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FALL 2010

ONCOLOGY NURSING PROGRAM NEWSLETTER

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SPECIAL POINTS OF INTEREST:

- De Souza is offering a Palliative Care and Nurse Navigation certification
- Symptom Management guides to practice are available online
- Pilot projects, training and CANO are raising the profile of the Nurse Navigator role
- Nursing Research CoP is connecting online through social media
- Patient decision aids can potentially reduce over-use of some aggressive interventions
- Nurse work environments can play a role in job satisfaction

A Message from Esther Green...

Oncology Nursing is a highly specialized area within cancer care.

Since our last newsletter we've seen many exciting pilot projects receive support and funding, such as the Patient Navigation in Diagnostics and the accompanying certification from the de Souza institute, which are featured in this newsletter. The Oncology Nursing Program continues to grow and diversify and support the Advanced Practice Nurse and Nursing Research Communities of Practices which are also featured in this newsletter.

We want to highlight and celebrate the work you are doing in the field of Oncology Nursing to enable safe, high quality patient care.

Please take our readership survey http://www.surveymonkey.com/s/MN32NHB or feel free to contact us with ideas for the next edition.

Sincerely,

Esther Green
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Provincial head
Oncology Nursing &
Psychosocial Oncology

The Distress Assessment And Response Tool (DART): Enhancing Inter-professional and Patient Centered Care

Merging efforts with Cancer Care Ontario's (CCO) Ontario Cancer Symptom Management Collaborative, and in collaboration with the Canadian Partnership Against Cancer (CPAC) Screening for Distress initiative, the Psychosocial Oncology and Palliative Care department at Princess Margaret Hospital (PMH), has developed the Distress Assessment and Response Tool (DART). DART is comprised of a web-based electronic distress screening tool, linked to an inter-professional distress response Care Path, graded to the individual patient's level of distress. DART is currently being implemented in a customized, graded fashion clinic by clinic, with nurses aligned to play a key leadership role.

Every patient attending ambulatory cancer clinics at PMH will eventually have an opportunity to complete this self assessment tool on touch screen kiosks in waiting areas prior to their clinic appointment. A summary report is created and placed on the patient's chart and a copy is given to the patient. The DART report highlights the social, emotional, spiritual, informational, physical and practical needs of each patient.

Low distress items are highlighted to the specially trained DART volunteer for provision of basic information, peer support and linkage to resources. Items of moderate to high distress are highlighted to the nurse and oncologist for further assessment and intervention. Persistently high distress items are flagged for referral to specialty services such as social work and psychiatry.

DART thus provides health care teams with an individualized, targeted and holistic approach to enhance communication and meet patients' cancer-related needs. This process of standardized distress screening and triaged intervention promotes interprofessional practice, supports patient-centered care, and efficiently delivers appropriate health services to enhance quality of life for all cancer patients.

Alyssa Macedo
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Update on E-Mentorship

The Oncology Nursing e-Mentorship program promotes the professional development and implementation of generalist, specialized, and advanced practice oncology nurses through career planning and mentorship. The mentor/mentee relationship is predominantly based in the virtual world and, has its advantages and challenges.

The main advantage is the opportunity to be connected with the person who has the right expertise, chosen by our complex electronic matching system, regardless of distance. While our pairs agree that in-person contact is important and have utilized mainly phone and e-mail contact, they have also used other clever means of communication. Some attended conferences or workshops together with the aid of travel stipends provided by the program; others used the e-mentorship online discussion forums; others have used Skype. Skype is an online software that allows users to communicate via video and voice calling. The program currently offers group and private discussion forums and the chance to share and edit documents from different locations through a wiki page, on our new website, at www.oncologynursingmentorship.ca

While challenges pertaining to developing and maintaining a relationship exist with virtual mentorship, one of our mentors feels that the lack of in person face-to-face time does not interfere with the ultimate purpose: "being a mentor does not require face-to-face...what it does require is commitment to pursuing the mutual goals and staying the course". The mentee perspective varies. One mentee reflects, "People communicate in different ways. For me, having the opportunity to meet my mentor in addition to utilizing electronic communication techniques helped to reinforce the messages I was receiving. It added a positive dimension to the relationship building and overall experience."

Diana Morarescu

strengthen communication & information sharing

Models of Care of Care Initiative

Cancer Care Ontario has launched the Models of Care initiative to change how we provide and pay for care, how we engage patients, and how we can predictably and reliably plan for our health human resource needs into the future. The Models of Care initiative is a multi-year project of transformative change across the cancer care system with the objectives of improving patient and provider experiences and ensuring the long-term sustainability of cancer care, through innovation and the development of a best-practice, patient-centered, multi-disciplinary model(s) of cancer care.

The work of the Models of Care initiative will be organized around three work streams – 1) the "Models" work stream that will research, develop and implement proposals for new ways of doing things; 2) the "Alignment and Accountability" work stream that will develop payment mechanisms and other policy changes in support of the new models (e.g., fee code changes, incentive payments, accountability measures linked with remuneration, and patient-based funding); and 3) the "Prediction and Planning" work stream that will develop modeling tools and a planning framework for on-going cancer system health human resources prediction and planning.

Each work stream has already begun its work, and each includes multi-disciplinary representation from among medical, nursing, pharmacy, social work and other health providers. The groups balance academic and health services research expertise with experienced providers who know how to manage change and implement new ways of doing things in their own institutions. We hope you join us in this initiative – give us your thoughts, tell us about your successes or frustrations, share with us your views about the most important areas in which to begin work.

Katya Duvalko
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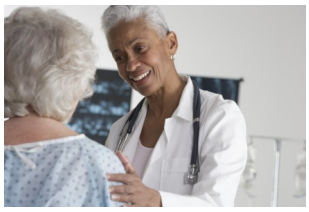
Patient Decision Aids: Evidence and Policy to Support Their Use in Practice



Patient decision aids are tools that translate research evidence by providing information on the options, benefits, risks and associated probabilities; helping patients clarify their values for outcomes; and providing guidance in the process of decision making. Most patient decision aids are self-administered, and are available in formats including paper-based, videos/DVDs, and internet.

The Cochrane review of patient decision aids identified 55 randomized controlled trials. Of these, 23 were focused on cancer related decisions such as prostate cancer screening (n=8), colon cancer screening (n=3), breast cancer genetic testing (n=6), breast cancer treatment (n=4), and prostate cancer treatment (n=2). Patient decision aids were found to consistently improve knowledge and accurate risk perceptions, reduce decisional conflict, and result in choices that were congruent with patients' values. There was a 50% reduction in the proportion of patients who assumed a passive role in decision making. Decision aids can potentially reduce over-use of some aggressive interventions (e.g., orchiectomy for prostate cancer) and also reduce under-use of other interventions (e.g., colon cancer screening) particularly when base rates are either very high or very low. Overall, decision aids did not have adverse effects on anxiety, health status or patient satisfaction.

However, only about half of oncology patients perceive they are offered treatment options and few healthcare professionals engage patients in decision making. Successful implementation of patient decision aids in clinical practice requires access to these interventions (www.ohri.ca/decisionaid A to Z inventory), practitioners aware of and skilled in using them, and environmental structures that support their use. Finally, the effect of legally mandating these interventions into the informed consent process, as occurring in Washington State and the new Obama Bill (March 2010), are yet to be known.

Dawn Stacey

For more information:

Stacey D, Paquet L, Samant R. (in press) Exploring patients' cancer treatment decision making: A descriptive study. Current Oncology.

O'Connor AM, Bennett CL, Stacey D, et al. (2009). Decision aids for people facing health treatment or screening decisions.

free exchange

of ideas

Canadian Oncology Nurse Work Environments

Research examining oncology work environments is key to understanding factors that influence recruitment and retention of oncology nurses. This paper reports on a survey that was conducted in 2004 to describe nurses' perceptions of the presence or absence of workplace and professional practice factors in oncology care settings across Canada. Six hundred and fifteen oncology nurses working in a variety of care settings completed questionnaires. Analysis of the survey responses indicated that there were factors present in work environments that contributed to job satisfaction and the desire to remain in oncology nursing. For example, a large proportion of respondents (> 75%) indicated that they were satisfied being a nurse; felt competent to do their job; believed they were positively influencing the lives of patients and families; had positive collegial relationships with physicians, and had autonomy in clinical decision-making. However, the findings also identified areas requiring attention as at least 45% of respondents reported a lack of administrative personnel that were visible, accessible and responsive to nursing concerns and no opportunity to participate in policy decisions. Some statistically significant differences were noted in nurses' perceptions according to level of nursing education, years of nursing experience and oncology experience, employment status and provincial region. No differences were noted among different age groups, however, the study sample include only a small subgroup of nurses < 30 years of age. Although only 11% of respondents expressed dissatisfaction with being a nurses, it was found that when enough registered nurses to provide

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CCO Patient Navigation Pilot Projects

Cancer Care Ontario is making an important difference in the lives of individuals going through the process of cancer diagnosis. In a new pilot project, seven specially trained registered nurses have been introduced in Diagnostic Assessment Programs throughout Ontario. Their main role will be to improve Ontario patients' experience as they patients undergo diagnostic assessment and testing for cancer.

The purpose of this work is to build capacity in patient navigation in the diagnostic phase of cancer and to fully evaluate the role of nurses as patient navigators for optimal care of patients as they enter the cancer system.

Through a partnership with the de Souza Institute, a training course has been developed in patient navigation, designed to address the full continuum of cancer care, with a particular emphasis on the diagnostic phase. The course was first offered in February 2010. Once trained, nurses in this project began their work to provide patient support, screen for symptoms and assist patients with appointment scheduling and follow-up. Evaluation of the pilot project is focused on determining the impact of patient navigators on the patient experience as well as provider satisfaction and diagnostic wait times.

Learning and sharing has been an important feature of the project, through teleconferences and online collaboration. Some of these are open to all patient navigators working in the diagnostic phase of care, regardless of whether they are part of the pilot project. For more information on these sessions or any other aspect of the Patient Navigation Pilot Project, please contact Julie Gilbert at julie.gilbert@cancercare.on.ca.

The Patient Navigation Project is being supported by the Ministry of Health and Long-Term Care, Nursing Secretariat and the Canadian Partnership Against Cancer.

working collaboratively to advance cancer control through oncology nursing

Patient Navigation in Oncology Nursing Training

Improving the experience of cancer patients is the ultimate outcome of patient navigation. Continuing education can be influential for nurses to step back and reflect on attributes of their role that can be honed to improve their ability to attend to the unique needs of each individual patient as they navigate the cancer care system.

The de Souza Institute, a virtual centre of learning, developed a course that addressed the fundamental principles of navigation applied within the scope of nursing practice. Course content included six eLearning modules that fostered independent self-directed learning, plus a one day workshop to apply knowledge gained through active participation with simulated patients. Modules covered topics such as: communication, assessment, screening for distress, culture and diversity, social support, and community resources. The Supportive Care Model (Fitch, 2000) and the Social Cognitive Transitional Model of Adjustment (Brennan, 2005) are examples of two frameworks used to underpin course content. Material addressed the key dimensions of learning required to assist patients navigate the cancer care system. Nurses were provided with learning resources to reframe thinking, renew previous learning, and enhance practice.

The pilot launch of the course in February 2010 engaged over 50 nurses at all levels of cancer care, from family health teams, community health and diagnostic assessment to in-patient palliative care units. We utilized the feedback from the course evaluations to make enhancements to the course for the October 2010 *Patient Navigation* course which began on October 11, 2010 with 65 participants enrolled.
Please visit the de Souza Institute site for updates at www.desouzanurse.ca

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Through the Eyes of a Patient Navigator

Nurse navigation is embedded in oncology nursing practice as outlined by the Canadian Association of Nurses in Oncology (CANO) standards "the individual with cancer and family are entitled to assistance in navigating through the cancer and health care system" (CANO, 2001).

When an individual is faced with a lung cancer diagnosis, he/she may express heightened anxiety and fear. Nurse navigators support people faced with life threatening illnesses and act as patient advocates through the trajectory of an individual's health care experience. Early access to diagnostics, comprehensive emotional support, and patient centred informational interventions can lead to improved outcomes and overall quality of life (Seek & Hogle, 2007).

In my role as a Clinical Nurse Specialist at Grand River Regional Cancer Centre, I am privileged to support individuals with suspected lung cancer and their families in the diagnostic phase of their illness through an established diagnostic assessment program. Also, I am able to follow lung cancer survivors once they have completed multimodality treatment in a follow-up care clinic within the integrated cancer program. I offer continuity of care and holistic approaches to addressing complex issues that evolve with this specialized group of patients. I work in partnership with the interdisciplinary team to communicate problems that require medical intervention and to set up linkages with supportive care services. One of the most rewarding aspects of my role is providing quality symptom management and liaising with primary care to complete the circle of care for the person living with lung cancer.

Jennifer Parkins

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References

Canadian Association of Nurses in Oncology (CANO). (2001). Standards of care.

Retrieved from the CANO web-site October, 2010:

www.cano-acio.ca/standards_of_care

Hogle, W., & Seek, A. (2007). Modeling a better way: Navigating the healthcare system for patients with lung cancer. *Clinical Journal of Oncology Nursing, 11*(1), 82-85.

promoting excellence in oncology nursing practice, education, research and leadership

CCO's Symptom Management Guides to Practice

The Ontario Cancer Symptom Management Collaborative (OCSMC) is a joint initiative of the Palliative Care, Psychosocial Oncology and Nursing Oncology Programs at Cancer Care Ontario. The main goals of this initiative are to improve the management of symptoms experienced by cancer patients and increase the delivery of patient-centered care. To meet this goal guides-to-practice were developed by the Symptom Management Group (SMG), which included interdisciplinary representation from across the province. To date, the SMG has developed guides-to-practice for four symptoms - pain, dyspnea, delirium, and nausea and vomiting. An additional interdisciplinary group was established to develop simultaneously one-page algorithms based on the four guides to practice. While creating comprehensive and user-friendly evidence-informed tools, the algorithm group has been instrumental in bridging the work currently being undertaken by the SMG and the Cancer Journey Action Group (CJAG) at the Canadian Partnership Against Cancer, that is also developing symptom guidelines. The CJAG recently completed a pan-Canadian practice guideline on screening, assessment and care of psychological distress focusing on depression and anxiety in adults with cancer. Similarly to the SMG documents it is comprised of a guide to practice and a two-page algorithm. In the near future the SMG will be developing additional management tools for loss of appetite, bowel care and mouth care, while the Cancer Journey Action Group is working on fatigue and treatment related nausea and vomiting symptom guidelines.

Download the Symptom Management Guides to Practice, Algorithms and Pocket Guides from the CCO website www.cancercare.on.ca/symptools

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Canadian Oncology Nurse Work Environments... continued

Continued from page 3

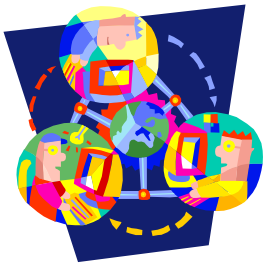
quality care and opportunities for staff development and continuing education opportunities were perceived to be absent from work environments, nurses were more likely to report job dissatisfaction.

This study provided a profile of Canadian oncology nurses' perceptions of their work environments post-healthcare restructuring at a single point in time. Several factors perceived to exist in their work environments were those previously reported as important in enhancing professional practice environments. As well a number of areas for organizational improvement were identified. A second report (part 2) is in preparation to describe findings from a follow-up survey conducted in 2006 in order to compare nurses' perceptions of their work environments and job satisfaction over time.

Deb Bakker

Bakker, D, Conlon, M, Fitch, M, Green, E., Butler, L, Olson, K & Cummings, G (2010). Canadian oncology nurse work environments: Part I. *Canadian Journal of Nursing Leadership,* 22(4), 50-68.

Get Connected—Oncology Nurse Researchers Online Community of Practice



An online knowledge network, can be a powerful leadership tool for facilitating innovation. No stranger to innovation, the Nursing Research Community of Practice (CoP) is embarking on a new way to connect by setting up a group profile on ResearchGate (www.researchagate.org) an online international professional network for scientists, similar to that of Facebook or LinkedIn. The goal is to enrich the current CoP with new members and to support fledgling researchers by reducing geographic isolation and creating a larger identity on the net. Contact Naomi Greenberg Naomi.greenberg@cancercare.on.ca to find out more information or to join the group.

Please take our readership survey! http://www.surveymonkey.com/s/MN32NHB

We want to hear from you! If you have any suggestions or would like to contribute to the newsletter or share your work with us please contact: raquel.shawmoxam@cancercare.on.ca.

Cancer Care Ontario is the provincial agency responsible for continually improving cancer services. As the government's cancer advisor, Cancer Care Ontario works to reduce the number of people diagnosed with cancer and make sure that patients receive better care every step of the way.

Oncology Nursing Program is committed to working collaboratively to advance cancer control through oncology nursing

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