

# MSc in Oncology

Including PG Certificate and PG Diploma

## Cancer in Context

## Module Guide 2018/19

Part B | Clinical Sciences



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# Contents

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## Module details

1.1	Module overview .....	3
1.2	Module specification .....	3

## Contact information

2.1	General enquires .....	4
2.2	Key people.....	4

## Module structure and aims

3.1	Aims.....	5
3.2	Learning objectives .....	5
3.3	Structure .....	6

## Syllabus content

4.1	Core syllabus content.....	7
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## Assessment

5.1	Assessment overview.....	9
5.2	Summative assignment.....	9

## Learning resources

6.1	Learning resources.....	11
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*Guide last amended: 06/03/2019*

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The information contained in this Module Guide is correct at the time of going to press. Any amendments relating to the course or changes to published dates will be announced to students via Canvas, the course virtual learning environment. Information found on Canvas will always be the most accurate and up to date information available. Where anything in this guide contradicts the ICR Academic Regulations, the ICR Academic Regulations take precedence.

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# 1

## Module details

### 1.1 Module overview

This module considers people with cancer, both individually as they experience the disease as well as in a wider social context. You will consider topics such as the mainstream concepts and practice in cancer care, including ethical and communication issues which may arise.

The module is compulsory and is taken in Part B of the course. Lectures take place over six weeks during the second semester, and assessment takes place at the end of the module.

### 1.2 Module specification

Cancer in Context	
<b>Full Title:</b>	Cancer in Context
<b>Part of Course:</b>	Part B: Clinical Sciences
<b>Compulsory or optional:</b>	Compulsory
<b>ICR Reference Number:</b>	MS2009
<b>Academic Level:</b>	Level 7 (Masters)
<b>Credit Value:</b>	10 Credits

# 2

## Contact information

### 2.1 General enquires

Students are advised to contact the MSc course team regarding any administrative matters at [mscadministrator@icr.ac.uk](mailto:mscadministrator@icr.ac.uk). Any academic matters should be forwarded to the Course Director, Module Leaders or Lecturers as appropriate.

### 2.2 Key people

Name	Contact Information
<b>Course Director and Module Leader</b>	
Dr David Bloomfield Consultant Clinical Oncologist, Brighton and Sussex University Hospitals	<a href="mailto:david.bloomfield@bsuh.nhs.uk">david.bloomfield@bsuh.nhs.uk</a>
<b>Module Leader</b>	
Ms Clare Moynihan Senior Research Fellow and Research Associate, Oncogenetics group, ICR	<a href="mailto:clare.moynihan@icr.ac.uk">clare.moynihan@icr.ac.uk</a>

# 3

## Module structure and aims

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### 3.1 Aims

This module aims to increase your awareness of the individual with cancer and consider them in a wider social context. The module will enable you to critically assess mainstream concepts and practice, as well as review and enhance your views on patient communication and common ethical issues. It will also address the idea of burnout amongst clinicians. Most importantly, the module will give you the opportunity to reflect on your own role as a clinical leader.

### 3.2 Learning objectives

This module will allow students to:

- Recognise and critique the principles of good communication;
- Demonstrate an understanding of the ways in which carers including health personnel, family and friends, approach and respond to patients with cancer;
- Comprehend causes of conflict between doctors and patients;
- Distinguish causes of stress and burnout and modify your own practice to reduce this;
- Identify your role in the patient's illness within a personal, family and social context;
- Comprehend the complexity of ethical issues within Oncology
- Appraise your own clinical judgement;
- Recognise the complexity of clinical management and your role as a leader and follower.

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### 3.3 Structure

This module is a core module for Part B of the Postgraduate Certificate / Postgraduate Diploma / MSc in Oncology course. Students should attend all lectures to prepare themselves for the end of module assessments.

A full and up to date module timetable is available in the calendar on Canvas. Any changes to this schedule will be announced through Canvas notifications.

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# 4

## Syllabus content

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### 4.1 Core syllabus content

The key subjects covered in this module are:

- The economics of cancer care
- Inequalities of health
- Communication
  - patient centred needs;
  - cultural assumptions;
  - language;
  - aspects of Attachment Theory
  - the concept of ‘hope’ in cancer care.
- Personal Context
  - patient coping strategies;
  - age, gender & socioeconomic status;
  - ethnicity;
  - sexuality;
  - disability.
- Family Context
  - social support;
  - emotional support.
- Clinical Context
  - diagnosis;
  - treatment;
  - recurrence;
  - terminal illness and death;
  - relationship with health teams/professionals;
  - issues surrounding decision making;
  - psychological issues.
- Health beliefs
- Multidisciplinary perspectives
- Ethics, including:
  - issues of consent;
  - issues regarding information;
  - issues surrounding confidentiality.

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- Developing professional judgement
  - Stress and burnout in oncology
  - Clinical leadership



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# 5

## Assessment

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### 5.1 Assessment overview

For this module, you will be assessed by a summative assignment only. There is no formative assessment in this module. Please refer to the Assessment section of Canvas or the Student Handbook for more guidance on more general aspects of assignment submission.

### 5.2 Summative assignment

This module is assessed via a reflective essay, written in the first person, of **strictly up to 2,000 words**.

In this assignment you are asked to write reflectively about your own clinical experience of managing patients, and/or any of the wider issues discussed in the lectures. **You are not expected to produce a clinical case study.** The essay will be used to assess your engagement with what has been taught in the Cancer in Context module, along with your ability to reflect on and explain complex aspects of the management of cancer in its wider social context. You should reference evidence of your arguments from the recommended reading list or any other relevant literature that you have accessed.

You will select your own topic for the essay, basing it on either a single, expanded case, or several related cases from your own practice that allow you to demonstrate reflection. Your essay should expand on one or more of the areas that have been taught in the module and can include some of the wider, more abstract concepts like inequalities in health, the ethics of clinical trials or decision making. Reflect on your own practice in relation to these ideas, and discuss how you may alter and enhance your behaviour as a result of what you have learned.

You will not be marked down if your reflective assessment contradicts a marker's thoughts or beliefs. Instead, the assignment

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will be judged on the clarity of the argument presented, backed up with logical thought and references.

You must give a clear title to your essay, spelling out briefly in the introduction what exactly you are focusing on. You are expected to reference relevant literature from the reading list and give evidence of any extended reading. As a guideline, approximately 6 to 10 references are expected. **Remember that penalties will apply for any work that is late, over the word limit, or includes plagiarised material.**

Submit your essay via Canvas following the instructions in the Student Handbook. Ensure you submit the same essay to both markers.

Please contact the Module Leaders if you have any concerns about the assignment.

# 6

## Learning resources

### 6.1 Learning resources

The following learning resources are relevant to this module:

#### *Key texts*

You are strongly advised to read the following:

- Cancer in Context: A Practical Guide. Brennan, Moynihan. (2004) Oxford University Press
- Societal View of Cancer and the Emergence of Psycho-oncology. Holland J. (1998) Oxford University Press
- Intelligent Kindness: reforming the culture of healthcare. Ballatt, Campling. (2013) RCPsych Publications

#### *Additional reading*

Students are encouraged to read these for incorporation and referencing in coursework:

- Experiencing Cancer Quality of Life in Treatment. Costain, Schou, Hewison. (1999) Open University Press
- Making Sense of Illness: The Social Psychology of Health and Disease. Radley. (1994) Sage Publications
- Cancer, culture and communication. Moore, Spiegel. (2004) Kluwer Academic/Plenum Publishers
- Gender inequalities in health: research at the crossroads. Annandale E, Hunt K. (2001) Open University Press
- Illness as a Metaphor. Sontag. (1991) Penguin

#### Journals - general:

- Do we need to rethink health psychology? Crossley ML. (2001) Psychology, Health and Medicine. 6(3):243-265
- Constructions of masculinity and their influence on men's wellbeing: a theory of gender and health. Courtenay W. (2000) Social Science and Medicine. 50:1285-1401
- Theories in health care and research. Theories of masculinity. Moynihan C. (2002) BMJ. 317:1072-1075

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- Men managing cancer: a gender analysis. Wenger L, Oliffe L. (2014) *Sociology of Health and Illness*. 36:108-122
  - Thinking differently about thinking positive: a discursive approach to cancer patients' talk. Wilkinson S, Kitinger C. (2000) *Social Science and Medicine*. 50:797-811

#### Communication / information:

- A new paradigm for clinical communication: critical review of literature in cancer care. Salmon P, Young B. (2017) *Medical Education Review*. 51:258-268
- Information needs of patients with cancer: results from a large study in UK cancer centres. Jenkins V, Fallowfield LJ, Saul J. (2001) *British Journal of Cancer*. 84(1):1507-1511
- Cancer patients' information needs and information seeking behaviour: in depth interview study. Leydon G, Boulton, M, Moynihan C et al. (2000) *BMJ*. 320:909-913
- Doctors' communication of trust, care and respect in breast cancer: qualitative study. Burkitt Wright E, Holcombe C, Salmon P. (2004) *BMJ*. 328:864-867
- Core assumptions and research opportunities in clinical communication. Salmon P, Young B. (2005) *Pat Ed Counselling*. 58:225-234

#### Decision making and 'empowerment':

- Patients' choice of treatment in stage D prostate cancer. Cassileth B, Soloway M, Vogelzang N et al. (1989) *Urology*. 33(5):57-62
- Should patients have control over their own health care? Empirical evidence and research issues. Auerbach S. (2000) *Annals of Behavioural Medicine*. 22:246-259
- Arrogance. Ingelfinger, F. (1980) *New England Journal of Medicine*. 303:1507-1511
- Patient empowerment or the emperor's new clothes. Salmon P, Hall G. (2004) *J. R Soc Med*. 97:53-56

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#### Hope / optimism:

- Hope work in the care of seriously ill patients. Perakyla A. (1991) *Qual Health Research*.1:407-433
- 'Yours is potentially serious but most of these are cured': optimistic communication in UK outpatient oncology consultations. Leydon G. (2008) *Psycho-Oncology*. 17(11):1081-1088
- Sustaining hope when communicating with terminally ill patients and their families: A systematic review. Clayton J, Hancock K, Parket S et al. (2008). *Psycho Oncology*. 17(7):641-659

#### Doctors' stress:

- Experiencing Cancer Quality of Life in Treatment. Costain, Schou, Hewison. (1999) Open University Press
- Stress and burnout in doctors. Graham J, Potts H, Ramirez A. (2002) *Lancet*. 360:975-1976.
- Fear of death and strategies for coping with patient death among medical trainees. Firth, Cozens, Field. (1991) *British Journal of Medical Psychology*. 64:263-271
- Dealing with stress, burnout, and grief in the practice of oncology. Lyckhom L. (2001) *The Lancet Oncology*. 2(12):750-755
- Professional Burnout in European Young Oncologists: A European Survey Conducted by the European Society for Medical Oncology (ESMO) Young Oncologists Committee. Bannerjee S. (2014) *Annals of Oncology*. 25(5)
- Also Human: the inner lives of doctors. Elton C, (2018) Windmill Press
- Histories; Gulani S (2017) Riverrun publishers

#### Psychological factors - adjustment to cancer:

- Adjustment to Cancer: coping or personal transition? Brennan H. (2001) *Psycho Oncology*. 10:1-18.

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- Psychological therapy for patients with cancer: a new approach. Moorey S, Greer S. (1989) Oxford: Butterworth Heinemann
  - Effects of psychosocial interventions with adult cancer patients: a meta-analysis of randomised experiments. Meyer T, Mark M. (1995) *Health Psychology* 14:101-108.
  - *Counselling People with Cancer*. Burton M, Watson M (1998) John Wiley & Sons. ISBN 0 471 97813 2

Suggestions for extended journal reading:

- Identity dilemmas of chronically ill men. In Sabo D and Gordon D (eds) *Men's Health and Illness: Gender Power and the Body*. Charmaz K. (1995) Thousand Oaks, CA: Sage Publications.
- Improving communication with cancer patients. Maguire P. (1999) *Eur J Cancer*. 35:2058-2065
- Communicating sad, bad and difficult news in medicine. Fallowfield L, Jenkins, V. (2004) *The Lancet*. 363(9405):312-319
- Communication skills training for health care professionals working with cancer patients, their families and or carers. Moore P, Wilkinson S, Rivera Mercado S. (2009) *Cochrane Database Syst. Review*. Issue 1:CD003751.
- Patient empowerment and control: a psychological discourse in the service of medicine. Salmon P, Hall G. (2003) *Social Science and Medicine*. 57(10):1969-198
- Paternalism or partnership? Coulter A. (1999) *BMJ*. 319:719-720
- Predisposition to emotional distress and psychiatric illness amongst doctors: The role of unconscious and experiential factors. Johnson WD. (1991) *British Journal of Medical Psychology*. 64:317-329
- The impact of hospital consultants' poor mental health on patient care. Taylor G, Graham J, Potts H, Ramierez A. et al. (2007) *British J. of Psychiatry*. 190:268-269
- How hospital consultants cope with stress at work: implications for their mental health. Graham J., Albery I, Ramirez A, Richards M. (2001) *Stress Medicine*. 17:85-89

- Assessment of the feasibility and impact of shared decision making in Prostate Cancer. Onel E, Hammond C, Wasson J, et al. (1998) Urology. 51:63-66
- Decision making during serious illness: What role do patients really want to play? Degner LF, Sloane J. (1992) Journal of Clinical Epidemiology. 45:941-950
- Living with treatment decisions: regret and quality of life among men treated for metastatic prostate cancer. Clark J, Wray N, Aston C. (2001) Journal of Clinical Oncology. 19(1):72-80
- Hopwood P, Haviland J, Sumo G, Mills J, Bliss JM, Yarnold J on behalf of the START Trial Management Group. Randomised comparisons over 5 years of patient assessed breast, arm and shoulder symptoms and body image according to radiotherapy schedule for early breast cancer in the Standardisation of Breast Radiotherapy (START) Trials Lancet Oncology 2010; 11(3),231-240
- Hall E, Cameron D, Waters R, Barrett-Lee P, Ellis P, Russell S, Bliss JM, Hopwood P; TACT Trial Investigators. Comparison of patient reported quality of life and treatment experiences with a taxane-containing regimen and standard anthrocycline based chemotherapy for early breast cancer: 6 year results from the UK TACT trial (CRUK/01/001). Eur J Cancer. 2014 Sep; 50(14): 2375-89.
- Mills J, Haviland JS, Moynihan C, J Bliss JM, Hopwood P on behalf of the START Trial Management Group. Women's free-text comments on their quality of life: An exploratory analysis from the UK Standardisation of Breast Radiotherapy (START) Trials for early breast cancer. Clin Oncol (R Coll Radiol) 2018 Jul;30(7):433-441
- Bhattacharya IS, Haviland JS, Kirby AM, Kirwan CC, Hopwood P, Yarnold JR, Bliss JM, Coles CE; IMPORT Trialists. Patient-reported outcomes over 5 years after whole-or-partial-breast radiotherapy: Longitudinal analysis of the

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IMPORT LOW (CRUK/06/003) Phase III randomised  
controlled trial  
J Clin Oncol. 2019 Feb 1;37(4):305-317 [Free PMC article]



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