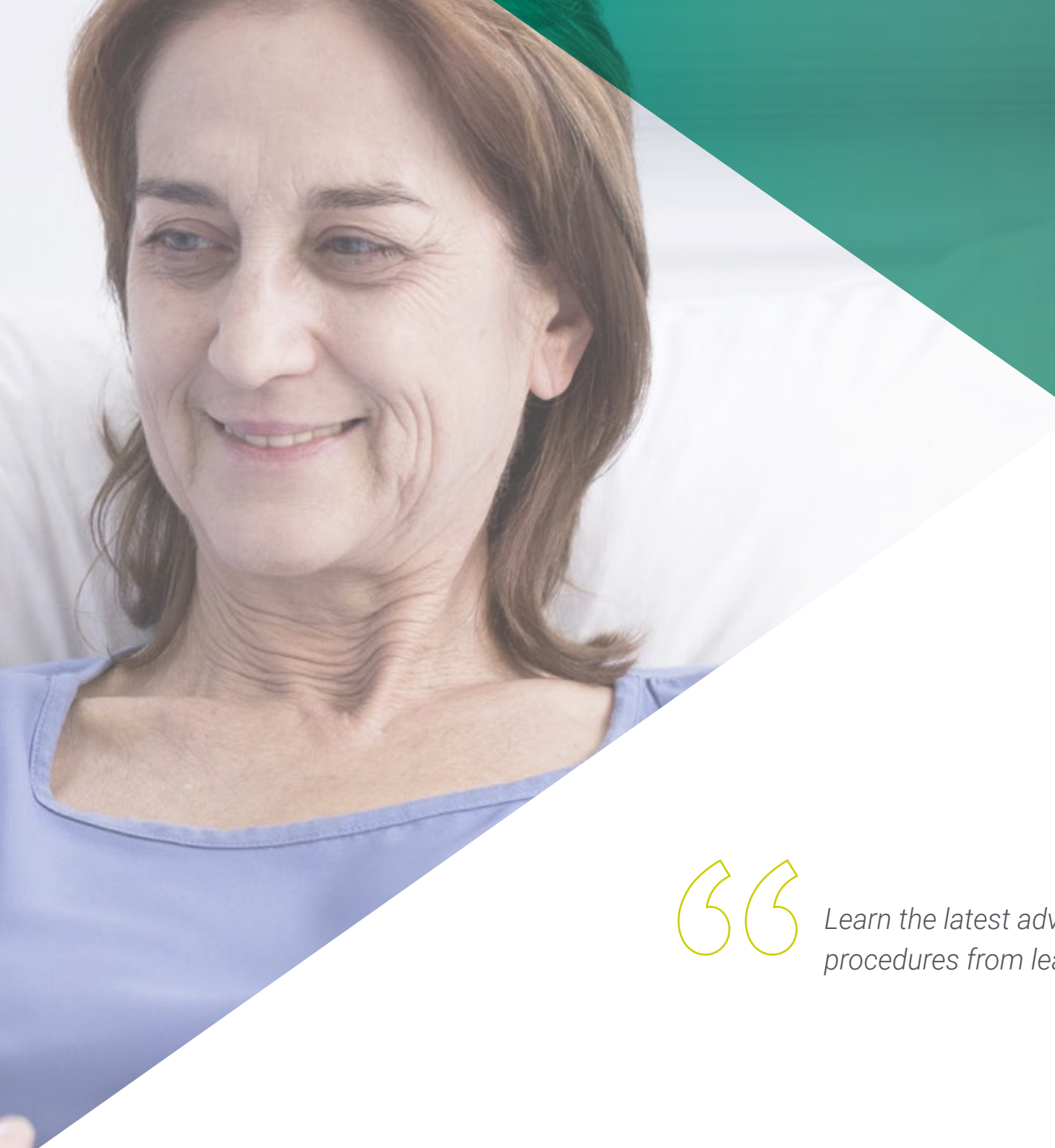


04

Course Management

The program includes in its teaching staff renowned experts in Occupational Nursing, who contribute their work experience to this training program. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner.





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Learn the latest advances in Oncology Nursing procedures from leading professionals"

Management



Ms. Morán López, Marina

- ◆ Nursing Professional in Medical Oncology, General and Digestive Surgery and Traumatology Services at Infanta Elena University Hospital in Madrid since December 2007
- ◆ Children's Surgery Services, Neonates, Outpatients, Children's Traumatology at La Paz University Hospital
- ◆ Nursing Assistant: La Paz University Hospital, 2006



Ms. Coronado Robles, Raquel

- ◆ Nurse specialized in Pediatric Nursing
- ◆ Pediatric Oncohematology Unit, Vall d'Hebron Hospital, Barcelona
- ◆ Professor for the Degree in Nursing at the UAB

Professors

Ms. García Parra, Natalia

- ♦ Volunteer Coordinator Spanish Association Against Cancer (Madrid), 2018-Present
- ♦ Volunteer Coordinator at the Infanta Elena Hospital
- ♦ Psycho-oncologist at the Spanish Association Against Cancer (Madrid), 2017– 2018
- ♦ Psychologist at the Spanish Association of Chronic Myeloid Leukemia Patients (AELEMIC), 2016- 2017
- ♦ Psychologist. DRM Clinic (Murcia). Child, adolescent and adult psychology services. Psychological Evaluations, 2015-2017

Ms. Soriano Ruiz, Teresa

- ♦ Day Hospital (multi-purpose), Infanta Elena University Hospital, September 2011-Present
- ♦ Nurse in the General Surgery Department, Infanta Elena University Hospital, May 2009 - September 2011
- ♦ Amma Humanes Residence Nurse, August-September 2009
- ♦ Nurse at Nuestra Señora de La Soledad Residence, May-August 2009
- ♦ Nurse, Personalia Residence and Day Care Center, Parla, October 2008-May 2009
- ♦ Assistant Nurse, Personalia Residence and Day Care Center, Parla, July 2007-May 2009
- ♦ Nursing Assistant at the Nurse SL Day Care Center, July-September 2006

Ms. Bonfill Ralló, Marina

- ♦ Psycho-oncologist of the Pediatric Oncohematology Unit Vall d'Hebron Barcelona Hospital Campus

Ms. Fernández Angulo, Verónica

- ♦ Day Hospital Pediatric Oncohematology Unit, Vall d'Hebron Hospital in Barcelona

Ms. Casado Pérez, Eva

- ♦ University Diploma in Nursing from the EUE "Jiménez Díaz Foundation"
- ♦ Nurse at Infanta Elena Hospital of Valdemoro, Nuclear Medicine Service, Oncology Day Hospital
- ♦ General and Pediatric Emergency Department, Sanitas Hospital 'La Moraleja', Madrid: Nurse, November 2005 - December 2007
- ♦ General and Pediatric Emergency Department, Gynecology and IVF Assisted Reproduction Institute, Madrid, September 2000 - November 2005
- ♦ Gynecology, obstetrics and assisted reproduction services at Jiménez Díaz Foundation, Madrid: Nurse December 2004 - May 2005
- ♦ Internal Medicine Service and Short Stay Unit Nurse available for Neurology, Cardiology, Gynecology and Pneumology Services, July 2004 - September 2004
- ♦ Emergency Department Nurse available for the Internal Medicine, Pneumology and Neck and Breast Surgery departments, January 2001 - December 2001
- ♦ Emergency Service Nurse available for Digestive, Pneumology, Internal Medicine, Oncology and Gynecology and Obstetrics services

Ms. Menéndez, Noelia

- ♦ Covid-19 Day Hospital, Infanta Elena University Hospital (Valdemoro), June 2019- June 2020
- ♦ Serving in all floors of Hospitalization, Emergency, Outpatient and Extractions, HLA Moncloa University Hospital, Madrid, April 2010-September 2019
- ♦ Hospitalization, El Bierzo Hospital (León), July and August 2009

Ms. Martínez Camacho, Minerva

- ◆ Nuclear Medicine, Infanta Elena Hospital, Nursing Professional at the Hospital of Oncology and Hematology
- ◆ Emergency Department, Valdemoro. Infanta Elena Hospital Nursing Professional, Madrid, December 2007-August 2019
- ◆ Internal Medicine Nurse, Universal Clinic Madrid, September 2006- December 2007
- ◆ Ministry of Education for Nursing, Alcorcón Community of Madrid, September 2005- June 2006
- ◆ School Nurse, 12 de Octubre Hospital Madrid, Endocrine Nursing Professional, June-August 2005
- ◆ Internal Medicine, Cruz Roja Central Hospital, Madrid, April-June 2005
- ◆ Emergency Department, Gregorio Marañón Hospital Nursing Professional, Madrid, December 2004- March 2005
- ◆ ICU Nurse, Universal Clinic Madrid, September 2003- January 2005
- ◆ Neurology ICU, Ramón y Cajal Hospital Nursing Professional, July- August 2003

Ms. Hladun Álvaro, Raquel

- ◆ Medical specialist and head of Clinical Trials at the Pediatric Oncohematology Unit of Vall d'Hebron Barcelona Campus Hospital

Ms. Muñoz Blanco, Maria José

- ◆ Supervisor of the Pediatric Intensive Care Unit (PICU), Vall d'Hebron Barcelona Campus Hospital



Mr. Ortegón Delgadillo, Ramiro

- ♦ Pediatric oncohematology Unit Vall d'Hebron Barcelona Hospital Campus
Co-director of SEER (Emotional Health and Education)

Ms. Rodríguez Gil, Raquel

- ♦ Pediatric oncohematology Unit (UCI-), Vall d'Hebron Barcelona Hospital Campus

Ms. Saló Rovira, Anna

- ♦ Psycho-oncologist Pediatric Oncohematology Unit, Vall d'Hebron Barcelona Hospital Campus

Mr. Toro Guzmán, Antonio

- ♦ Pediatric oncohematology unit, Vall d'Hebron Hospital, Barcelona.
- ♦ Associate Professor of the Degree in Nursing at the Autonomous University of Barcelona (UAB) 2017- 2018

Dr. Vidal Laliena, Miriam

- ♦ Biologist PhD. PhD. in Cell Biology, Immunology and Neuroscience at IDIBAPS- UB. Clinical Data Manager-study coordinator Pediatric oncohematology unit Vall d'Hebron Barcelona Hospital Campus (2016-2017)
- ♦ Current clinical trial monitor in the pharmaceutical industry (contact, support and coordination with hospital units)

Ms. Fernández Martínez, Ruth

- ♦ Day Hospital Pediatric Oncohematology Unit, Vall d'Hebron Hospital in Barcelona

Ms. Uría Oficialdegui, Luz

- ♦ Medical specialist and head of Clinical Trials at the Pediatric Oncohematology Unit of Vall d'Hebron Barcelona Hospital

Mr. Velasco Puyó, Pablo

- ♦ Pediatric oncohematology Unit Vall d'Hebron Barcelona Hospital Campus.
- ♦ Associate Professor, School of Medicine at UAB

Ms. Verona-Martínez Humet, Pilar

- ♦ AFANOC Association

Ms. Vlaic, Mihaela

- ♦ Pediatric Nurse Vall d'Hebron Hospital, Barcelona



Take the leap to train with some of today's leading professionals. You will gain a competitive advantage in your profession"

05

Structure and Content

The structure of the contents has been designed by a team of professionals from the best hospitals and universities in the country, who are aware of the relevance of up-to-date training in order to intervene in the prevention, care and monitoring in our patients and are committed to quality teaching through new educational technologies.



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This Advanced Master's Degree in Oncology Nursing contains the most complete and up-to-date scientific program on the market”

Module 1. Introduction to Oncology. Oncology Nursing

- 1.1. Oncology and Oncology Nursing
 - 1.1.1. Introduction to Oncology Nursing
 - 1.1.2. Cancer Definition
 - 1.1.3. Essential Histological Concepts
- 1.2. Etiopathogenesis and Biology of Cancer
 - 1.2.1. Etiopathogenic Theories
 - 1.2.1.1. Viral Theory
 - 1.2.1.2. Oncogene Theory
 - 1.2.1.3. Suppressor Genes Theory
 - 1.2.1.4. Gene Theory
 - 1.2.1.5. Inflammatory Theory
 - 1.2.2. Biology of Cancer
 - 1.2.2.1. Concepts in Cell Biology
 - 1.2.2.2. Mechanisms of Malignant Transformation
- 1.3. Carcinogenesis
 - 1.3.1. Genetic Alterations
 - 1.3.1.1. Proto-Oncogenes
 - 1.3.1.2. Tumor Repair Genes
 - 1.3.1.3. DNA Repair Genes
 - 1.3.2. Epigenetic Alterations
 - 1.3.3. Carcinogenic Agents
- 1.4. Classification and Nomenclature of Tumors
 - 1.4.1. Benign Tumors
 - 1.4.2. Malignant tumours
- 1.5. Tumor Progression Staging
 - 1.5.1. Tumor Dissemination Routes
 - 1.5.2. Staging
 - 1.5.2.1. Depending on the Size
 - 1.5.2.2. Depending on the Level of Differentiation



- 1.6. Risk factors
 - 1.6.1. Genetic Factors
 - 1.6.2. Hormonal Factors
 - 1.6.3. Radiation
 - 1.6.4. Tobacco
 - 1.6.5. Alcohol
 - 1.6.6. Diet
 - 1.6.7. Drugs
 - 1.6.8. Physical Agents
 - 1.6.9. Chemical Agents
 - 1.6.10. Biological Agents
 - 1.6.11. Occupational Exposure
- 1.7. Epidemiology of Cancer
 - 1.7.1. Cancer Epidemiology Worldwide
 - 1.7.2. Cancer Epidemiology in Spain
 - 1.7.2.1. Incidence
 - 1.7.2.2. Prevalence
 - 1.7.2.3. Mortality
 - 1.7.2.4. Survival
- 1.8. Cancer Prevention
 - 1.8.1. Types of Prevention
 - 1.8.2. Primary prevention
 - 1.8.2.1. Intervention Against Smoking
 - 1.8.2.2. Intervention Against Alcohol Consumption
 - 1.8.2.3. Promotion of Healthy Diet
 - 1.8.3. Secondary prevention
 - 1.8.4. Tertiary prevention
 - 1.8.5. Quaternary Prevention
- 1.9. Early Detection Programs
 - 1.9.1. Colorectal Cancer Early Detection Program
 - 1.9.2. Breast Cancer Early Detection Program
 - 1.9.3. Cervical Cancer Early Detection Program

- 1.10. Global Assessment of the Oncologic Patient
 - 1.10.1. Tumor Markers
 - 1.10.2. Imaging Tests
 - 1.10.3. Neurological Assessment Scales
 - 1.10.3.1. Quality of Life Rating Scales
 - 1.10.3.1.1. Symptom Assessment
 - 1.10.3.1.2. Functional Assessment
 - 1.10.3.1.3. Quality of life Assessment

Module 2. Types of Tumors

- 2.1. Hematological Tumors
 - 2.1.1. Lymphoma
 - 2.1.2. Leukemia
 - 2.1.3. Myeloproliferative Syndromes
 - 2.1.4. Myelodysplastic Syndromes
 - 2.1.5. Plasma Cell Tumors
- 2.2. Osteomuscular Tumors
 - 2.2.1. Osteosarcoma
 - 2.2.2. Chondrosarcoma
 - 2.2.3. Ewing Sarcoma
 - 2.2.4. Soft Tissue Sarcomas
- 2.3. Tumours of the Digestive System
 - 2.3.1. Oesophageal Cancer
 - 2.3.2. Gastric Cancer
 - 2.3.3. Colorectal Cancer
 - 2.3.4. Carcinoma of the Anus
 - 2.3.5. Other Intestinal Tumors
 - 2.3.6. Hepatocellular Carcinoma
 - 2.3.7. Cholangiocarcinoma
 - 2.3.8. Gallbladder Carcinoma
 - 2.3.9. Pancreatic Cancer

- 2.4. Nervous System Tumours
 - 2.4.1. Astrocytoma
 - 2.4.2. Oligodendroglioma
 - 2.4.3. Glioblastoma
 - 2.4.4. Meningioma
 - 2.4.5. Neurinoma
 - 2.4.6. Schwannoma
- 2.5. Genitourinary Tumors
 - 2.5.1. Renal Carcinoma
 - 2.5.2. Urothelial Carcinoma
 - 2.5.3. Vesical Carcinoma
 - 2.5.4. Prostate Carcinoma
 - 2.5.5. Endometrial Cancer
 - 2.5.6. Ovarian Cancer
 - 2.5.7. Cervical Cancer
 - 2.5.8. Vulvar Cancer
 - 2.5.9. Testicular Cancer
 - 2.5.10. Penile Cancer
- 2.6. Endocrine Tumors
 - 2.6.1. Thyroid and Parathyroid Cancer
 - 2.6.2. Adrenal Carcinoma
 - 2.6.3. Neuroendocrine Tumors
 - 2.6.4. Gastric Carcinoid Tumour
 - 2.6.5. Multiple Endocrine Neoplasia Syndromes
- 2.7. Head and Neck Tumors
 - 2.7.1. Pituitary Tumors
 - 2.7.2. Oral Cavity Cancer
 - 2.7.3. Oropharyngeal and Nasopharyngeal Cancer
 - 2.7.4. Paranasal Sinus Cancer
 - 2.7.5. Cancer of Salivary Glands
 - 2.7.6. Laryngeal Cancer

- 2.8. Dermatological Tumors
 - 2.8.1. Melanoma
 - 2.8.2. Basal Cell Carcinoma
 - 2.8.3. Squamous cell carcinoma
- 2.9. Breast Cancer
 - 2.9.1. Histological Subtypes
 - 2.9.2. Molecular Subtypes
- 2.10. Thoracic Tumors
 - 2.10.1. Lung Cancer
 - 2.10.2. Thymoma
 - 2.10.3. Pleural Mesothelioma

Module 3. Oncological Treatments

- 3.1. Types of Treatment
 - 3.1.1. Neoadjuvant Therapy
 - 3.1.2. Adjuvant Treatment
 - 3.1.3. Palliative treatment
 - 3.1.4. Targeted Therapy
- 3.2. Oncologic Surgery
 - 3.2.1. Essential Concepts
 - 3.2.2. Preoperative Assessment
 - 3.2.3. Surgical Techniques in the Main Tumors
 - 3.2.4. Surgical Emergencies
- 3.3. Chemotherapy Treatment
 - 3.3.1. Chemotherapy Fundamentals
 - 3.3.2. Chemotherapy Types
 - 3.3.2.1. Alkylating Agents
 - 3.3.2.2. Platinum Compounds
 - 3.3.2.3. Alkaloids of Plant Origin
 - 3.3.2.4. Antimetabolites
 - 3.3.2.5. Topoisomerase Inhibitors
 - 3.3.2.6. Antitumor Antibiotics
 - 3.3.2.7. Other Agents
 - 3.3.3. Types of Response

- 3.4. Side Effects of Chemotherapy
 - 3.4.1. Digestive Toxicity
 - 3.4.2. Cutaneous Toxicity
 - 3.4.3. Hematological Toxicity
 - 3.4.4. Cardiovascular Toxicity
 - 3.4.5. Neurological Toxicity
 - 3.4.6. Other Side Effects
- 3.5. Radiotherapy Treatment
 - 3.5.1. Types of Radiotherapy
 - 3.5.2. Indications
- 3.6. Side Effects of Radiotherapy
 - 3.6.1. Head and Neck Radiotherapy
 - 3.6.2. Thoracic Radiotherapy
 - 3.6.3. Abdominal and Pelvic Radiotherapy
- 3.7. Interventional Radiology Techniques
 - 3.7.1. Radiofrequency
 - 3.7.2. Chemoembolization
 - 3.7.3. Radioembolization
 - 3.7.4. Others
- 3.8. Hormonal Treatment
 - 3.8.1. Antiestrogens
 - 3.8.2. Progestogens
 - 3.8.3. Aromatase Inhibitors
 - 3.8.4. Estrogens
 - 3.8.5. Antiandrógenos
 - 3.8.6. Gonadotropin Releasing Hormone Agonists
- 3.9. Biological Treatments
 - 3.9.1. Monoclonal Antibodies
 - 3.9.2. Kinase Inhibitors
 - 3.9.3. mTOR Inhibitors
 - 3.9.4. Immunoregulatory Cytokines

- 3.10. Transplants
 - 3.10.1. Solid Organ Transplant
 - 3.10.2. Bone Marrow Transplant
 - 3.10.3. Peripheral Blood Transplant
 - 3.10.4. Umbilical Cord Transplant

Module 4. Nursing Role in the Administration of Chemotherapy Treatment

- 4.1. Reception and Storage of Cytostatic Products
 - 4.1.1. Reception
 - 4.1.2. Storage
- 4.2. Cytostatic Product Validation
 - 4.2.1. Pharmaceutical Validation
 - 4.2.2. Worksheet
 - 4.2.3. Label
 - 4.2.4. Stability and Compatibility
- 4.3. Cytostatic Product Preparation
 - 4.3.1. Work Area
 - 4.3.1.1. Biological Safety Cabinet
 - 4.3.1.2. Laboratory Isolators
 - 4.3.1.3. Work Area Standards
 - 4.3.1.4. Cleaning Standards
 - 4.3.1.5. Workplace Contamination
 - 4.3.1.6. Effusions
 - 4.3.1.7. Accidental Exposures
- 4.4. Administration
 - 4.4.1. Administrator Protection
 - 4.4.2. Environmental Protection
 - 4.4.3. Error Prevention
 - 4.4.4. Venous Accesses
 - 4.4.5. Administration Techniques

- 4.5. Routes of Administration of Chemotherapy
 - 4.5.1. Definition
 - 4.5.2. Oral Chemotherapy
 - 4.5.3. Peripheral Venous Catheters
 - 4.5.3.1. Selection Criteria
 - 4.5.3.2. Type of Material
 - 4.5.3.3. Insertion Sites
 - 4.5.3.4. Placement Techniques
 - 4.5.3.5. Nursing care
 - 4.5.4. Central Venous Catheter with Reservoir
 - 4.5.4.1. Selection Criteria
 - 4.5.4.2. Type of Material
 - 4.5.4.3. Insertion Sites
 - 4.5.4.4. Placement Techniques
 - 4.5.4.5. Nursing care
 - 4.5.5. Percutaneous Insertion of Central Venous Catheter
 - 4.5.5.1. Selection Criteria
 - 4.5.5.2. Type of Material
 - 4.5.5.3. Insertion Sites
 - 4.5.5.4. Placement Techniques
 - 4.5.5.5. Nursing care
 - 4.5.6. Peripherally Inserted Central Venous Catheter
 - 4.5.6.1. Selection Criteria
 - 4.5.6.2. Type of Material
 - 4.5.6.3. Insertion Sites
 - 4.5.6.4. Placement Techniques
 - 4.5.6.5. Nursing care
 - 4.5.7. Intraperitoneal Chemotherapy
 - 4.5.7.1. Selection Criteria
 - 4.5.7.2. Administration Technique
 - 4.5.7.3. Nursing Care
- 4.6. Complications of Venous Access
 - 4.6.1. Introduction
 - 4.6.2. Early Complications
 - 4.6.2.1. Infections
 - 4.6.2.2. Pneumothorax
 - 4.6.2.3. Catheter Bending
 - 4.6.2.4. Catheter Malposition and Extravasation
 - 4.6.2.5. Arrhythmias
 - 4.6.2.6. Migration or Dislocation of the Catheter
 - 4.6.2.7. Catheter Fracture and Embolism
 - 4.6.2.8. Catheter Occlusion or Obstruction
 - 4.6.3. Late Complications
 - 4.6.3.1. Catheter Fracture
 - 4.6.3.2. Thrombosis
 - 4.6.3.3. Skin Necrosis Around the Device
- 4.7. Phlebitis Management
 - 4.7.1. Definition
 - 4.7.2. Causes
 - 4.7.3. Signs and Symptoms
 - 4.7.4. Classification
 - 4.7.5. Risk Factors
 - 4.7.6. Preventing Phlebitis
 - 4.7.7. Nursing Care
- 4.8. Extravasation Management
 - 4.8.1. Definition
 - 4.8.2. Extravasation Related Factors
 - 4.8.3. Preventing Extravasation
 - 4.8.4. Cytostatic Classification according to Extravasation Effects
 - 4.8.5. Extravasation Manifestations by Cytostatic
 - 4.8.6. General Treatment
 - 4.8.7. Specific Treatment
 - 4.8.8. Surgical Treatment
 - 4.8.9. Nursing care

- 4.9. Exposure Risks During Administration
 - 4.9.1. Affected Personnel
 - 4.9.2. Penetration Routes
 - 4.9.3. Genetic Risks
- 4.10. Treatment of Cytostatic Waste and Excreta
 - 4.10.1. Treating Excreta
 - 4.10.1.1. Urine
 - 4.10.1.2. Feces
 - 4.10.1.3. Sweat
 - 4.10.1.4. Trace
 - 4.10.2. Cytostatic Waste Treatment
 - 4.10.2.1. Regulations
 - 4.10.2.2. Types of Waste
 - 4.10.2.3. Material Required
 - 4.10.2.4. Required Material
 - 4.10.2.5. Elimination

Module 5. Clinical Manifestations and Emergencies in the Oncologic Patient

- 5.1. Introduction to Semiology in the Oncologic Patient
 - 5.1.1. Nurse Assessment the Oncologic Patient
 - 5.1.2. NANDA-NOC-NIC Care Plan
- 5.2. Respiratory Manifestations
 - 5.2.1. Dyspnoea
 - 5.2.2. Cough
 - 5.2.3. Hiccup
 - 5.2.4. Hemoptysis
 - 5.2.5. Neoplastic Pleural Effusion
- 5.3. Digestive System Manifestations
 - 5.3.1. Dry Mouth
 - 5.3.2. Nausea and Vomiting
 - 5.3.3. Constipation. Fecaloma
 - 5.3.4. Diarrhea
 - 5.3.5. Gastric Crush Syndrome
- 5.3.6. Dysphagia
- 5.3.7. Sialorrhea
- 5.3.8. Intestinal Obstruction
- 5.3.9. Neoplastic Ascites
- 5.4. Urinary Manifestations
 - 5.4.1. Bladder Spasm
 - 5.4.2. Urinary Incontinence
 - 5.4.3. Vesical Tenesmus
 - 5.4.4. Dysuria
 - 5.4.5. Hematuria
- 5.5. Psychological Manifestations
 - 5.5.1. Acute Confusional Syndrome
 - 5.5.2. Anxiety
 - 5.5.3. Depression
 - 5.5.4. Insomnia
- 5.6. Nervous System Manifestations
 - 5.6.1. Seizures
 - 5.6.2. Spinal Cord Compression
 - 5.6.3. Intracranial Hypertension
 - 5.6.4. Muscle Spasms
 - 5.6.5. Metabolic Encephalopathy
- 5.7. Hematologic and Circulatory Manifestations
 - 5.7.1. Hemorrhage
 - 5.7.2. Anaemia
 - 5.7.3. Superior Vena Cava Syndrome
 - 5.7.4. Neoplastic Pericardial Effusion
- 5.8. Miscellaneous: Systemic Symptoms and Constitutional Syndrome
 - 5.8.1. Asthenia
 - 5.8.2. Anorexia. Cachexia
 - 5.8.3. Diaphoresis
 - 5.8.4. Neoplastic Lymphedema
 - 5.8.5. Tumor Ulcers
 - 5.8.6. Pruritus
 - 5.8.7. Neoplastic Fever

- 5.9. Basis of Pain in Oncologic Patients
 - 5.9.1. Anatomophysiology
 - 5.9.2. Etiology
 - 5.9.3. Subjective Assessment
 - 5.9.4. Objective Assessment
 - 5.9.5. Measuring Instrumentation
- 5.10. Analgesic Treatment Importance
 - 5.10.1. Analgesic Treatment Myths
 - 5.10.2. Analgesia Modalities

Module 6. Nursing Approach to Nutrition and Post-Surgical Care of the Oncology Patient

- 6.1. Nutrition in Cancer Prevention
 - 6.1.1. Dietary Carcinogenesis
 - 6.1.2. Food and Nutrients
 - 6.1.3. Risk Factors and Protective Elements
 - 6.1.4. Lifestyle
- 6.2. General Principles of Malnutrition in Oncology Patients
 - 6.2.1. Epidemiology of Malnutrition
 - 6.2.2. Pathophysiology
 - 6.2.3. Types of Malnutrition
 - 6.2.4. Causes of Malnutrition in Oncology Patients
 - 6.2.4.1. Tumor-Related
 - 6.2.4.2. Patient-Related
 - 6.2.4.3. Treatment-Related
 - 6.2.5. Clinical Manifestations of Malnutrition
 - 6.2.5.1. Tumor Cachexia
 - 6.2.5.2. Sarcopenia

- 6.3. Assessment of Nutritional Status
 - 6.3.1. Clinical Record and Subjective Nutritional Assessment
 - 6.3.2. Screening Tests
 - 6.3.2.1. *Malnutrition Screening Tool*
 - 6.3.2.2. *Patient-Generated Subjective Global Assessment*
 - 6.3.3. Anthropometric Measurements
 - 6.3.4. Biochemical Measurements
- 6.4. Nutritional and Pharmacological Approach
 - 6.4.1. General Recommendations
 - 6.4.2. Recommendations in Altered Intake Situations
 - 6.4.2.1. Anorexia
 - 6.4.2.2. Nausea and Vomiting
 - 6.4.2.3. Dysphagia
 - 6.4.2.4. Dysgeusia
 - 6.4.2.5. Oral Mucositis
 - 6.4.2.6. Xerostomia
 - 6.4.2.7. Dysphagia to Liquids and Solids
 - 6.4.3. Nutritional Supplements
 - 6.4.4. Pharmacotherapy
- 6.5. Enteral Nutrition
 - 6.5.1. Indications
 - 6.5.2. Access Routes
 - 6.5.3. Enteral Nutrition Formulas
 - 6.5.4. Complications
- 6.6. Parenteral Nutrition
 - 6.6.1. Indications
 - 6.6.2. Access Routes
 - 6.6.3. Types of Parenteral Nutrition
 - 6.6.4. Nutritional Requirements
 - 6.6.5. Complications
- 6.7. End-Of-Life Nutrition
 - 6.7.1. Nutritional Intervention
 - 6.7.2. Assisted Nutrition and Hydration
 - 6.7.3. Ethical, Cultural and Religious Aspects

- 6.8. Post-Surgical Care After Thoracic Surgery
 - 6.8.1. Pulmonary Rehabilitation
 - 6.8.2. Respiratory Physiotherapy
- 6.9. Care of Ostomized Patients
 - 6.9.1. General Concepts
 - 6.9.2. Ostomies Classification
 - 6.9.2.1. Digestive Ostomies
 - 6.9.2.1.1. Digestive Ostomy Types
 - 6.9.2.1.2. Hygiene and Care
 - 6.9.2.1.3. Diet
 - 6.9.2.1.4. Psychological Aspects
 - 6.9.2.1.5. Complications
 - 6.9.2.2. Urinary Ostomies
 - 6.9.2.2.1. Types of Urinary Ostomy
 - 6.9.2.2.2. Hygiene and Care
 - 6.9.2.3. Respiratory Ostomies
 - 6.9.2.3.1. Types of Respiratory Ostomy
 - 6.9.2.3.2. Hygiene and Care
- 6.10. Post-Surgical Care After Breast Tumor Surgery
 - 6.10.1. Breast Cancer Surgery
 - 6.10.1.1. Psychological Impact
 - 6.10.2. Lymphedema
 - 6.10.2.1. Classification
 - 6.10.2.2. Epidemiology
 - 6.10.2.3. Etiology
 - 6.10.2.4. Clinical Manifestations
 - 6.10.2.5. Diagnosis
 - 6.10.2.6. Nursing Care

Module 7. Nursing Care in the Palliative and Terminal Patient

- 7.1. Principles and Organization of Palliative Care
 - 7.1.1. Palliative Care Definition
 - 7.1.1.1. Palliative Care Objectives
 - 7.1.1.2. Principles of Palliative Care
 - 7.1.2. History of Palliative Care
 - 7.1.3. Quality of Life
- 7.2. Legislation and Ethical Aspects Related to Palliative Care
 - 7.2.1. State Legislation
 - 7.2.2. Rights and Duties of the Patients
 - 7.2.3. Quaternary Prevention
 - 7.2.4. Informed Consent
- 7.3. Main Signs and Symptoms in the Terminally Ill Patient
 - 7.3.1. Digestive Manifestations
 - 7.3.1.1. Anorexia
 - 7.3.1.2. Constipation
 - 7.3.1.3. Nausea and Vomiting
 - 7.3.1.4. Cachexia
 - 7.3.1.5. Dryness and Mouth Lesions
 - 7.3.2. Respiratory Manifestations
 - 7.3.2.1. Dyspnoea
 - 7.3.2.2. Cough
 - 7.3.2.3. Hiccup
 - 7.3.2.4. Antemortem Rales
 - 7.3.3. Neuropsychological Manifestations
 - 7.3.3.1. Tiredness and Fatigue
 - 7.3.3.2. Insomnia
 - 7.3.3.3. Depression
 - 7.3.3.4. Delirium
 - 7.3.4. Genitourinary Manifestations
 - 7.3.4.1. Urinary Retention
 - 7.3.5. Pain
 - 7.3.6. Fever and Dysthermia

- 7.3.7. Emergencies in the Terminally Ill Patient
 - 7.3.7.1. Massive Hemorrhage
 - 7.3.7.2. Seizures
 - 7.3.7.3. Acute Respiratory Depression
- 7.4. Nursing Care
 - 7.4.1. Virginia Henderson Needs Model
 - 7.4.1.1. Need 1: Breathing
 - 7.4.1.2. Need 2: Nutrition/ Hydration
 - 7.4.1.3. Need 3: Elimination
 - 7.4.1.4. Need 4: Mobilization
 - 7.4.1.5. Need 5: Rest/ Sleep
 - 7.4.1.6. Need 6: Get Dressed
 - 7.4.1.7. Need 7: Temperature
 - 7.4.1.8. Need 8: Hygiene/ Skin
 - 7.4.1.9. Need 9: Security/safety
 - 7.4.1.10. Need 10: Communication
 - 7.4.1.11. Need 11: Religion/ Beliefs
 - 7.4.1.12. Need 12: Development
 - 7.4.1.13. Need 13: Recreational/Leisure Activities
 - 7.4.1.14. Need 14: Learn/ Discover
- 7.5. End of Life
 - 7.5.1. Last Days
 - 7.5.2. Agony
 - 7.5.2.1. Agony Situation Characteristics
 - 7.5.2.2. Care of the Dying
 - 7.5.3. Spiritual Care
 - 7.5.4. Sedation
 - 7.5.4.1. Refractory Symptoms
 - 7.5.4.2. Sedation Types
 - 7.5.4.3. Drugs Used
 - 7.5.4.4. Ethical Considerations





- 7.6. Palliative Care and Comprehensive Care of the Oncology Patient
 - 7.6.1. Multidisciplinary Team Role
 - 7.6.2. Care Models
 - 7.6.3. Family Care
 - 7.6.3.1. Family Symptoms in the Care of the Terminally Ill Patient
 - 7.6.3.2. Psychosocial Care
- 7.7. Palliative Home Care
 - 7.7.1. Medical history
 - 7.7.2. Home Care Process
 - 7.7.3. Dying at Home
- 7.8. Grief
 - 7.8.1. Definition
 - 7.8.2. Stages of Grief
 - 7.8.3. Manifestations of Grief
 - 7.8.4. Types of Grief
 - 7.8.4.1. Uncomplicated Grief
 - 7.8.4.2. Pathological Grief
 - 7.8.4.3. Anticipatory Grief
 - 7.8.4.4. Non-Complicated or Prolonged Grief
 - 7.8.5. Grief Completion
 - 7.8.6. Nursing Interventions in Grief
 - 7.8.7. Grief Management
- 7.9. Palliative Care Bioethics
 - 7.9.1. Bioethics
 - 7.9.2. Human Dignity
 - 7.9.3. Quality of Life
 - 7.9.4. Ethical and Bioethical Issues at the End of Life
- 7.10. Nursing Care Process (NCP) at the End of Life
 - 7.10.1. Comprehensive Nursing Assessment
 - 7.10.2. Need for NCP in Palliative Patients
 - 7.10.3. Nursing Diagnosis (NANDA)
 - 7.10.4. Nursing Outcomes (NOC)
 - 7.10.5. Nursing Interventions (NIC)

Module 8. Communication and Psychosocial Approach to the Oncology Patient in Nursing

- 8.1. Communication in Oncology
 - 8.1.1. Communication Role in Oncology
 - 8.1.2. Somatic-Psychological Interaction
 - 8.1.3. Bioethical Support
 - 8.1.4. *Counseling*
 - 8.1.4.1. Knowledge
 - 8.1.4.2. Attitudes
 - 8.1.4.3. Relational Strategies
- 8.2. Denial Management Adaptive and Maladaptive Denial
 - 8.2.1. Causes of Denial
 - 8.2.2. Nursing Professional Objectives
 - 8.2.3. Denial Management
 - 8.2.3.1. Factors Involved
 - 8.2.3.2. Nursing Interventions
- 8.3. Communicating Bad News
 - 8.3.1. How to Deliver Bad News
 - 8.3.2. Nursing Professional Objectives
 - 8.3.3. Factors Involved
 - 8.3.4. Bad News Delivery Strategies
- 8.4. Decision-Making
 - 8.4.1. From Communication to Deliberation
 - 8.4.2. Difficulty in Decision-Making
 - 8.4.3. Nursing Professional Objectives
 - 8.4.4. Factors Involved
 - 8.4.5. Deliberative Process
 - 8.4.6. Criteria for Assessing Decision-Making Capacity
 - 8.4.7. Problems in Decision-Making Capacity
- 8.5. Conspiracy of Silence
 - 8.5.1. The Conspiracy of Silence
 - 8.5.2. Causes of The Conspiracy of Silence
 - 8.5.3. Factors Involved
 - 8.5.4. Nursing Approach
- 8.6. Aggression Management
 - 8.6.1. Oncologic Patient Aggressiveness
 - 8.6.2. Causes of Hostile Reactions
 - 8.6.3. Nursing Professional Objectives
 - 8.6.4. Factors Involved
 - 8.6.5. Aggressive Patient Management
- 8.7. Therapeutic Effort Limitation
 - 8.7.1. The Therapeutic Effort Limitation
 - 8.7.2. Need to Limit Therapeutic Effort
 - 8.7.3. Nursing Professional Objectives
 - 8.7.4. Factors Involved
 - 8.7.5. Approach and Intervention
- 8.8. Family Claudication
 - 8.8.1. Familiar Claudication Prevention
 - 8.8.2. Claudication Causes
 - 8.8.3. Nursing Professional Objectives
 - 8.8.4. Factors Involved
 - 8.8.5. Approach and Intervention With Regards To Family Claudication
- 8.9. Prevention of Complicated Family Grief
 - 8.9.1. Complicated Family Grief
 - 8.9.2. Causes of Problems in the Grieving Process
 - 8.9.2.1. Personal Factors
 - 8.9.2.2. Situational factors
 - 8.9.2.3. Interpersonal Factors
 - 8.9.3. Nursing Professional Objectives
 - 8.9.4. Factors Involved
 - 8.9.5. Approach
 - 8.9.5.1. During Illness
 - 8.9.5.2. At the Time of Death

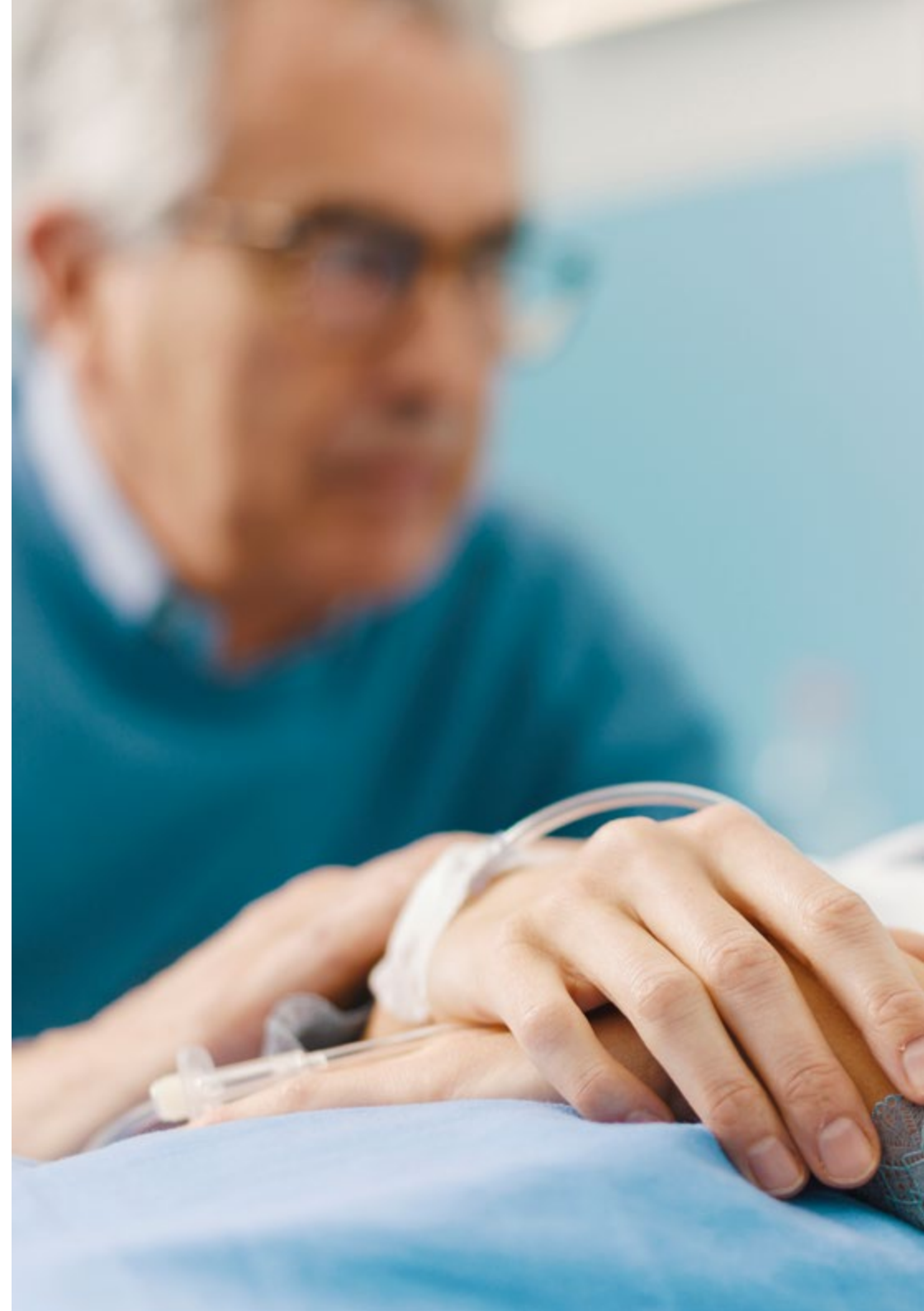
- 8.10. Advance Directives
 - 8.10.1. Advance Planning of Health Care Decisions
 - 8.10.2. Need for Advance Directives
 - 8.10.3. Nursing Professional Objectives
 - 8.10.4. Factors Involved
 - 8.10.5. Approach
 - 8.10.6. Specific Considerations

Module 9. Oncology Nursing in the Pediatric and Elderly Patient

- 9.1. General Context of Pediatric Oncology
 - 9.1.1. Epidemiology of Pediatric Cancer
 - 9.1.2. Most Frequent Tumors in Pediatric Age
 - 9.1.2.1. Leukemia Types
 - 9.1.2.2. Lymphoma
 - 9.1.2.3. Brain Tumors
 - 9.1.2.4. Wilms Tumor (Nephroblastoma)
 - 9.1.2.5. Neuroblastoma
 - 9.1.2.6. Rhabdomyosarcoma
 - 9.1.2.7. Bone Tumors
- 9.2. Main Treatments in the Pediatric Patient
 - 9.2.1. Surgery
 - 9.2.2. Chemotherapy
 - 9.2.3. Radiotherapy
 - 9.2.4. Hematopoietic Progenitor Transplantation
 - 9.2.5. Side effects
- 9.3. Child and Family Focused Care
 - 9.3.1. Quality of Life
 - 9.3.2. Family Role
 - 9.3.3. Emotional Impact
 - 9.3.4. Nurse Assessment and Management
- 9.4. Pediatric Patient Nutrition
 - 9.4.1. General Aspects
 - 9.4.2. Malnutrition Consequences
 - 9.4.3. Assessment
 - 9.4.4. Nutritional Support
- 9.5. Psychological Care in Pediatric Oncology Patients
 - 9.5.1. Emotional Support During Diagnosis
 - 9.5.2. Emotional Support During Treatment
 - 9.5.3. Emotional Support after the End of Treatment
- 9.6. Palliative Care for Pediatric Patients
 - 9.6.1. Most Frequent Symptoms
 - 9.6.2. Symptom Control Pain Management
 - 9.6.3. Palliative Sedation
 - 9.6.4. Coping with Death
 - 9.6.5. Spirituality
 - 9.6.6. Grief
- 9.7. General Context of Oncogeriatrics
 - 9.7.1. Cancer Epidemiology in the Elderly Population
 - 9.7.2. Specific Characteristics of the Elderly Cancer Patient
 - 9.7.2.1. Physiological Aging
 - 9.7.2.2. Polypharmacy
 - 9.7.2.3. Associated Pathology
- 9.8. Particularities of Oncologic Treatment in the Elderly Patient
 - 9.8.1. Chemotherapy
 - 9.8.2. Radiotherapy
 - 9.8.3. Surgery
 - 9.8.4. Hormone Therapy
- 9.9. Comprehensive Assessment in Elderly Oncologic Patients
 - 9.9.1. Geriatric Assessment Methodology
 - 9.9.2. Frailty Screening
- 9.10. Oncologic Pain in the Elderly Patient
 - 9.10.1. Features
 - 9.10.2. Evaluation
 - 9.10.3. Pharmacological and Non-Pharmacological Treatment

Module 10. Oncology Nursing Research

- 10.1. Research Bases in Health Sciences
 - 10.1.1. The Scientific Method Structure
 - 10.1.2. Quantitative and Qualitative Research Designs
 - 10.1.3. Variables Definition Sampling
 - 10.1.4. Data Analysis
 - 10.1.5. Results Presentation
- 10.2. Oncology Applied Research
 - 10.2.1. Medical History
 - 10.2.2. Current Overview
- 10.3. Oncology Research Areas
 - 10.3.1. Surgical Oncology
 - 10.3.2. Radiotherapy Oncology
 - 10.3.3. Medical Oncology
- 10.4. Oncology Translational Research
 - 10.4.1. Basic and Clinical Research
 - 10.4.2. Translational Research as a Roadmap
- 10.5. Nursing Oncology Research Areas
 - 10.5.1. Nursing Care Research
 - 10.5.2. Research on Oncology Patient Problems
 - 10.5.3. Research in Activities Derived from Other Disciplines
 - 10.5.4. Resource Management and Leadership
- 10.6. Challenges for the Future of Oncology Nursing Research
 - 10.6.1. History of Nursing Research
 - 10.6.2. Nursing Research Difficulties
 - 10.6.3. Future Outlook
- 10.7. Guidelines for Junior Researchers
 - 10.7.1. Research Project Design
 - 10.7.2. Main Groups and Research Lines
 - 10.7.3. Resources for Junior Researchers
 - 10.7.4. Financing Means
- 10.8. Evidence-Based Nursing
 - 10.8.1. Evidence-Based Practices in Oncology



- 10.9. Critical Reading of Scientific Literature
 - 10.9.1. Basis of Critical Reading
 - 10.9.2. Models of Critical Reading
- 10.10. Research: ICT and Apps Applied to Oncology
 - 10.10.1. Use and Communication between Professionals
 - 10.10.2. Patient Outreach

Module 11. Introduction to Pediatric Cancer and Main Treatments

- 11.1. Children and Cancer
 - 11.1.1. Epidemiology of Pediatric Cancer
 - 11.1.2. Pathophysiology of Pediatric Cancer Characteristics Shared by Tumor Cells
 - 11.1.3. Aetiology of Pediatric Cancer
 - 11.1.4. Fundamentals of the Hematopoietic System and Blood Cells
 - 11.1.5. Types of Pediatric Cancer
 - 11.1.6. Diagnostic and Follow-up Procedures in Pediatric Oncohematology
 - 11.1.7. Treatment of Pediatric Cancer
 - 11.1.8. Chemotherapy (I)
 - 11.1.9. Chemotherapy (II)
 - 11.1.10. Late On-Set Side Effects of Treatments in Pediatric Cancer Survivors

Module 12. Malignant Oncohematologic Pathology in Pediatrics

- 12.1. Leukemias and Myelodysplastic Syndromes in Pediatrics
 - 12.1.1. B-cell Pediatric Acute Lymphoblastic Leukemia
 - 12.1.2. Lymphomas in Pediatrics
 - 12.1.3. CNS Tumors in Pediatrics and Miscellaneous Intracranial and Intraspinal Neoplasms in Pediatrics
 - 12.1.4. Neuroblastomas and Other Peripheral Nerve Cell Tumors in Pediatrics
 - 12.1.5. Retinoblastomas in Pediatrics
 - 12.1.6. Renal Tumors in Pediatrics
 - 12.1.7. Liver Tumors in Pediatrics
 - 12.1.8. Bone Tumors in Pediatrics
 - 12.1.9. Soft Tissue Sarcomas and Other Extrasosseous Sarcomas in Pediatrics
 - 12.1.10. Other Malignant and Unspecified Neoplasms in Pediatrics

Module 13. Nursing Care in Pediatric Oncohematology (I)

- 13.1. Patient Safety in Nursing Care in the Unit
 - 13.1.1. Safety in the Pediatric Oncology Unit
 - 13.1.2. Nursing Care at the Onset
 - 13.1.3. Nursing Care for Performing Diagnostic Tests
 - 13.1.4. Nursing Care Venous Catheters (I)
 - 13.1.5. Nursing Care Venous Catheters (II) Subcutaneous Reservoir
 - 13.1.6. Nursing Care in the Administration of Antineoplastic Drugs
 - 13.1.7. Nursing Care in the Intravenous Administration of Antineoplastic Drugs
 - 13.1.8. Nursing Care in the Administration of Supportive Care Drugs
 - 13.1.9. Transfusion Support in Pediatric Oncohematology

Module 14. Nursing Care in Pediatric Oncohematology (II)

- 14.1. The Importance of Observation and Active Nursing Listening in Pediatric Oncohematology
 - 14.1.1. The Importance of Nursing Assessments in Pediatric Oncohematology
 - 14.1.2. Most Common Nursing Diagnoses in Pediatric Oncohematology
 - 14.1.3. Nursing Care in Symptom Control in Pediatric Oncohematology
 - 14.1.4. Pain Management and Care in Pediatric Oncohematology
 - 14.1.5. Skin Care in Pediatric Oncohematology
 - 14.1.6. Nutrition in Children and Adolescents with Cancer
 - 14.1.7. When the Response to Treatment is Not Adequate
 - 14.1.8. "Carefully Care" for the Child/Adolescent With Cancer and Their Family
 - 14.1.9. Research in Pediatric Oncohematology Care

Module 15. Hematopoietic Progenitor Transplantation in Pediatrics

- 15.1. Introduction to Hematopoietic Progenitor Transplantation
 - 15.1.1. Indications for Hematopoietic Progenitor Transplantation (HPT) in Pediatrics
 - 15.1.2. From Donation to Infusion of Hematopoietic Progenitors
 - 15.1.3. Nursing Care in HPT Conditioning
 - 15.1.4. Nursing Care During HP Infusion

- 15.1.5. Nursing Care Phase of Medullary Aplasia
- 15.1.6. Medium-Term Post-HPT Nursing Care
- 15.1.7. Follow-Up HPT Nursing Consultation
- 15.1.8. New Therapies for Treating Complications After HPT

Module 16. Emergencies and Critical Patients in Pediatric Oncology

- 16.1. Introduction to Emergencies in Pediatric Patients With Oncohematologic Pathology
 - 16.1.1. Hematologic Emergencies in Pediatric Oncohematology
 - 16.1.2. Mechanical and Neurological Emergencies in Pediatric Oncohematology
 - 16.1.3. Metabolic and Abdominal Emergencies in Pediatric Oncohematology
 - 16.1.4. Other Emergencies Derived From Treatment
 - 16.1.5. Emergencies in the Post-Hematopoietic Progenitor Transplantation Patient
 - 16.1.6. Pediatric Patient with Oncohematologic Pathology Requiring Intensive Care
 - 16.1.7. Nursing Care of Pediatric Patients With Oncohematologic Diseases and Their Family, Admitted to the PICU
 - 16.1.8. Pediatric Intensive Care Unit (PICU). Humanization Projects

Module 17. Palliative Care and Last Days in Oncologic Pediatrics

- 17.1. Pediatric Palliative Care History, Concepts, Peculiarities and Universal Principles
 - 17.1.1. Objectives and Stages of the Therapeutic Approach in Pediatric Palliative Care
 - 17.1.2. Comprehensive Care for Children and Adolescents With Oncohematological Disease in a Palliative Care Situation and Their Family
 - 17.1.3. Symptom Control in Pediatric Oncology Palliative Care
 - 17.1.4. Total Pain Control in Pediatric Oncology Palliative Care
 - 17.1.5. Ethical Aspects and Decision-Making in Pediatric Oncology Palliative Care
 - 17.1.6. Terminal Phase and Last Days Situation in Pediatric Oncology
 - 17.1.7. Palliative Sedation in Pediatric Oncology
 - 17.1.8. Appropriate End of Life Dignity and Support
 - 17.1.9. In First Person Testimonial

Module 18. Therapy: Clinical Trials and Immunotherapy in Pediatric Oncology

- 18.1. Clinical Trials in Pediatric Oncohematology. Concepts and Historical Bases
 - 18.1.1. Why Clinical Trials are Necessary in Pediatric Oncology?
 - 18.1.2. Designing a Clinical Trial
 - 18.1.3. Preparing and Starting a Clinical Trial
 - 18.1.4. Developing a Clinical Trial
 - 18.1.5. Professors Involved in a Clinical Trial
 - 18.1.6. The Role of Nursing Professionals in the Clinical Trials in Pediatric Oncology
 - 18.1.7. The Map of Nursing Professionals Skills in the Clinical Trials in Pediatric Oncology
 - 18.1.8. Current Situation of Clinical Trials in Pediatrics
 - 18.1.9. Present and Future of Pediatric Oncology Personalized Medicine

Module 19. Multidisciplinary and E-Health Support in Pediatric Oncohematology

- 19.1. Psychological Support of the Child During the Process of Living With Cancer
- 19.2. Psychological Support of the Adolescent During the Process of Living With Cancer
- 19.3. Psychological Support Needs of Children and Adolescents Undergoing Hematopoietic Stem Cell Transplantation and Their Family
- 19.4. Educational Support for Children and Adolescents with Cancer
- 19.5. The Support of the Social Worker in Pediatric Oncology
- 19.6. Associations of Parents of Children With Cancer and Other Non-Profit Entities
- 19.7. Volunteering in Pediatric Oncohematology Units
- 19.8. Pediatric Cancer and Society
- 19.9. Use of Information and Communication Technologies (ICTs) in Children and Adolescents with Cancer
- 19.10. Use of Information and Communication Technologies (ICTs and E-Health) for the Parents of Children and Adolescents with Cancer
- 19.11. Nursing Professionals, ICTs and E-Health

Module 20. Fostering, Caring and Accompanying in Pediatric Oncology

- 20.1. Comprehensive View of the Care of Children and Adolescents with Cancer and Their Family
- 20.2. Theories and Models That Approach the Integral Vision of Nursing
- 20.3. The Facilitating Role of Nursing in Pediatric Oncology
- 20.4. The Profile of Emotional Skills of Nursing in Pediatric Oncology
- 20.5. Therapeutic Communication in Pediatric Oncology
- 20.6. The Influence of the Environment and Surroundings when Accompanying Children with Cancer
- 20.7. Accompaniment for the Family System in Pediatric Oncology
- 20.8. Psychomotor and Affective Development of Infants and Preschoolers with Cancer
- 20.9. Emotion, Storytelling, and Meaningful Playtime in School-Aged Children with Cancer
- 20.10. Emotion, Storytelling and Socialization in Adolescents with Cancer
- 20.11. First Person Experiences



A unique, key and decisive specialization to boost your professional development"

06

Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: **Relearning**.

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the **New England Journal of Medicine** have considered it to be one of the most effective.





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Discover Relearning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH Nursing School we use the Case Method

In a given situation, what should a professional do? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Nurses learn better, faster, and more sustainably over time.

With TECH, nurses can experience a learning methodology that is shaking the foundations of traditional universities around the world.



According to Dr. Gérvas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, in an attempt to recreate the real conditions in professional nursing practice.

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Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method”

The effectiveness of the method is justified by four fundamental achievements:

1. Nurses who follow this method not only grasp concepts, but also develop their mental capacity, by evaluating real situations and applying their knowledge.
2. The learning process has a clear focus on practical skills that allow the nursing professional to better integrate knowledge acquisition into the hospital setting or primary care.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



Relearning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Relearning.

This university is the first in the world to combine case studies with a 100% online learning system based on repetition combining a minimum of 8 different elements in each lesson, which is a real revolution compared to the simple study and analysis of cases.

The nurse will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



At the forefront of world teaching, the Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

With this methodology we have trained more than 175,000 nurses with unprecedented success in all specialities regardless of practical workload. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

Relearning will allow you to learn with less effort and better performance, involving you more in your specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements concentrically.

The overall score obtained by TECH's learning system is 8.01, according to the highest international standards.



This program offers the best educational material, prepared with professionals in mind:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is really specific and precise.

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



Nursing Techniques and Procedures on Video

We introduce you to the latest techniques, to the latest educational advances, to the forefront of current medical techniques. All of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch them as many times as you want.



Interactive Summaries

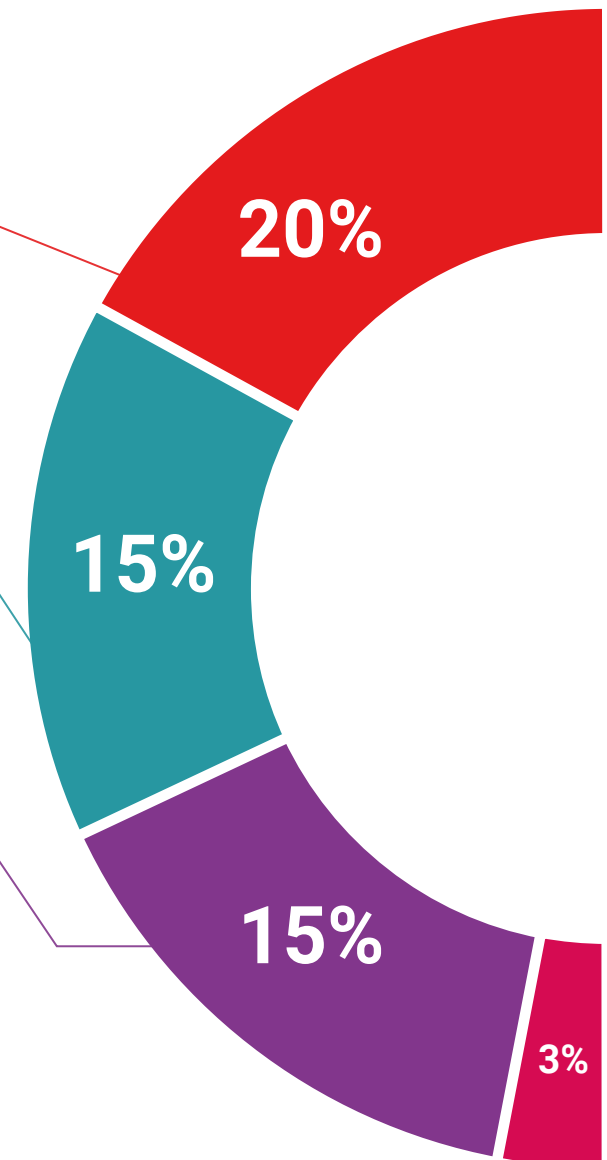
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

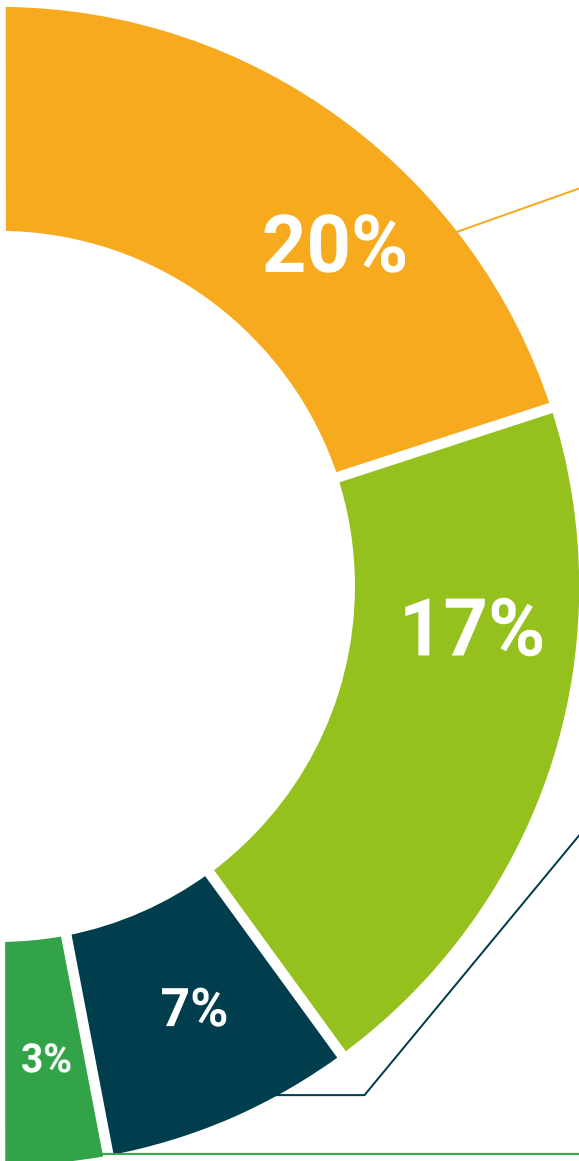
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In TECH's virtual library, students will have access to everything they need to complete their course.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real cases in which the expert will guide students, focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they can see how they are achieving their goals.



Classes

There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an Expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress in their learning.



07 Certificate

This Advanced Master's Degree in Oncology Nursing guarantees you, in addition to the most rigorous and updated training, access to an Advanced Master's Degree issued by TECH Technological University.



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*Successfully complete this program
and receive your university qualification
without travel or laborious paperwork”*

This **Advanced Master's Degree in Oncology Nursing** contains the most complete and up-to-date scientific program on the market.

After the student has passed the assessments, they will receive their corresponding **Advanced Master's Degree** issued by **TECH Technological University** via tracked delivery*.

The certificate issued by **TECH Technological University** will reflect the qualification obtained in the Advanced Master's Degree, and meets the requirements commonly demanded by labor exchanges, competitive examinations, and professional career evaluation committees.

Title: **Advanced Master's Degree in Oncology Nursing**

Official N° of hours: **3,000 h.**



*Apostille Convention. In the event that the student wishes to have their paper certificate stamped with the Hague Apostille, TECH EDUCATION will make the necessary arrangements at an additional cost.

future
health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning



Advanced Master's
Degree
Oncology Nursing

- » Modality: **online**
- » Duration: **2 years**
- » Certificate: **TECH Technological University**
- » Dedication: **16h/week**
- » Schedule: **at your own pace**
- » Exams: **online**

Advanced Master's Degree Oncology Nursing