CANO/ACIO Annual Conference 2010

The Power of One —
The Potential of Together

Shaw Conference Centre | Edmonton, Alberta | Canada | September 11 to 15, 2010

Conférence annuelle ACIO/CANO de 2010

Le pouvoir d’un seul —
le potentiel de l’union

Shaw Conference Centre | Edmonton, Alberta | Canada | September 11 to 15, 2010

Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie
An investment in research is an investment in hope.

Roche is a leader in the research and development of pharmaceutical and diagnostic solutions that look beyond today's horizons and make a profound difference in people's lives.

Working in partnership with healthcare practitioners from across the country, we have opened the door to countless new possibilities in the discovery, treatment and management of acute and long-term disease.

www.rochecanada.com

We Innovate Healthcare
Over the past century the face of Canada has changed.

So have we.

Since our company was founded in Canada nearly a century ago, the face of our country has changed – and so have the health needs of Canadians. Yesterday, we pioneered innovative products and techniques that changed the lives of people with diabetes, improved cardiovascular outcomes and helped eliminate diseases such as smallpox, polio and diphtheria, all of which has contributed to extending overall life expectancy in Canada. Today, 2,200 dedicated employees at our pharmaceutical division in Laval and our vaccines division in Toronto are using groundbreaking methods and technology to find cures and treatments for current health challenges. But one thing has not changed – our commitment to providing essential, innovative medicines and vaccines that help people improve their health and the quality of their lives. Because health matters to all Canadians.

www.sanofipasteur.ca  www.sanofi-aventis.ca
A powerful new frontier in chemotherapy

Abraxis BioScience has developed the world’s first and only nanoparticle chemotherapeutic compound powered by nanoparticle, albumin-bound (nab) technology.

Learn more about nab technology!

Optimizing Patient Care in Metastatic Breast Cancer: A Case Based Approach for Nurses

Sunday September 12, 2010 - 12:15-1:45 p.m.
Shaw Conference Centre, Hall C – Edmonton, Alberta

De nouveaux horizons puissants en chimiothérapie

Abraxis BioScience a mis au point le premier et le seul agent chimiothérapeutique en nanoparticules au monde doté de la technologie des nanoparticules liées à l’albumine (nab).

Apprenez-en davantage sur la technologie nab!

Optimalisation des soins de la patiente dans le cancer du sein métastatique: une approche sur base de cas pour infirmières

12 h15 à 13 h45 le dimanche 12 septembre
salle C, Centre des Congrès Shaw, Edmonton, Alberta
Medicines that matter

Nycomed Canada Inc. is the Canadian subsidiary of Nycomed; a privately owned research-based pharmaceutical company.

Nycomed is based in Oakville, Ontario, with more than 135 employees across the country. Through its innovative products and dedicated people, Nycomed is committed to improving the health of Canadians by providing brand name, science-based medicines that matter.

Visit www.nycomed.ca for more information.
At Pfizer, we believe to be truly healthy, it takes more than medication. Introducing morethanmedication.ca – a website devoted to the everyday pursuit of health and wellness.
Every door opened could be a discovery made.

Lilly Oncology is a proud sponsor of CANO / ACIO Conference 2010

Lilly Oncology

No two cancer patients are alike. That’s why Lilly Oncology is committed to developing treatment approaches as individual as the people who need them. We’ve made many contributions toward improved patient outcomes and—with each door we open—we take another step forward. But helping today’s cancer patient isn’t enough. Even with over 40 drug targets in development, our quest to help you provide tailored therapy is just beginning.

Making science personal.
Disease Symptom or Treatment Side Effect?
The Importance of Nursing Intervention in Oncology Patient Care

Objectives:
- Discuss Multiple Myeloma Patient Case: Disease Symptom vs. Side Effect
- Describe the importance of rapid reduction in MM Disease Symptoms
- Examine the importance of timely intervention for side effect management such as Peripheral Neuropathy, long term bone marrow toxicity (i.e. Neutropenia, Anemia, DVT's)
- Review assessment tools for side effect and disease symptom management

Speaker:

Kathleen Colson, RN, OCN
Multiple Myeloma Clinical Research Nurse
Jerome Lipper Multiple Myeloma Program
Dana-Farber Cancer Institute
Boston MA

Kathleen has a wealth of knowledge in managing patients through their chemotherapy treatments. She is a member of the IMF (International Myeloma Foundation) Nurse Leadership Board and Kathleen will be providing insight of how Dana Farber manages their Multiple Myeloma patients as published in Clinical Journal of Oncology Nursing, June 2008.
# Table of Contents / Table des matières

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor &amp; Exhibitor Listing / Liste des commanditaires et exposants</td>
<td>11</td>
</tr>
<tr>
<td>Welcome Notes / Mots de bienvenue</td>
<td>14</td>
</tr>
<tr>
<td>Committee Listing / Liste des membres des comités</td>
<td>18</td>
</tr>
<tr>
<td>General Conference Information / Information générale sur la conférence</td>
<td>19</td>
</tr>
<tr>
<td>Shaw Conference Centre Floor Plan / Plan du Shaw Conference Centre</td>
<td>24</td>
</tr>
<tr>
<td>Exhibitor Floor Plan and Listing / Plan et liste des exposants</td>
<td>25</td>
</tr>
<tr>
<td>Meeting Schedule / Horaire des réunions</td>
<td>26</td>
</tr>
<tr>
<td>Leadership Pre-Conference / Atelierspré-conférence</td>
<td>27</td>
</tr>
<tr>
<td>Conference Program at-a-Glance / Programme de la conférence d’un coup d’oeil</td>
<td>28</td>
</tr>
<tr>
<td>Conference Day One Sunday / Conférence Jour 1 dimanche</td>
<td>30</td>
</tr>
<tr>
<td>Conference Day Two Monday / Conférence Jour 2 lundi</td>
<td>35</td>
</tr>
<tr>
<td>Conference Day Three Tuesday / Conférence Jour 3 mardi</td>
<td>42</td>
</tr>
<tr>
<td>Conference Day Four Wednesday / Conférence Jour 4 mercredi</td>
<td>48</td>
</tr>
<tr>
<td>Abstract Listings for Oral Presentations / Liste des abrégés pour présentation orale</td>
<td>54</td>
</tr>
<tr>
<td>Poster Presentations Schedule / Séance d’affichage</td>
<td>90</td>
</tr>
<tr>
<td>Abstract Listings for Poster Presentations / Liste des abrégés pour présentations par affiches</td>
<td>92</td>
</tr>
<tr>
<td>Conference exhibitor listing / Liste des exposants</td>
<td>99</td>
</tr>
</tbody>
</table>

CANO/ACIO would like to thank Amgen Oncology for their sponsorship of the final program book.
Sponsor & Exhibitor Listing
Liste des commanditaires et exposants

The 22nd CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:
La 22ème conférence annuelle de l’ACIO/CANO est rendue possible grâce au généreux soutien des organisations suivantes:

Platinum/Platine

Gold/Or

Silver/Argent

Bronze

Symposia/Symposium

We are pleased to announce that the following companies will be presenting educational symposia at our conference:

Abraxis BioScience • BMS • Carmel Pharma • Celgene • Ortho Biotech • Novartis • Nycomed • Roche • Sanofi Aventis • Valeant

Award Sponsors/Sponsors des Re’compenses

Amgen • AstraZenica • Brain Tumour Foundation • CANO/ACIO Manitoba chapter • Pfizer • Ovarian Cancer Canada • Schering Plough, now a Part of Merck

Exhibitors/Autres commanditaires de la conference

3M Canada • Abbott Laboratories • Abbott Nutrition • Abraxis BioScience • Amgen • AstraZeneca • Bard Canada • Bayer • Beutlich • Brain Tumour Foundation • Bristol-Myers Squibb • CPAC • Calmoseptine • Canadian Breast & Cancer Network • Canadian Cancer Society • Canadian Nurses Association • Canadian Oncology Nursing Journal • CANO/ACIO • Carmel Pharma • Celgene • De Souza Institute • Eli Lilly • Ferring • Genomic Health • GlaxoSmithKline Inc. • Health Canada • ICU Medical Inc • Leukemia Lymphoma • LGFB • Merck Frosst • Myeloma Canada • Novartis • Nycomed • Oncology Nursing e-Mentorship Program • ONS Bookstore • Ortho Biotech • Otsuka • Ovarian Cancer Canada • PendoPharm • Pfizer • Rethink Breast Cancer • Roche • Sanofi-Aventis • Smiths Medical • Valeant
It is with great pleasure that I extend my warmest greetings to everyone attending the 22nd Annual Conference of the Canadian Association of Nurses in Oncology (CANO), on the occasion of the Association’s 25th anniversary.

Ensuring that oncology nurses across Canada receive support in their professional practice and research pursuits has been a priority for CANO from its inception. As a result, its members have become models of achievement and of leadership for cancer control, both in Canada and internationally.

I would like to commend CANO for promoting high standards of nursing care for people with cancer. Regaining health and well-being is made easier with the help of caring and knowledgeable professionals who are aware of the cancer patient’s complex needs. I am certain that delegates will benefit from the educational and networking opportunities available at this collegial gathering, and will leave with fresh insights and renewed enthusiasm for the vital tasks they perform.

Please accept my best wishes for a most enjoyable and productive meeting in Edmonton, Alberta.


OTTAWA
2010
C’est avec plaisir que je salue chaleureusement celles et ceux qui participent à la 22e Conférence annuelle de l’Association canadienne des infirmières en oncologie (ACIO), à l’occasion du 25e anniversaire de l’Association.

Depuis ses débuts, l’ACIO a eu pour priorité de faire en sorte que les infirmières en oncologie de partout au Canada bénéficient d’un soutien dans leur pratique professionnelle et dans leurs activités de recherche. En conséquence, les membres de l’Association sont devenus des modèles de réussite et de leadership dans la lutte contre le cancer tant au Canada que dans le reste du monde.

Je tiens à féliciter l’ACIO de promouvoir des normes élevées de soins infirmiers prodigués aux personnes atteintes de cancer. Les soins de professionnels dévoués et avertis qui connaissent les besoins complexes du patient atteint de cancer facilitent le recouvrement de la santé et du bien-être. Je suis convaincu que les délégués sauront profiter des occasions d’enseignement et de réseautage qu’offre cette assemblée et qu’ils partiront enrichis de connaissances nouvelles et d’un enthousiasme renouvelé pour les tâches vitales qu’ils exécutent.

Je vous souhaite une conférence des plus agréables et fructueuses à Edmonton.


Le très honorable Stephen Harper

OTTAWA
2010
Dear Colleagues and Guests;

On behalf of the Board of Directors I am delighted to welcome you to the 22nd Annual National Conference of the Canadian Association of Nurses in Oncology in Edmonton, Alberta. In this special year, our 25th anniversary, it is fitting that we should be celebrating in this great city. It was in Edmonton in 1985 at the third National Oncology Nursing Symposium that 150 nurses voted unanimously to take on the challenge of formalizing the establishment of CANO/ACIO. It was the hope of those nurses that our organization would work to ensure that cancer nurses across this country would be supported in their professional practice and research pursuits in order to provide the best cancer nursing in the world for patients and families in Canada. The Conference Planning Steering Committee has designed an experience for you that will bring into clear focus where we have been, what we have become and where we want to go next.

To become a strong national association takes sustained leadership, a shared vision and clear goals that inspire us all to keep pulling in one direction. The preparations for those historic events in Edmonton in 1985 were overseen by Dr. Heather Porter. She chaired a group of 16 nurses from across the country as they put together the original proposal, drafting a mission statement, an organizational philosophy and bylaws to be ready for a thorough discussion and final vote in Edmonton. The Power of One – The Potential of Together. Leadership continues to be one of the key strengths of this organization and we are so very fortunate that we have so many leaders among us who continue to give of their time and their efforts to ensure our ongoing success. After 25 (plus) years, Heather continues to keep her finger on the pulse of CANO/ACIO as the Editor of the Canadian Oncology Nursing Journal.

The Conference Planning Steering Committee, co-chaired by Jeanne Robertson and Barbara Hues, has oversee the organization and planning of a wonderful program over the next four days. I am very excited by the roster of key note speakers who will balance a historical perspective with a leadership focus and remind us of our unique personal potential. We continue to be innovative with the conference and continually look to the feedback you give us to ensure the content and format meet your needs as delegates and participants. From formal presentations of nursing research findings to posters, round tables and panel discussions there is something here for everyone.

We encourage you to make time to attend the Annual General Meeting on Tuesday, September 14, 2010 at 8:00 a.m., learn about our strategic plan and the initiatives the Board is leading to help us realize our goals. It is the one time each year when the Board and the members can come together face to face to discuss the work of the Board and make sure the work we are doing aligns with the work you need us to do. Don't be shy! Come and join in the meeting, it is yet another way of demonstrating the power of one and the potential of together.

The Council of Chapters is also strategically placed in the program to ensure minimal conflict for our delegates. You don't have to be a chapter president to attend this meeting, come and hear about how CANO/ACIO supports its many chapters and help us determine the theme for Oncology Nursing Day 2011.

Don't miss the Social Event! It is always a personal highlight for me. It provides us all with a chance to meet up with friends old and new. This year I look forward to experiencing the hospitality of our host city of Edmonton; I hope you will join us.

Finally, I would like to close by thanking the Conference Planning Steering Committee, the Local Planning committee co-led by Miriam Dobson and Carole Szwajkowski and the Scientific Program Committee co-led by Nan Cox-Kennett and Karyn Perry for the many hours spent deliberating, planning, problem solving, preparing, and cheer-leading. The success of each conference is the result of enormous hard work and careful thought, and we are so very fortunate to have such a wonderful energetic group willing to share their learning from past conferences to inform the present and help us plan for 2011.

Welcome to Edmonton! I hope you can maximize the potential of these four days to learn new things, explore the theme of leadership, meet up with friends and have some fun.

Sincerely,

Jennifer Wiernikowski, RN(EC), MN, CON(C)
President, Canadian Association of Nurses in Oncology
Chers collègues et invités :

Il me fait grand plaisir de vous accueillir, au nom du Conseil d'administration, à la 22 ème conférence nationale annuelle de Association canadienne des infirmières en oncologie/Canadian Association of Nurses in Oncology tenue à Edmonton, Alberta. Il est tout à fait à propos que nous nous rassemblions dans cette ville remarquable à l'occasion de notre vingti-cinquième anniversaire. En effet, c'était bien ici qu'en 1985 lors du troisième symposium national en soins infirmiers oncologiques que 150 infirmières ont décidé, à l'unanimité, de relever le défi de l'établissement de l'ACIO/CANO. Ces infirmières avaient pour espoir que notre organisme ferait tout pour que les infirmières en cancérologie des quatre coins du pays se sentent appuyées dans leur pratique professionnelle et dans leurs initiatives de recherche en vue de dispenser les meilleurs soins en oncologie possibles aux patients et aux familles du Canada. Le comité organisateur de la conférence a conçu une expérience qui éclairera pour vous le chemin que nous avons parcouru, notre situation actuelle et la direction dans laquelle nous souhaitons nous diriger.

La constitution d'une solide association nationale exige un leadership soutenu, une vision partagée et des buts nets nous inspirant tous et toutes à tendre dans la même direction. Les préparations relatives à l'événement historique de 1985 à Edmonton ont été supervisées par la Dre Heather Porter. Elle présidait ainsi le groupe de 16 infirmières de l'ensemble du pays tandis qu'elles concevaient la proposition originale, élaboraient l'énoncé de mission, la philosophie de l'organisme et ses statuts afin qu'ils puissent tous être discutés en profondeur et faire l'objet d'un vote à Edmonton. “Le pouvoir d’un seul - le potentiel de l’union”. Le leadership continue d’être un des atouts essentiels de notre organisme et nous avons bien de la chance de compter parmi nous tant de leaders qui sont prêts à consacrer leur temps et leur énergie à la réussite continue de l'Association. Après 25 années d’effort, Heather continue de jouer un rôle vital au sein de l'ACIO/CANO en tant que rédactrice en chef des soins infirmiers en oncologie.

Le comité organisateur de la conférence, coprésidé par Jeanne Robertson et Barbara Hues, a dirigé la planification et l'organisation du merveilleux programme des quatre prochaines journées. Je suis ravie de voir la liste des conférenciers et conférencières qui examineront la perspective historique et le leadership au sein de notre association tout en nous rappelant l'importance de notre potentiel individuel. Nous continuons de privilégier l'innovation lors de la conférence et analysons continuellement votre rétroaction afin que son contenu et format répondent aux besoins des délégués et des participants. Depuis les présentations formelles de résultats de recherche infirmière jusqu'aux affiches en passant par les tables rondes et les discussions en groupe, chacun y trouvera quelque chose à son goût.

Nous vous encourageons vivement à prendre le temps de participer à l'Assemblée générale annuelle du mardi 14 septembre 2010 à 8 h, à découvrir notre plan stratégique et les initiatives menées par le Conseil et les membres de la conférence en vue d'atteindre nos buts. C'est la seule occasion annuelle où le Conseil et les membres se rencontrent en face à face afin de discuter des travaux du Conseil et de s’assurer que ceux-ci correspondent aux souhaits des membres. N'hésitez pas, venez assister à l’assemblée, il s’agit d’une opportunité de manifester le pouvoir d’un seul et le potentiel de l’union.

Le créneau horaire choisi pour la réunion du Conseil des sections permet d’éviter au maximum les conflits temporels chez les délégué(e)s. Nul besoin d’être présidente de section pour assister à cette réunion! Venez y apprendre comment l’ACIO/CANO soutient ses nombreuses sections et nous aider à déterminer le thème de la Journée des soins infirmiers en oncologie 2011.

Ne manquez pas la soirée sociale qui représente toujours pour moi un moment phare de la conférence. C’est une occasion en or de rencontrer des amis de longue date et de nouer de nouvelles amitiés. Cette année, je suis bien impatiente de savourer l’accueil qui nous attend à Edmonton, notre ville-hôte; j’espère vivement que vous serez des nôtres!

Pour terminer, j’aimerais remercier le comité organisateur de la conférence, le comité de planification local co-présidé par Miriam Dobson et Carole Szwajkowski ainsi que le Comité du programme scientifique ayant à sa tête Nan Cox-Kennett et Karyn Perry pour les nombreuses heures consacrées aux délibérations, à la planification, à la résolution de problèmes, aux préparatifs et à la stimulation de l’enthousiasme. La réussite de chaque édition de la conférence tient aux efforts ardues et à l’attention aux détails, et nous avons beaucoup de chance de compter dans nos rangs un remarquable groupe d’individus énergiques prêts à partager l’expérience acquise lors des conférences précédentes afin d’éclairer le présent et de nous aider à planifier 2011.

Bienvenue à Edmonton! J’espère que vous profiterez au maximum du programme de ces quatre journées afin d’apprendre de nouvelles choses, d’explorer le thème du leadership, de rencontrer des amis et de vous divertir.

Je vous salue bien cordialement,

Jennifer Wiernikowski, inf. (cat. spéc.), M.Sc.inf., CSIO(C)
Présidente, Association canadienne des infirmières en oncologie
THE POWER OF ONE
THE POTENTIAL OF TOGETHER
Edmonton, Alberta

The Local Planning Committee of the Oncology Nurses Interest Group of Alberta (ONIGA) North welcomes you to the 22nd Annual CANO/ACIO Conference in Edmonton, the Festival City.

*The Power of One – The Potential of Together* is the theme for this Silver Anniversary Conference. CANO/ACIO promotes leadership as a central value in the belief that 'every nurse is a leader'. Three keynote speakers will lead delegates to consider both their personal role as a leader, 'The Power of One', and their capacity as leaders, collaborating with others, 'The Potential of Together'.

The Scientific Program Committee, co-chaired by Nan Cox-Kennett and Karyn Perry, are proud to present a comprehensive program targeting a spectrum of oncology nursing practice as demonstrated by the stellar concurrent sessions and poster presentations in addition to our invited keynote speakers.

Rhea Arcand will open the conference by presenting, ‘Leadership with a balance of voice and touch... CANO/ACIO’s Legacy’ in which she describes how CANO/ACIO has evolved and our collective achievements. On Monday, Phil Callaway will present 'The Power of One: Discovering your Potential', and will emphasize the idea that leadership is part of every nurses’ responsibility. David Irvine will close the conference with 'The Importance of Authenticity and Accountability In Achieving the Potential of Together'.

Plan to join us at our social event as we share the stunning new Art Gallery of Alberta. This is our opportunity to relax, have fun and create memories to last the next 25 years!

This conference offers oncology nurses the opportunity to further develop their leadership potential both as formal and informal leaders. Conference delegates will leave with broader oncology knowledge and skills which they will use with increased confidence in their roles as individual oncology nurses and members of healthcare teams.

CANO/ACIO Edmonton 2010 promises to be a memorable experience! We invite you to explore our diverse and intriguing city.

We look forward to being your host and celebrating the silver anniversary of CANO/ACIO at the Shaw Conference Centre with you.

Carole Szwajkowski

Miriam Dobson
*Conference Co Chairs*
LE POUVOIR D’UN SEUL –
LE POTENTIEL DE L’UNION
Edmonton, Alberta


« Le pouvoir d’un seul – le potentiel de l’union » est le thème de cette conférence marquant notre 25 éme anniversaire. L’ACIO/CANO qui estime que « chaque infirmière est un leader » a fait du leadership une de ses valeurs centrales. Trois conférenciers / conférencières inciteront les délégués à examiner leur rôle individuel en tant que leader, « Le pouvoir d’un seul », et leur aptitude à collaborer avec autrui, « le potentiel de l’union ».

Le Comité de planification scientifique, coprésidé par Nan Cox-Kennett et Karyn Perry, est fier de présenter un programme intégré ciblant divers aspects de la pratique infirmière en oncologie comme le montrent si bien les stimulantes séances concomitantes et présentations par affiches venant compléter les présentations orales des conférenciers invités.

Rhea Arcand inaugurera la conférence en présentant « Le leadership conciliant la voix et le toucher… le legs de l’ACIO/CANO » laquelle décrit l’évolution de notre organisme et nos accomplissements collectifs originaux. Lundi, Phil Callaway présentera « Le pouvoir d’un seul : découvrir son plein potentiel » où il mettra en relief l’idée selon laquelle le leadership fait partie intégrante de la responsabilité de chaque infirmière. David Irvine donnera la conférence de clôture qu’il a intitulée « L’importance de l’authenticité et de la responsabilité dans l’atteinte du potentiel de l’union ».

N’oubliez pas de participer à la soirée sociale qui aura lieu dans la nouvelle et belle Galerie d’art de l’Alberta. C’est l’occasion rêvée de vous détendre, de vous amuser et de vivre des moments dont vous vous souviendrez pendant les 25 prochaines années!

Cette conférence donne aux infirmières en oncologie la possibilité de perfectionner leur aptitude au leadership à la fois formel et informel. Lorsqu’ils quitteront la conférence, les délégués auront acquis de plus vastes connaissances et compétences en oncologie dont ils se serviront avec une confiance toujours accrue dans leurs rôles d’infirmières en oncologie individuelles et de membres d’équipes de soins.

La conférence ACIO/CANO 2010 d’Edmonton promet d’être une expérience mémorable! Nous vous invitons à venir explorer notre ville aux facettes variées et fort intéressantes.

Nous attendons avec impatience de pouvoir vous accueillir à Edmonton et célébrer avec vous le 25e anniversaire de l’ACIO/CANO au Shaw Conference Centre.

Carole Szwajkowski  Miriam Dobson
Coprésidentes de la conférence
Committee Listing / Liste des membres des comités

Local Planning Committee / Comité de planification local

Miriam Dobson, RN, BScN (Co-Chair)
Carole Szwajkowski, RN, BScN, Con(C), (Co-Chair)
Janet Bates, RN, BScN Con(C)
Kathryn Calder, RN, MN
Nanette Cox-Kennett, RN, MN
Wayne Enders, RN
Carole Gallagher, RN, CON(C), CCRP
Susan Horsman, RN, BScN, MN, NP
Karen Hough, RN
Beth Perry, RN, PhD
Karyn Perry, RN, BSN, CON(C)

Scientific Program Committee / Comité du programme scientifique

Nanette Cox-Kennett, RN, MN, (Co-Chair)
Karyn Perry, RN, BScN, CON(C), (Co-Chair)
Miriam Dobson, RN, BScN, CHPCN(C)
Donna Grant, RN, MN, CON(C)
Gail Macartney, RN(EC), MSc(A), CON(C)
Edith Pituskin, RN, MN
Anita Samoil, RN, BScN

CANO Board of Directors / Conseil d’administration de l’ACIO

Jennifer Wiernikowski, RN (EC), MN, NP—Adult, CON(C), President
Brenda Sabo, RN, BA, MA, PhD, Vice-President
Jeanne Robertson, RN, BSc, BA, MBA, Treasurer
Barbara Hues, RN, MSN, CON(C), Director-at-Large—Education
Catherine Kiteley, RN, MSc, CON(C), CHPCN(C), Director-at-Large—External
Lorraine Martelli-Reid, RN (EC), MN, NP—Adult, CHPCN(C), Director-at-Large—Membership
Heather Porter, BScN, PhD, Editor, Canadian Oncology Nursing Journal
Jennifer Stephens, RN, BScN, MA, OCN, Director-at-Large—Communications
Laura Rashleigh, RN, BScN, MScN, CON(C), Incoming Director-at-Large—Professional Practice
Tracy Truant, RN, MSN, Director-at-Large—Professional Practice

Conference Planning Steering Committee / Comité d’organisation de la conférence

Barbara Hues, RN, MSN, CON(C), Director-at-Large, (Co-Chair)
Jeanne Robertson, RN, BSc, BA, MBA, (Co-Chair)
Nanette Cox-Kennett, RN, MN
Miriam Dobson, RN, BScN
Karyn Perry, RN, BScN, CON(C)
Carole Szwajkowski, RN, BScN
Joy Tarasuk, RN, BScN, CON(C)
Karen Woodworth, RN, BN, CON(C)
General Conference Information
*L’information générale de conférence*

**Registration / Inscription**

Register online and receive a $25 discount!

To register for the conference, go to the CANO/ACIO website at [www.cano-acio.ca](http://www.cano-acio.ca) and either complete your registration online ($25 discount applies) or download and submit by fax or mail a registration form. Once your registration has been processed, a receipt will be emailed to you.

All registrations must be postmarked or received by September 3, 2010.

For the convenience of conference attendees CANO/ACIO has made arrangements for a hotel room block at the Conference hotel, the Westin Edmonton at the rate of $187 for the traditional Double/King and $222 for the deluxe Double/King.

Reservations are subject to the availability of rooms at the Westin Edmonton and may not be guaranteed at the conference rate after August 5, 2010.

**Accommodation / Logement**

The Westin Edmonton
10135 100th Street, Edmonton, Alberta, T5J 0N7
Tel: (780) 426-3636

**Simultaneous Translation / Interprétation simultanée**

All three Keynote sessions will be in English with simultaneous translation into French. Award lectureships will be in English with French translation. The opening ceremonies will be presented with simultaneous translation.

Simultaneous translation headsets will be available at the equipment table adjacent to the conference registration desk.


**Scents / Odeurs**

Please note that the CANO/ACIO 2010 Conference is a scent free environment. Please refrain from the use of perfumes or other strong scents during the conference.

Par respect pour les autres participants, merci de ne pas utiliser de fragrances fortes pendant la conférence.

**Information**

For further information contact the Conference Secretariat:

CANO/ACIO Head Office
375 West 5th Avenue, Suite 201
Vancouver, BC V6Y 1J6
Tel: 604 874 4322    Fax: 604 874 4378
E mail: cano@malachite-mgmt.com
Website: [www.cano-acio.ca](http://www.cano-acio.ca)
About Edmonton
Edmonton - The Festival City

Come experience one of Canada's most popular urban destinations – the Festival City – Edmonton. Edmonton combines the sophistication of a modern major city, with small-town friendliness and warm western hospitality. Canada's largest northern city is one of the cleanest, most affordable and liveable cities in the world. It is known for a full calendar of events and festivals celebrating jazz, folk, symphony, theatre, dance, visual arts, street performers, food, and fun. Our stunningly beautiful art gallery, concert and theatre halls are world class venues for the arts.

Edmonton has a surprising number of natural areas for you to explore. Fall is a particularly beautiful time of year in Edmonton; the air is clean and crisp and the river valley lights up with leaves of gold. The North Saskatchewan River valley houses the largest stretch of urban park land in North America. Take a stroll along the walking trails woven along the river bank or book a “cruise” on the Edmonton Queen Riverboat that is docked close to your conference hotel.

Edmonton is the gateway to a land of pristine lakes, glacier-fed rivers, and northern adventures including the possibility of viewing the Northern Lights. Since Edmonton is located near the Rocky Mountain parks of Jasper and Banff we encourage you to consider extending your trip to include a few days in the mountains.

Edmonton is also a world renowned shoppers’ paradise. West Edmonton Mall known as “the greatest indoor show on earth” features more than 800 stores and services including a wave pool, mini golf, an amusement park with a triple-loop rollercoaster all under one roof. Other shopping adventures are located within easy walking distance of Edmonton's downtown inter-connected shopping centres offering everything from signature fashions to local souvenirs. The stylish neighbourhood of Old Strathcona's historic district is a great place to spend a leisurely day strolling through the trendy boutiques or try a choice of over 75 vibrant restaurants.

Edmonton offers some of the best cuisine in Canada, including our world-famous Alberta beef! Discover award-winning restaurants and sample some of the more than 30 types of international cuisine in Edmonton's 2,000 restaurants. There is something delicious for every taste and price range.

For those who love spectator sports, Edmonton offers NHL hockey, CFL football, baseball, basketball, lacrosse, horse racing, and many other options. There are over 70 area golf courses for visitors to enjoy. Edmonton also offers a number of casinos, nightclubs, and dinner theatres to keep you entertained. CANO/ACIO Edmonton 2010 promises to be a memorable experience! Join us in Edmonton and see what this intriguing city has to offer.
Edmonton – la ville des festivals

Edmonton est l'une des plus populaires destinations de tout le Canada : Edmonton – la ville des festivals. Edmonton allie le raffinement d'une grande agglomération moderne à la cordialité des petites villes et à la chaleureuse hospitalité de l'Ouest. La plus au nord des grandes villes canadiennes, Edmonton est une des agglomérations du monde où il fait bon vivre du fait de la propreté de l'environnement et de l'abordabilité des loyers. Elle est réputée pour son calendrier regorgeant d'événements et de festivals célèbrant le jazz, la musique folk, la musique symphonique, le théâtre, la danse, les arts visuels, l'art des amuseurs de rues, la cuisine et les divertissements en général. Notre magnifique galerie d'art et nos salles de concert et de théâtre sont de renommée mondiale.

Edmonton compte un nombre surprenant de zones naturelles qu'il fait bon explorer. L'automne est une saison particulièrement attrayante à Edmonton; l'air y est pur et frais, et la vallée de la rivière s'illumine de beaux feuillages dorés. La vallée de la rivière Saskatchewan Nord abrite le plus long parc urbain de toute l'Amérique du Nord. Promenez-vous sur les sentiers de marche qui suivent le cours de la rivière ou offrez-vous une « croisière » à bord de l'Edmonton Queen Riverboat dont le ponton est situé à proximité de l'hôtel choisi pour la conférence.

Edmonton vous donne accès à une myriade de lacs cristallins, de rivières glaciaires et d'aventures en pays nordique, notamment la possibilité d'admirer des aurores boréales. Étant donné qu'Edmonton est situé non loin des parcs nationaux des Rocheuses – Jasper et Banff – nous vous encourageons à prolonger votre séjour afin d'y incorporer quelques jours dans les montagnes.

Edmonton est également un paradis de renommée mondiale pour les mordus du magasinage. Le West Edmonton Mall que certains appellent « le plus grand spectacle couvert de la planète » propose plus de 800 magasins et services notamment une piscine à vagues, un mini-golf, un parc d'attractions avec montagnes russes à trois boucles, le tout sous un même toit. D'autres destinations de magasinage se trouvent à courte distance de marche du centre-ville où les centres commerciaux reliés les uns aux autres offrent tout ce dont on peut rêver, des vêtements de mode des grandes marques aux souvenirs touristiques. Le quartier chic du district historique Old Strathcona est un merveilleux endroit où passer la journée à déambuler d'une boutique dans le vent à une autre ou à déguster un repas dans un de ses quelque 75 restaurants animés.


Pour ceux et celles qui adorent les sports prisés des spectateurs, Edmonton possède une équipe professionnelle de hockey et de football ainsi que des équipes de baseball, de basketball et de crosse, un hippodrome et bien d'autres options en la matière. La région compte plus de 70 terrains de golf pour le plaisir de ses visiteurs. Edmonton offre également bon nombre de casinos, de boîtes de nuit, de restaurants-théâtres où vous ne manquerez pas de vous divertir. La conférence ACIO/CANO 2010 à Edmonton promet d'être un évènement mémorable! Soyez donc des nôtres à Edmonton et venez découvrir les secrets qu'elle recèle.
Happy 25th Anniversary, CANO/ACIO!

Does anyone remember 1985?

Back in the early 1980’s, new-fangled things like computers and the Rubik’s Cube were making a splash. Tears for Fears were at top of the pop charts with “Everybody Wants To Rule The World” and the names Michael and Jessica were the top choices for babies welcomed into the world. It was a time of optimism, hope, and Windows 1.0. Brian Mulroney was the Canadian Prime Minister, and Ronald Reagan had just been sworn in as commander-in-chief in the U.S. And speaking of the U.S., Dallas was more than just a city, and the top film of the year was Flashdance.

Canadian nursing history was also being forged in a city called Edmonton. A hard-working group of oncology nurses from throughout the country met in September, long before the oil sands opened up but certainly after the West Edmonton Mall was founded. Between shopping for the finest fashions and celebrating the opening of the mall’s massive indoor water park, these nurses from all reaches of Canada were busy finalizing a plan they had been working on since the 2nd National Symposium in Oncology Nursing in 1983.

What did they want? Put succinctly by the first interim president, Heather Porter, RN, PhD, “we wanted our own organization for oncology nurses in Canada.” Porter is an icon in the international and Canadian nursing community; she describes this early period as a time when Canadian nurses saw it was time to break away from participating in the Oncology Nursing Society (ONS) congress. It was time for Canadian nurses to find their voice. Thus, at the 3rd National Symposium in Oncology Nursing in Edmonton over 300 nurse representatives from all provinces ratified the Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (CANO/ACIO). A new era for oncology nursing was born. Porter was joined by nursing leaders who agreed to sit on the first Board of Directors, including Margaret Fitch (Ontario), Donna Britton (Manitoba), Barbara Warren (British Columbia), and Lorna Butler (Nova Scotia). They were joined by a National Council, a work-based group of the provinces that endured until 2002.

If you can remember the words to “Like a Virgin” and admit to formerly wearing shoulder pads, then you were certainly around to witness a pivotal moment in Canadian nursing history. And even if you have no idea what that song is, our silver anniversary will give you a chance to connect with some of the most influential persons and projects that have evolved from nursing practice since 1985. Join us to celebrate CANO/ACIO history, which honors all who have served, who serve, and who will serve, oncology patients throughout Canada.

Be sure to join CANO/ACIO on Facebook and Twitter at the conference!!

Our DAL-Communications (Jennifer) will be busy as a bee providing you with the latest news, gossip, events, social happenings, and oh ya, shopping opportunities. Want to hear what lecture is almost full? Got to find the best place to go to lunch? And how about information on which exhibitor is giving out the best stuff? Our Tweets and Facebook updates will be streaming from September 9th until the end of the conference.

But you won’t know what is going on unless you join us!

Help us to help you to help others... know what is going on! Become our friend on Facebook, and sign up for us now on Twitter. Let’s chat!

Twitter: Find us as http://twitter.com/CANO_ACIO
Facebook: Search for “Canadian Association of Nurses in Oncology”
Questions: email cano@cano-acio.ca
The Art of Communication
The Foundation for Excellence

L’art de la communication
La clé de l’excellence
Committee Meeting Schedule /
Horaire des réunions de comités

Saturday, September 11
6:00 PM - 8:00 PM
Canadian Oncology Nursing Journal AGM, Salon 3

Monday, September 13
5:30 PM - 6:45 PM
Council of Chapters Meeting, Salon 8

Tuesday, September 14
8:00 AM - 9:15 AM
CANO/ACIO Annual General Meeting, Hall C, Shaw Conference Centre

Tuesday, September 14
5:30 PM - 6:30 PM
Radiotherapy Special Interest Group, Salon 5
Complementary Medicine Special Interest Group, Salon 2
Gyno-oncology Special Interest Group, Salon 3
Education Committee, Salon 4
Surgery Oncology Special Interest Group, Salon 8
# 25th Anniversary Leadership Pre-Conference Workshops

In celebration of the Canadian Association of Nurses in Oncology 25th Anniversary, CANO/ACIO will present a pre-conference day of Leadership workshops on September 11, 2010 at the Shaw Conference Centre in Edmonton.

CANO/ACIO recognizes that the founders and early visionaries of the association were true leaders within the oncology nursing community; because of their efforts, CANO/ACIO has grown, evolved and changed the practice of oncology nurses.

The purpose of our pre-conference workshops is to provide leadership skills to a next generation of leaders. Join us!

<table>
<thead>
<tr>
<th>SCHEDULE AND WORKSHOP LISTING</th>
<th>(All sessions in Salon 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 am - 9:00 am</td>
<td>Breakfast</td>
</tr>
</tbody>
</table>
| 9:00 am - 10:15 am             | Keynote Presentation: Good to Gold! Achieving a Gold Medal Leadership Mind  
Presented by five-time Olympic Gold Medallist Lori-Ann Muenzer  
Sponsored by Roche |
| 10:15 am - 10:30 am            | Break                     |
| 10:30 am - 11:30 am            | Basic Conflict Resolution Skills in the Workplace  
The objectives of this session is to increase your ability to manage conflict within the workplace and make conflict be a catalyst for change.  
Presented by Wendy Wilton |
| 11:30 am - 12:30 pm            | How to Manage Projects; Instead of Projects Managing You  
In this session, Susan Lynch will present a workshop intended to ensure that you know the best strategies and approaches for managing multi-projects.  
Presented by Susan Lynch |
| 12:30 pm - 2:00 pm             | Lunch Keynote Presentation: Why Health Care Needs Nurse Leadership  
In this session Dr. Cummings will outline the state of the Canadian healthcare system and why nursing leadership is vital at this time even more so than at other times.  
Presented by Dr. Greta Cummings  
Sponsored by Eli Lilly |
| 2:00 pm - 3:00 pm              | Bullying in the Workplace  
Think it cannot happen where you work because you work in Oncology? Think again! Bullying affects employee absenteeism; workplace productivity; employee recruitment, retention and turnover; drives up healthcare costs; and, impacts our overall healthcare and Nursing futures as well. Learn how to be a leader within the context of bullying  
Presented by Cynthia McLennan, RN BScN MBA CON(C) CPN(C) |
| 3:00 pm - 3:30 pm              | Break                     |
| 3:30 pm to 4:30 pm             | How to Lead Groups  
Learn from the best! Regardless if you are working with a small in-person task force or a large international board of directors several key skills apply. In this session Esther Green, RN, BScN, MSc(T) will share how she approaches working with and leading groups.  
Presented by Esther Green, RN, BScN, MSc(T) |

*Note: Breakfast and lunch are included in your registration fee.*

We thank our sponsors who support oncology nursing leaders!

Platinum/Platine | Silver/Argent | Bronze
---|---|---
![Roche](image) | ![Lilly](image) | ![Abraxis](image) | ![Novartis](image)


### Conference Program at-a-Glance

*Programme de la conférence, d’un coup d’œil*

#### PRE-CONFERENCE: Saturday, 11 September, 2010 / Samedi 11 Septembre 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 am - 10:00 am</td>
<td>Registration Open</td>
<td>Assembly Foyer</td>
</tr>
<tr>
<td>9:00 am - 4:30 pm</td>
<td>Leadership Workshops, See page 27 for more details</td>
<td>Salon 4</td>
</tr>
<tr>
<td>6:00 pm - 8:00 pm</td>
<td>OrthoBiotech Breakfast Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>3:00 pm - 7:00 pm</td>
<td>Registration Open</td>
<td>Assembly Foyer</td>
</tr>
</tbody>
</table>

#### DAY ONE / JOUR UN : Sunday, 12 September, 2010 / Dimanche 12 Septembre 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am - 7:00 pm</td>
<td>Registration Open</td>
<td>Assembly Foyer</td>
</tr>
<tr>
<td>7:30 am - 8:45 am</td>
<td>BMS Breakfast Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>9:00 am - 11:00 am</td>
<td>Concurrent Session I-01 Salon 2</td>
<td>Salon 2</td>
</tr>
<tr>
<td>11:00 am - 12:00 pm</td>
<td>Orientation to Edmonton and Conference</td>
<td>Salon 2</td>
</tr>
<tr>
<td>12:15 am - 1:45 pm</td>
<td>Abraxis BioScience Lunch Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>2:00 pm - 3:30 pm</td>
<td>Workshop Session II-01 Salon 2</td>
<td>Salon 2</td>
</tr>
<tr>
<td>3:30 pm - 4:00 pm</td>
<td>Health Break (Hall B), sponsored by Roche</td>
<td>Assembly Foyer</td>
</tr>
<tr>
<td>4:00 pm - 5:00 pm</td>
<td>Workshop Session II-01 (cont) Salon 2</td>
<td>Salon 2</td>
</tr>
<tr>
<td>5:00 pm - 6:15 pm</td>
<td>Nycomed Dinner Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>6:30 pm - 8:00 pm</td>
<td>Welcome and Keynote Address I: Rhea Arcand</td>
<td>Hall C</td>
</tr>
<tr>
<td>8:00 pm - 10:00 pm</td>
<td>Welcome Reception</td>
<td>Hall B</td>
</tr>
</tbody>
</table>

#### DAY TWO / JOUR DEUX : Monday, 13 September, 2010 / Lundi 13 Septembre 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am - 4:00 pm</td>
<td>Registration Open</td>
<td>Assembly Foyer</td>
</tr>
<tr>
<td>6:30 am - 7:45 am</td>
<td>OrthoBiotech Breakfast Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>8:00 am - 10:00 am</td>
<td>Opening Ceremonies and Keynote Address II–Phil Callaway</td>
<td>Hall C</td>
</tr>
<tr>
<td>10:00 am - 10:30 am</td>
<td>Health Break</td>
<td>Hall C</td>
</tr>
<tr>
<td>10:30 am - 11:45 am</td>
<td>Merck Lectureship and Award Presentation</td>
<td>Hall C</td>
</tr>
<tr>
<td>12:00 pm - 2:00 pm</td>
<td>Valeant Lunch Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>2:15 pm - 3:45 pm</td>
<td>Concurrent Session III-01 Hall C</td>
<td>Salon 2</td>
</tr>
<tr>
<td>3:45 pm - 4:15 pm</td>
<td>Health Break Hall B, sponsored by Sanofi-Aventis, Group 2 Poster Presentations</td>
<td>Hall C</td>
</tr>
<tr>
<td>4:15 pm - 5:30 pm</td>
<td>CANO/ACIO, ISNCC, EONS, ONS Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>5:30 pm - 6:45 pm</td>
<td>Council of Chapters Meeting</td>
<td>Salon 8</td>
</tr>
<tr>
<td>7:00 pm - 9:00 pm</td>
<td>Celgene Dinner Symposium</td>
<td>Hall C</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>6:00 am – 4:00 pm</td>
<td>Registration Open Assembly Foyer</td>
<td></td>
</tr>
<tr>
<td>6:30 am – 7:45 am</td>
<td>Sanofi Aventis Breakfast Symposium Hall C</td>
<td></td>
</tr>
<tr>
<td>8:00 am – 9:15 am</td>
<td>CANO / ACIO AGM Hall C</td>
<td></td>
</tr>
<tr>
<td>9:15 am – 9:45 am</td>
<td>CANO / ACIO Awards Ceremony Hall C</td>
<td></td>
</tr>
<tr>
<td>9:45 am – 10:15 am</td>
<td>Health Break Hall B, sponsored by Abraxis BioScience, Group 3 Poster Presentations</td>
<td>Hall C</td>
</tr>
<tr>
<td>10:15 am – 11:45 am</td>
<td>Concurrent Session IV-01 Hall C, Concurrent Session IV-02 Salon 2, Concurrent Session IV-03 Salon 3, Concurrent Session IV-04 Salon 4, Concurrent Session IV-05 Salon 5</td>
<td>Hall C, Salon 2, Salon 3, Salon 4, Salon 5</td>
</tr>
<tr>
<td>12:00 pm – 1:30 pm</td>
<td>Novartis Lunch Symposium Hall C</td>
<td></td>
</tr>
<tr>
<td>1:45 pm – 3:15 pm</td>
<td>Concurrent Session V-01 Hall C, Concurrent Session V-02 Salon 2, Concurrent Session V-03 Salon 3, Concurrent Session V-04 Salon 4, Roundtable Session V-05 (ends at 11am)</td>
<td>Hall C, Salon 2, Salon 3, Salon 4, Salon 5</td>
</tr>
<tr>
<td>3:15 pm – 3:45 pm</td>
<td>Health Break Hall B, Group 4 Poster Presentations</td>
<td></td>
</tr>
<tr>
<td>3:45 pm – 5:15 pm</td>
<td>Hélène Hudson Lecture and Award Presentation Hall C</td>
<td></td>
</tr>
<tr>
<td>5:30 pm – 6:30 pm</td>
<td>Complementary Medicine Special Interest Group, Salon 2, Gyno-oncology Special Interest Group, Salon 3, Education Committee, Salon 4, Radiotherapy Special Interest Group, Salon 5, Surgery Oncology Special Interest Group, Salon 8</td>
<td>Hall C, Salon 2, Salon 3, Salon 4, Salon 5, Salon 6</td>
</tr>
<tr>
<td>7:00 pm onward</td>
<td>Social Event at the Art Gallery of Alberta</td>
<td></td>
</tr>
</tbody>
</table>

**DAY FOUR / JOUR QUATRE:** Wednesday, 15 September, 2010 / Mercredi 15 Septembre 2010

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 am – 4:00 pm</td>
<td>Registration Open Assembly Foyer</td>
<td></td>
</tr>
<tr>
<td>6:45 am – 8:00 am</td>
<td>Roche Breakfast Symposium Hall C</td>
<td></td>
</tr>
<tr>
<td>8:15 am – 9:45 am</td>
<td>Keynote Address III—David Irvine Hall C</td>
<td></td>
</tr>
<tr>
<td>9:30 am – 10:15 am</td>
<td>Health Break Hall B</td>
<td></td>
</tr>
<tr>
<td>10:15 am – 11:45 am</td>
<td>Concurrent Session VI-01 Hall C, Concurrent Session VI-02 Salon 2, Concurrent Session VI-03 Salon 3, Concurrent Session VI-04 Salon 4, Concurrent Session VI-05 Salon 5, Workshop Session VI-06 Salon 6, Roundtable Session VI-07 Salon 10, Concurrent Session VI-08 Salon 9</td>
<td>Hall C, Salon 2, Salon 3, Salon 4, Salon 5, Salon 6, Salon 10, Salon 9</td>
</tr>
<tr>
<td>12:00 pm – 1:30 pm</td>
<td>Roche Lunch Symposium Hall C</td>
<td></td>
</tr>
<tr>
<td>1:30 pm – 2:30 pm</td>
<td>Committee and SIG meetings, TBA</td>
<td></td>
</tr>
<tr>
<td>2:30 pm – 4:00 pm</td>
<td>Concurrent Session VII-01 Hall C, Concurrent Session VII-02 Salon 2, Concurrent Session VII-03 Salon 3, Concurrent Session VII-04 Salon 4, Workshop Session VII-05 Salon 5, Concurrent Session VII-06 Salon 6, Concurrent Session VII-07 Salon 8, Concurrent Session VII-08 Salon 9</td>
<td>Hall C, Salon 2, Salon 3, Salon 4, Salon 5, Salon 6, Salon 8, Salon 9</td>
</tr>
<tr>
<td>4:15 pm – 4:45 pm</td>
<td>Closing Ceremonies Hall C</td>
<td></td>
</tr>
</tbody>
</table>
Background: The health risks associated with occupational exposure to hazardous drugs have lead many interested parties to rewrite guidelines for the handling of these agents. In particular, the National Institute for Occupational Safety and Health (NIOSH) issued an alert in 2004 warning healthcare workers of these risks, in conjunction with recommendations to ameliorate these risks.

Following this, many interested parties have published similar guidelines for workers in particular disciplines i.e. Oncology Nursing Society, American Society of Hospital Pharmacy (ASHP), and the International Society of Oncology Pharmacy Practice (ISOPP) to name a few.

Despite the NIOSH warning, and renewed guidelines, the risks of exposure to hazardous drugs may be underappreciated by healthcare workers and those making funding decisions for those working with hazardous drugs. Furthermore, some of the strategies to lower the risks are not necessarily well understood.

Objective: The objective of this symposium is to present information regarding the risk of exposure to hazardous drugs and review procedures that can be employed to reduce exposure including Closed-System Drug Transfer Devices. In addition, pending timing of trial results, a trial examining urine uptake of cyclophosphamide (a Class 1 Carcinogen) in the nursing population of a Canadian Hospital may be presented.

Rachel Elaine Behrendt Senior Director of Staff Development and the Magnet Program.
Thomas Jefferson University Hospital, Philadelphia, PA.

Advances in the Management of Metastatic Melanoma, What Does the Future Hold?

Learning objectives:
By participating in this program you will be able to
• Describe the existing armamentarium of choices for the treatment of advanced melanoma
• List the latest trials and research in this therapeutic area
• Define the mechanism of action of new immunotherapies and targeted biologic therapies
• Identify patient education needs related to new therapies
• Describe the nurses’ important role in achieving a positive clinical outcome

Concurrent Session I-01
9:00 AM - 11:00 AM, Salon 2

A: The potential of together: A regional program improves quality of care for oncology patients with malignant effusions
Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Lorraine Coke, RN, BScN, CON(C), CHPCN(C), Kayvan Amjadi, MD, FRCPC. The Ottawa Hospital, Ottawa, ON, Canada.

B: Take a breather: A program to help individuals cope and manage with shortness of breath
Cathy A. Kiteley, MSc.N. Lorraine Martelli-Reid, MN, RN(EC) 1, NP-Adult
1The Peel Regional Cancer Centre, Mississauga, ON, Canada.
1Juravinski Cancer Centre, Hamilton, ON, Canada. 1McMaster University, Hamilton, ON, Canada.

C: The Lung Cancer Navigation Centre: An Innovative Program
Andréanne Saucier, MSc.Inf., Julie Dallaire, MSc.Inf.
McGill University Health Centre, Montréal, QC, Canada.
Concurrent Session I-02
9:00 AM - 11:00 AM, Salon 3

A: The Process of Infusing Cryopreserved Stem Cells by Registered Nurses
Kristen L. Brazel, BScN, Kate Duke, RN.
Ottawa General Hospital, Ottawa, ON, Canada.

B: Facing the FACT together: The nursing leadership team and staff oncology nurses join forces in meeting the accreditation standards for the lymphohematopoietic stem cell transplant program
Charissa Cordon, RN, BSc, BScN, MN, CON (C), Rose Dean, RN, Diana Incekol, RN, BScN, MSc (cand), CON (C), Simone Simon, RN, BScN, MN (cand), CON (C), Susan Robinson, RN, BScN, MN, Nancy Pringle, RN, CON(C), Vandana Kalia, RN, Janice Wright, RN (EC), BScN, MScN, Leigh Simpson, RN, Pam Harmon, RN, Bindu Patel, RN, BScN, Deanna Weekes, RN, Eduard Cojocari, RN, Janice Stewart, RN, BScN, Dawn Breen, RN, Barbara Willson, RN, BScN, MScN, CON(C). Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Concurrent Session I-03
9:00 AM - 11:00 AM, Salon 4

A: Young Women with Breast Cancer: Highlighting the “Power of One” Program
Stephanie Burlein-Hall, RN, BScN, MEd, CON(C).
Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

B: Feasibility of Resistance Exercise During Breast Cancer Chemotherapy
Constance Visovsky, PhD, RN, APRN-NP, Brandi Babcock, MSN. University of Nebraska Medical Center, Omaha, NE, USA.

C: Venous Access Issues for Breast Cancer Patients: A Quality Improvement Initiative
Johanna den Duyf, BScN, MA, Rubayed Nurullah, BSc.
BC Cancer Agency, Victoria, BC, Canada.

Workshop Session I-04
9:00 AM - 11:00 AM, Salon 9

Moving evidence into practice
Dawn Stacey, RN, PhD, CON(C). Andrea Maria Laizner, RN, PhD, Denise Bryant-Lukosis, RN, PhD. University of Ottawa, Ottawa, ON, Canada. ‘McGill University Centre, Montreal, QC, Canada. ‘McMaster University, Hamilton, ON, Canada.

Workshop Session I-05
9:00 AM - 12:00 PM, Salon 10

The potential of together: Bringing experts together to bring the CANO/ACIO Chemotherapy Administration Standards and Competencies to life
Tracy L. Truant, RN, MSN¹, Brenda Sabo, RN, MA, PhD², Jennifer Wiernikowski, RN, MN, NP-Adult, CON(c)³, Barbara Hues, RN, MSN, CON(C)⁴
¹BC Cancer Agency, Vancouver, BC, Canada. ²Dalhousie University, Halifax, NS, Canada. ³Juravinski Cancer Program, Hamilton Health Sciences, Hamilton, ON, Canada. ⁴Cancer Care Manitoba, Winnipeg, MB, Canada.

Orientation to Edmonton and Conference
11:00 AM - 12:00 PM, Salon 2

Abraxis BioScience Lunch Corporate Presentation
12:15 PM – 1:45 PM, Hall C

A powerful new frontier in chemotherapy Optimizing Patient Care in Metastatic Breast Cancer: A Case Based Approach for Nurses
Chair:
Inara H. Karrei RN, BScN, MEd, CON(C) - Nurse Educator
The Ottawa Hospital Cancer Centre

Speakers:
Michelle Forman, RN,
Burnaby Hospital Cancer Center, Burnaby, BC
Darlene Whyte, Clinical Nurse Educator, RN,
Tom Baker Cancer Center, Calgary

Objectives of the symposium
• Discuss therapeutic options for metastatic breast cancer
• Review the role of taxanes in the treatment of metastatic
breast cancer

- Learn about a novel nanoparticle albumin bound (nab) taxane treatment for MBC
- Discuss the clinical management of metastatic breast cancer patients through a case based format
- Discuss and share best practices in breast cancer management from a nursing perspective

Workshop Session II-01 (Break 3:30-4:00)
2:00 PM - 5:00 PM, Salon 2

Complementary Medicine (CAM) and Cancer: What’s evidence got to do with it?

Lynda Balneaves, RN PhD1, Tracy Truant, RN MSN1, Soma Persaud, RN BScN CON(C)1, Margurite Wong, RN, BA, BSN (Hon), MSN (C)2, Brenda Ross, RN BScN (Hon)2, Leah Lambert, BScN2, Andrea M. Laizner, PhD1.

1UBC School of Nursing, Vancouver, BC, Canada, 2BC Cancer Agency, Vancouver, BC, Canada.

Workshop Session II-02 (Break 3:30-4:00)
2:00 PM - 5:00 PM, Salon 3

The Intersection of Normal Changes of Aging with Cancer: Aging Does Matter

Wendy Duggleby, PhD, RN, AOCN.
University of Alberta, Edmonton, AB, Canada.

Workshop Session II-03 (Break 3:30-4:00)
2:00 PM - 5:00 PM, Salon 4

Developing Your Career in Oncology Nursing: The Power of Mentorship and Collaboration!

Denise Bryant-Lukosius, RN, PhD1, Mary Jane Esplen, RN, PhD1, Esther Green, RN, MSc(T)1, Grace Bradish, RN, MN1, Jennifer Wiernikowski, RN, MN1, Maureen McQuestion, RN, BScN, MSc1, Carolyn Dempsey, RN, MSc1, Jocelyne Volpe, RN, MN1, Pam Hubley, RN, MSc1, Krishna Bhoutika, BSc, MMath1, Diana Morarescu, PhD2, Colleen Campbell, RN, MN1.

1McMaster University, Hamilton, ON, Canada, 2Juravinski Cancer Centre, Hamilton, ON, Canada.

Concurrent Session II-06
4:00 PM - 5:00 PM, Salon 10

A: Preferences for Breast Survivorship Care Plan Post Treatment

Saviti Singh-Carlson, BSN PhD1, Sally Smith2, Elaine Wai3.
1California State University Long Beach, Long Beach, CA, USA, 2BC Cancer Agency, Victoria, BC, Canada.

B: “ARGH! My aching chest!”: Overview of Rare Cardiopulmonary Complications in BMT/SCT Nursing

Jennifer M. L. Stephens, RN, BSN, MA, OCN.
Vancouver Coastal Health, Vancouver, BC, Canada.
Welcome and Keynote Address I
6:30 PM - 8:00 PM, Hall C

Rhea Arcand – Leadership With a Balance Of Voice and touch…. CANO/ACIO's Legacy

Rhea Arcand RN, MN will deliver the opening keynote address on Sunday evening. Rhea was a member of the group who spearheaded the founding of CANO/ACIO in Edmonton. Her presentation will set the stage for a celebration of the 25th anniversary of this organization. She will focus on the leadership role that CANO/ACIO has played as a national organization that supports Canadian nurses to promote and develop excellence in oncology nursing practice, education, research and leadership. Rhea will consider CANO/ACIO role as a leader of nursing excellence in cancer control for Canadians and she will offer insights related to the CANO/ACIO vision of being an international nursing leader in cancer control.

Rhea Arcand has been involved in cancer care from multiple perspectives, as a teacher, leader, researcher, and consultant. Of particular interest is her passion to ensure the integration of supportive/palliative care within the continuum of cancer services. In recent years this culmination of experience has served her well as a family care giver.

In the early 80’s, while Director of Nursing at the Cross Cancer Institute, Rhea worked closely with cancer nurses at the local, provincial, national and international levels. In addition to more than a decade as a senior leader in the cancer care sector, Rhea has held senior executive positions in several large health care organizations, culminating into twenty years of leadership experience in successfully implementing innovative patient care programs/services.

In addition to her role as a senior leader in various organizations, Rhea was a long standing surveyor with the Canadian Council on Health Services Accreditation and participated in the development of the new standards for cancer treatment centers. As well, she was a founding member of the Canuck Place, Hospice Care Program and trustee for Canuck Place Children’s Hospice (1993-2000); and founding member of the International Society of Nurses in Cancer care and served on the board (1984-1992). She also served as an Associate Editor of Cancer Nursing, the official publication for The International Society of Nurses in Cancer care (1986-2000). Rhea continues in her role as Adjunct professor in the School of Nursing, Faculty of Applied Science, University of British Columbia.

In 2000 Rhea became a partner in MERA Consulting Inc. continuing to provide consultation and leadership in multiple facets of health care much of which is related to cancer care and hospice/palliative care.

On a personal note, Rhea is an avid golfer and cyclist and has toured in Europe more than a dozen times. She is the proud grandmother of 5 grandchildren and lives with her husband on the west coast.

Rhea Arcand – Le leadership conciliant la voix et le toucher... le legs de l’ACIO/CANO


Mme Arcand s’est impliquée dans les soins en oncologie à bien des titres : enseignante, dirigeante, chercheuse et conseillère. On notera le vif intérêt qu’elle porte à l’intégration des soins de soutien et des soins palliatifs dans le continuum des services offerts aux personnes atteintes de cancer. Plus récemment, cette accumulation d’expérience lui a été particulièrement utile dans son rôle de soignante naturelle.
Au début des années 1980, tandis qu’elle était directrice des soins infirmiers au Cross Cancer Institute, Mme Arcand a travaillé en étroit contact avec des infirmières en oncologie œuvrant aux niveaux local, provincial, national et international. En plus de sa bonne dizaine d’années à des postes de haute responsabilité dans le domaine des soins en cancérologie, Mme Arcand a occupé des postes de haute direction dans plusieurs grandes organisations de la santé, mettant ses vingt années d’expérience du leadership au service de la mise en œuvre réussie de programmes et services novateurs visant à améliorer les soins aux patients.

Outre son rôle de haute dirigeante au sein de diverses organisations, Mme Arcand est une évaluatrice de longue date du Conseil canadien d’agrément des services de santé et elle a également participé à l’élaboration de nouvelles normes pour les centres de traitement oncologique. De même, elle est membre fondatrice de Canuck Place, du Hospice Care Program et membre du conseil d’administration du Canuck Place Children’s Hospice (1993-2000); membre fondatrice de l’International Society of Nurses in Cancer Care (ISNCC) au conseil d’administration duquel elle a siégé (1984-1992). Elle a également occupé le poste de rédactrice associée de Cancer Nursing, la publication officielle de l’ISNCC (1986-2000). Mme Arcand continue d’exercer ses fonctions de professeure auxiliaire à l’École de sciences infirmières, Faculté des sciences appliquées, Université de la Colombie-Britannique (UBC).

En 2000, Mme Arcand est devenue une des partenaires de MERA Consulting Inc. où elle continue d’offrir des consultations et du leadership dans de nombreux volets des soins de santé se rapportant en grande partie aux soins en oncologie et aux soins palliatifs.

D’un point de vue personnel, Mme Arcand est passionnée de golf et de bicyclette et a sillonné les routes d’Europe plus d’une douzaine de fois. Elle vit sur la côte Ouest en compagnie de son époux et est particulièrement fière de ses cinq petits-enfants.

Welcome Reception
8:00 PM - 10:00 PM, Hall B

We invite you to join us for the welcome reception.
Day Two / Jour Deux  
**Monday, September 13, 2010 / Lundi, 13 Septembre**

**Ortho Biotech Breakfast Corporate Presentation**  
6:30 AM - 7:45 AM, Hall C

---

**Disease Symptom or Treatment Side Effect?**  
The importance of Nursing Intervention in Oncology Patient Care  

**Speaker:**  
Kathleen Colson, RN, OCN - Multiple Myeloma Clinical Research Nurse  
Jerome Lipper Multiple Myeloma Program, Dana-Farber Cancer Institute, Boston MA

**Objectives:**  
- Discuss Multiple Myeloma Patient Case: Disease Symptom vs. side effect  
- Describe the importance of rapid reduction in MM Disease Symptoms  
- Examine the importance of timely intervention for side effect management such as Peripheral Neuropathy, long term bone marrow toxicity (i.e. Neutropenia), Anemia, DVT's  
- Review assessment tools for side effect and disease symptom management.

Kathleen has a wealth of knowledge in managing patients through their chemotherapy treatments. She is a member of the IMF (International Myeloma Foundation) Nurse Leadership Board and Kathleen will be providing insight of how Dana Farber manages their Multiple Myeloma patients as published in Clinical Journal of Oncology Nursing, June 2008. Kathleen is going to share a patient diary that was developed by their hospital to improve side effect and symptom management of their cancer patients.

---

**Opening Ceremonies and Keynote Address II—Phil Callaway**  
8:00 AM - 10:00 AM, Hall C

---

**Phil Callaway – the Power Of One: discovering your potential**  

Phil Callaway is an award-winning author and speaker, known worldwide for his humorous yet perceptive look at life. He is the best-selling author of 24 books including **Laughing Matters**, **Who Put My Life On Fast Forward?**, I Used to Have Answers...Now I Have Kids, and **Making Life Rich Without Any Money**.

Phil's humorous look at surviving the difficult chapters of life is regularly featured on worldwide TV and radio. His writings have been translated into several languages including Polish, Chinese, Spanish, German, Dutch, Indonesian, and English (one of which he speaks fluently!) Apart from hanging out with his family, one of Phil's greatest passions is telling stories that help people laugh and learn about the things that matter most. He has just released a book called **Family Squeeze: Hope and Hilarity for a Sandwiched Generation**. It's about being “stuck” between three teens and his aging parents. His presentation will help us reflect on our own personal and professional leadership roles. In the end Phil will lead us to explore innovative and diverse ways of developing our own potential and best achieve the power of one.

Phil's list of accomplishments also includes shutting off the TV to listen to his children's questions (twice), taking out the garbage without being told (once), and convincing his high school sweetheart to marry him (once). To learn more about Phil Callaway, visit [www.laughagain.org](http://www.laughagain.org)

---

**Phil Callaway – Le pouvoir d'un seul : découvrir son plein potentiel**  

Phil Callaway est un auteur/conférencier primé, bien connu à l’échelle mondiale pour le regard humoristique – et fort percutant – qu’il jette sur le monde. Il est auteur à succès dont les 24 ouvrages comprennent les suivants : **Laughing Matters**, **Who Put My Life On Fast Forward?**, I Used to Have Answers...Now I Have Kids, et enfin, **Making Life Rich Without Any Money**.

Le regard humoristique avec lequel M. Callaway examine la manière dont on parvient à traverser les phases difficiles de la vie l’amène à participer fréquemment à des émissions de télévision et de radio dans bien des pays. Quelques-uns de ses livres ont été traduits dans plusieurs langues dont le polonais, le chinois, l’espagnol, l’allemand, le hollandais, l’indonésien et l’anglais (d’ailleurs, il maîtrise une de ces langues à merveille!) Mis à part le temps qu’il passe en famille, une des grandes passions de M. Callaway est de raconter des histoires qui aident les gens à rire et à saisir les choses qui importent vraiment dans la vie. Il vient de publier un livre intitulé **Family Squeeze: Hope and Hilarity for a Sandwiched Generation**. Il y décrit comment il se retrouve coincé, pris en sandwich, entre ses trois enfants adolescents et ses propres parents âgés. Sa
présentation nous aidera à nous pencher sur nos propres rôles de leadership d’ordre personnel et professionnel. En bout de compte, M. Callaway nous incitera à explorer des façons innovantes et variées de développer notre plein potentiel et de réussir à atteindre le pouvoir d’un seul.

M. Callaway est fier d’annoncer que la liste de ses accomplissements inclut les suivants : éteindre le téléviseur pour prêter attention aux questions de ces enfants (deux fois), sortir les déchets de la maison dans la grande poubelle de l’extérieur sans avoir besoin qu’on le lui rappelle (une fois) et persuader sa petite amie du secondaire de l’épouser (une seule fois aussi). Pour en savoir davantage sur Phil Callaway, rendez-vous à www.laughagain.org

Health Break, Sponsored by Ortho Biotech
10:00 AM - 10:30 AM, Hall B

Merck Lectureship and Award Presentation
10:30 AM - 11:45 AM, Hall C

Improving the safety of ambulatory intravenous chemotherapy in Canada

Esther Green, BScN, MSc(T), Rachel White, M.A., Karen Janes, BScN, MScN, Dr. Tony Easty, Dr. Tony Fields

1'Cancer Care Ontario, Toronto, ON, Canada, 2'Centre for Global eHealth Innovation, Toronto, ON, Canada, 3'BC Cancer Agency, Vancouver, BC, Canada.

BIOGRAPHY OF PRESENTERS

Karen Janes

Karen Janes brings a background in direct care, clinical education, and leadership to her role as a nursing practice leader at the BC Cancer Agency, Canada. Karen works with nurses and interprofessional teams in both tertiary cancer centres and smaller community cancer settings to improve the quality and safety of the chemotherapy experience for people with cancer, their families, and the health professionals who care for them. The goal of her involvement in provincial and national nursing and interprofessional committees and research initiatives is to speed effective knowledge transfer to improve safety in chemotherapy administration and care. She is the recipient of the 2003 Canadian Association of Nurses in Oncology Award of Excellence for Leadership.

Rachel White

Rachel White is a Human Factors Specialist with the Healthcare Human Factors Group at the University Health Network in Toronto. Rachel is passionate about making healthcare safer for patients by making environments, processes and technologies more intuitive for clinicians. She has a keen interest in integrating human factors principles into medication safety initiatives, especially those relating to chemotherapy. Through her research on independent double checking of high-risk clinical procedures, and the study Improving the Safety of Ambulatory Intravenous Chemotherapy in Canada, she has gained a strong understanding and respect for the role that clinicians, especially nurses, play in patient care. A graduate of Carleton University in Ottawa, Rachel received an MA in Psychology, specializing in Human-Computer Interaction, from the Human-Oriented Technology Lab (HOTLab).

Esther Green

Esther Green is the Provincial Head, Nursing and Psychosocial Oncology at Cancer Care Ontario. She holds an academic appointment at McMaster University. Esther co-chairs the Steering Committee of the de Souza Institute, funded by the Ministry of Health and Long Term Care in Ontario.

Esther was honoured in 2004 as the recipient of the OHA Award of Excellence in Nursing Leadership. In 2009 she received the Award of Excellence from the Canadian Association of Psychosocial Oncology and the Lifetime Achievement Award from the Canadian Association of Nurses in Oncology.

She has worked on boards for the RNAO, the Canadian Association of Nurses in Oncology and the Canadian Association of Psychosocial Oncology. Currently she represents CANO on the board of the International Society of Nurses in Cancer Care.
Abstract

The death of a patient due to a fluorouracil overdose, and other similar incidents, highlighted the risks of ambulatory intravenous (IV) chemotherapy. As a follow-up to root cause analysis of the event, a 20-month research project was funded by a number of cancer and safety agencies across Canada. The objectives were to identify safety issues in ambulatory intravenous chemotherapy in a wide range of environments, and to identify recommendations for safety improvements.

Dr. Anthony Fields, MA, MD, L.M.C.C., RCPSC

Dr. Fields is Vice President, Cancer Corridor, Alberta Health Services and Professor of Oncology of the University of Alberta.

In addition to his administrative responsibilities, he practices as a medical oncologist at the Cross Cancer Institute, specializing in the treatment of gastrointestinal cancers.

He has an extensive record of service to various professional, scientific and voluntary organizations at the provincial and national level; notably he is past president of the National Cancer Institute of Canada and of the Canadian Association of Medical Oncologists.

Dr. Fields has been recognized for his work by several awards; among them are honorary doctorate Athabasca University and the Distinguished Alumni Award of the University of Alberta. In Alberta’s Centennial year he was named one of Alberta’s 100 Physicians of the Century.

Methods

This study comprised three phases: (1) a national survey of oncology care providers, (2) week-long ethnographic field studies in 6 cancer centres across Canada, and (3) in depth analyses of identified safety issues.

Results

The survey was completed by 331 care providers. Respondents reported 213 incidents with ambulatory intravenous chemotherapy and 95.5% reported an awareness of the fluorouracil event.

Eleven issues were prioritized as requiring in depth investigation, and these fell into three categories: (1) elastomeric ambulatory infusion pumps, (2) chemotherapy orders and labels, and (3) pharmacy admixing practices.

Recommendations for improvements in these three areas will be released in May, 2010. The focus of this presentation will be primarily on recommendations relating to nursing.

Conclusions

Through an interdisciplinary, cross-Canada collaboration, this research has identified a number of unexpected safety hazards in ambulatory intravenous chemotherapy, many of which are directly related to oncology pharmacy and nursing practice.

Améliorer la sécurité de la chimiothérapie intraveineuse réalisée en ambulatoire au Canada

Esther Green, B.Sc.inf., M.Sc.(T), Rachel White, M.A., Karen Janes, B.Sc.inf., M.Sc.inf., Dr Tony Easty, Dr Tony Fields

Cancer Care Ontario, Toronto, ON, Canada, Centre for Global eHealth Innovation, Toronto, ON, Canada, BC Cancer Agency, Vancouver, C.-B., Canada.

BIOGRAPHIE DES CONFÉRENCIERS

Karen Janes


Rachel White

Rachel White est spécialiste des facteurs humains auprès du Healthcare Human Factors Group du University Health
Tony Easty, PhD, PEng, CCE

Dr Anthony Fields, MA, MD, LMCC, RCPC
Le Dr Fields est vice-président de Cancer Corridor, Alberta Health Services, et professeur d’oncologie à l’Université de l’Alberta. Outre ses responsabilités administratives, il exerce les fonctions d’oncologue médical au Cross Cancer Institute, où il se spécialise dans le traitement des cancers gastro-intestinaux. Il a à son actif de nombreuses années de service au profit de divers organismes professionnels, scientifiques et bénévoles et ce, au niveau provincial et national; il est notamment président sortant de l’Institut national du cancer du Canada et de l’Association canadienne des oncologues médicaux.

Les travaux du Dr Fields lui ont mérité plusieurs marques de reconnaissance dont un doctorat honoraire de l’Université Athabasca et le prix Ancien élève émérite de l’Université de l’Alberta. Lors du centenaire de l’Alberta, il été nommé un des Cent médecins Albertains les plus influents du siècle.

Abrégé
Le décès d’un patient dû à un surdosage de fluorouracil et des incidents similaires, soulignaient les risques associés à la chimiothérapie intraveineuse administrée en ambulatoire. À titre de suivi d’une analyse des causes fondamentales de cet incident, un projet de recherche de 20 mois a été subventionné par divers centres de cancérologie et agences de sécurité de l’ensemble du Canada. Il avait pour objectifs de dégager les enjeux de sécurité liés à la chimiothérapie intraveineuse administrée en ambulatoire dans une large gamme d’environnements et de présenter des recommandations d’amélioration de la sécurité.

Méthodes
Cette étude comprenait trois phases : (1) une enquête nationale effectuée auprès des prestataires de soins oncologiques, (2) un travail ethnographique sur le terrain d’une semaine dans 6 centres de cancérologie du pays, et (3) des analyses approfondies des enjeux de sécurité ainsi cernés.

Résultats
Le questionnaire d’enquête a été rempli par 331 prestataires de soins. Les répondants signalèrent 213 incidents de chimiothérapie intraveineuse administrée en ambulatoire et 95,5 % rapportaient qu’ils étaient au courant de l’incident mortel lié au surdosage de fluorouracil. Onze enjeux ont été dégagés pour une étude en profondeur et ceux-ci apparaissaient aux trois catégories suivantes : (1) pompes élastomériques à usage ambulatoire, (2) ordonnances et étiquettes de chimiothérapie (3) pratiques de mélange en pharmacie. Les recommandations d’améliorations dans ces trois domaines seront publiées en mai 2010. Le point de mire de cette présentation sera avant tout les recommandations relatives aux soins infirmiers.
Conclusions
Grâce à une collaboration interdisciplinaire pancanadienne, cette initiative de recherche a permis de déterminer un certain nombre de problèmes de sécurité inattendus en chimiothérapie intraveineuse administrée en ambulatoire dont beaucoup se rapportent directement à la pharmacie et à la pratique infirmière en oncologie.

Valeant Lunch Corporate Presentation
12:00 PM - 2:00 PM, Hall C

Cancer-related Breakthrough Pain. Challenges and New Approaches to Effective Management

Faculty:
Moderator: Kim Chapman, RN
Presenter: Cindy Shobrook, RN

Objectives:
After attending this session, participants will be able to:
1. Describe the presentation and underlying mechanisms of cancer-related breakthrough pain, its assessment and subsequent monitoring
2. Understand conventional and novel approaches to managing cancer-related breakthrough pain
3. Provide indications for the use of rapid-onset opioids in the patient with cancer-related breakthrough pain

Concurrent Session III-01
2:15 PM - 3:45 PM, Hall C

A: Screening for distress: The 6th vital sign: Implications for oncology nurses
Margaret I. Fitch, RN PhD.
Odette Cancer Centre, Toronto, ON, Canada

B: The Distress Thermometer: A Valuable Screening Tool for Nurses
Anita Mehta, PhD, Marc Hamel, PhD.
Montreal General hospital, Montreal, QC, Canada.

C: Screening for Distress, the 6th Vital Sign and Symptom Management: The British Columbia Experience
Karen Levy, RN MSN, Kathleen Yue, RN BSN, 'BC Cancer Agency, Vancouver, BC, Canada, 'B C Cancer Agency, Victoria, BC, Canada.'
Concurrent Session III-04
2:15 PM - 3:45 PM, Salon 4

A: The Excellence in Nursing Education Model© applied to a large urban tertiary care hospital: Bringing the Nursing leadership team together.
Charissa Cordon, RN, BSc, BScN, MN, CON (C), Andrea McDonald, RN, BScN, MSc (cand), Simonne Simon, RN, BScN, MN (cand), CON (C), Diana Incekol, RN, BScN, MSc (cand), CON (C), D’Angelo Sarah, RN BSc BScN, MN.
1Princess Margaret Hospital, University Health Network, Toronto, ON, Canada,
2Juravinski Cancer Centre, Hamilton, ON, Canada,
3De Souza Institute, Toronto, ON, Canada,
4Cancer Care Ontario, Toronto, ON, Canada,
5South West CCAC, London, ON, Canada,
6Tazim Virani Associates, Markham, ON, Canada.

B: Caring for People with Cancer: What are nurses’ professional and career development needs?
Denise Bryant-Lukosius, RN, PhD, Mary Jane Esplen, RN, PhD, Esther Green, RN, Msc(T), Grace Bradish, RN, MN, Tazim Virani, RN, PhD, Diana Morarescu, PhD.
1McMaster University, Hamilton, ON, Canada,
2Juravinski Cancer Centre, Hamilton, ON, Canada,
3De Souza Institute, Toronto, ON, Canada,
4Cancer Care Ontario, Toronto, ON, Canada,
5South West CCAC, London, ON, Canada,
6Tazim Virani Associates, Markham, ON, Canada.

C: Reporting back on a National Oncology Education Survey: Actualizing the Potential of Together
Barbara Hues, RN, MSN, CON(C), Linda C. Watson, MN, CON(C), PhD student, Laura Rashleigh, RN, BScN, MScN CON(C), Sarah Champ, RN BScN, Gisele Sarbacher, RN BN CON(C).
1CancerCare Manitoba, Winnipeg, MB, Canada,
2Tom Baker Cancer Center, Calgary, AB, Canada,
3De Souza Institute, Toronto, ON, Canada,
4Cross Cancer Institute, Edmonton, AB, Canada.

Workshop Session III-05
2:15 PM - 3:45 PM, Salon 5

Gender matters when it comes to cancer: Implications for cancer nursing research
Joan L. Botteroff, PhD, RN.
University of British Columbia Okanagan, Kelowna, BC, Canada.

Concurrent Session III-06
2:15 PM - 3:45 PM, Salon 8

A: The Unique Role of Nursing Within a Surgical Oncology Outpatient Team - Operating to the Fullest Scope of Practice.
Christine Blais, RN BScN, Chantal Bornais, RN BScN.
The Ottawa Hospital, Ottawa, ON, Canada.

B: Can An Inter-professional Model of Care Improve The Care for Men Undergoing a Transrectal Ultrasound Guided Biopsy? Yes It Can!
Marian F. Waldie, RN BScN, Jennifer Smylie, RN BN MHSM, Heather Lloyd-Easy, RN BScN CON(C), Sylvie Bellerive, RN BScN.
The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session III-07
2:15 PM - 3:45 PM, Salon 9

A: Empowering Patients Empowers Ourselves: The Joys and Challenges of the Nursing Role in a Living Laboratory
Brenda Ross, RN BScN (Hon.), Margurite Wong, RN, BA, BScN (Hon), MSN (c), Lynda Balneaves, Antony Porcino, Tracy Traunt, RN, MScN, Marja Verhoei.
1BC Cancer Agency, Vancouver, BC, Canada,
2University of British Columbia, Vancouver, BC, Canada,
3University of Calgary, Calgary, AB, Canada.

B: “Wading through water”: Patients’ perspectives of seeking complementary and alternative medicine (CAM) information.
Leah K. Lambert, PhD Student, Lynda G. Balneaves, PhD, Tracy Traunt, RN, MSN.
1University of British Columbia, School of Nursing, Vancouver, BC, Canada,

C: Development of a 1:1 Decision Support Program for Cancer Patients Interested in Complementary Medicine
A Joint International Symposium of CANO/ACIO, ISNCC, EONS and ONS:
4:15 PM - 5:30 PM, Hall C

Exploring the Impact of Competency Standards on Clinical Practice and Professional Development in Oncology Nursing

This session will draw on experiences of developing and implementing competency standards in cancer nursing in the Australia, Canada, Europe and the United States. The focus of the session will be on the processes undertaken in each setting to ensure that standards developed through professional networks influence the practice and professional development of cancer nurses in various contexts. Speakers will provide short summaries of work to date in each region and then outline activities undertaken to disseminate the standards with an emphasis on understanding the barriers and facilitators to enhancing the ability of nurses to provide excellent cancer care. The goal of the session is to stimulate participants to think about the ways in which practice in their setting is linked to the expectations set by professional bodies and to learn the similarities and differences between practice expectations in Canada and three other regions.

Jennifer Wiernikowski, NP-Adult, MN, CON(C)1,2, Sanchia Aranda, PhD3,4, Carleton Brown, PhD5,6, Greta Cummings, PhD5,6, Brenda Nevidjon, MSN, FAAN9,10, Patsy Yates, PhD, RN, FRCNA11. 1Juravinski Cancer Centre, Hamilton Health Sciences, Hamilton, ON, Canada, 2President: CANO-ACIO, Vancouver, BC, Canada, 3President: The International Society of Nurses in Cancer Care, Vancouver, BC, Canada, 4University of Melbourne, Melbourne, Australia, 5President: The International Society of Nurses in Cancer Care, Vancouver, BC, Canada, 6University of Delaware, Newark, DE, USA, 7President: The Oncology Nursing Society, Pittsburgh, PA, USA, 8University of Alberta, Edmonton, AB, Canada, 9President Elect: The International Society of Nurses in Cancer Care, Vancouver, BC, Canada, 10Duke University, Durham, NC, USA, 11Past President: Oncology Nursing Society, Pittsburgh, PA, USA. 12School of Nursing and Midwifery Queensland University of Technology.

Kelvin Grove, Australia, 13Centre for Palliative Care Research and Education Queensland Health, Kelvin Grove, Australia

Council of Chapters Meeting
5:30 PM - 6:45 PM, Salon 8

Celgene Dinner Corporate Presentation
7:00 PM to 9:00 PM, Hall C

A Nurse’s Perspective on Clinical Issues Regarding Patient Care
Relapsing and Refractory Multiple Myeloma and Myelodysplastic Syndromes

Interactive Case Study Approach

At the conclusion of the program the participants will be able to:

- Identify and discuss differences between the novel agents
- Recognize potential adverse events and best practices to effectively manage treatment, without compromising outcomes
- Identify and utilize strategies to increase effectiveness when advocating on behalf of the patient

Chair
Cindy Manchulenko, RN, BN
Clinical Research Nurse L/BMT
Vancouver General Hospital
Vancouver, British Columbia

Speakers
Ginger Love, RN, BSN, OCN
Independent Myeloma Consultant
Nurse Educator
Cincinnati, Ohio

Sandra E. Kurtin, RN, MS, AOCN, ANP-C
Clinical Assistant Professor of Nursing
Clinical Assistant Professor of Medicine
University of Arizona
Hematology/Oncology Nurse Practitioner
Arizona Cancer Center

Lynda G. Balneaves, PhD1, Tracy L. O. Truant, RN, MScN2, Brenda C. Ross, BScN3, Margurite Wong, BScN4, Alison Brazier, PhD5, Marja J. Verhoef, PhD6, Antony Porcino, PhD (c)7. 1University of British Columbia, Vancouver, BC, Canada, 2BC Cancer Agency, Vancouver, BC, Canada, 3University of Calgary, Calgary, AB, Canada.
Sanofi-aventis, a leading global pharmaceutical company, discovers, develops and distributes therapeutic solutions to improve the lives of everyone. The sanofi-aventis satellite symposia is focused on the oncology patient. Chaired by Kim Chapman Clinical Nurse Specialist, Oncology, Horizon Health Network, the symposia will feature a discussion by Dr. Andrew Scarfe, Leader of the Alberta Gastrointestinal Tumor Group, concerning recent advances in the treatment of pancreatic cancer. Today, advances in the management of patients requires advances in therapies and advances in patient management. Susan Horsman, a Nurse Practitioner working with the Gastrointestinal Tumor group at the Cross Cancer Institute in Edmonton, works with patients on radiation and concurrent chemotherapy/radiation treatment for GI malignancies. She has recently completed her Master of Nursing thesis at the University of Alberta in Symptoms and Quality of Life Assessment in Ambulatory Oncology, evaluating a symptom measurement tool developed by nurses at the Cross Cancer Institute. Susan will discuss the need for patient and toxicity assessment in oncology, and the expanding role of the oncology nurse in fulfilling this need.

Concurrent Session IV-01
10:15 AM - 11:45 AM, Hall C

A: Advanced Practice Nurses collaborate to improve nursing assessment skills of novice to expert oncology nurses through education.

Charissa Cordon, RN, BScN, MScN, MN, CON (C), Andrea McDonald, RN, BScN, MScN, MN, CON (C), Simonne Simon, RN, BScN, MN (cand), CON (C), Janice Wright, RN (EC), BScN, MScN, Kathy Trip, RN (EC), BScN, MScN, Cindy Murray, RN (EC), BScN, MScN, Corsita Garaway, RN (EC), BScN, MScN, CON(C), CHPC(C), Tracy Nagy, RN (EC), BScN, MScN, Maureen McQuestion, RN, BA, BScN, MSc, CON(C), Jennifer Deering, RN (EC), BScN, MScN, Sherida Chambers, RN, BScN, MScN, Pamela Savage, RN MAEd, CON(C)
1Princess Margaret Hospital, University Health Network, Toronto, ON, Canada. 2Toronto General Hospital, Toronto, ON, Canada.

B: Promoting standardized chemotherapy and biotherapy through a provincial education program

Laura L. Rashleigh, BScN, MScN CON(c), Diana Incekol, BScN, Linda Robb Blenderman, MScN, Esther Green, MSc, Mary Jane Esplen, PhD.
1de Souza Institute, Toronto, ON, Canada, 2Princess Margaret Hospital, University Health Network, Toronto, ON, Canada, 3Cancer Care Ontario, Toronto, ON, Canada.

C: Cancer Survivorship: Supporting oncology nursing practice through the creation of a self-learning resources (SLR)

Margaret Forbes, MN, CON(C), Lynne Jolicoeur, MScN, CON(C), Jan Park-Dorsay, NP-Adult, MN, CON(C), Myriam Skrutkowski, MScN, CON(C), Jennifer Wiernikowski, NP-Adult, MN, CON(C), Kim Chapman, MScN, CON(C), Miriam Corne, ME, CON(C), Joan Hamilton, MScN, Virginia Lee, PhD, Brenda Sabo, PhD, Lori Santoro, RN, CON(C), Tracey Soloninka, RN, Mary Vachon, PhD.
1Juravinski Hospital & Cancer Centre, Hamilton Health Sciences, Hamilton, ON, Canada, 2River Valley Health, Region #3, Fredericton, NB, Canada, 3Cancer Care Manitoba, Winnipeg, MB, Canada, 4Juravinski Hospital & Cancer Centre, Hamilton Health Sciences, Hamilton, ON, Canada, 5QUE Health Sciences Centre, Halifax, NS, Canada, 6The Ottawa Hospital, Ottawa, ON, Canada, 7McGill University Health Centre, Montreal, QC, Canada, 8Dalhousie University, Halifax, NS, Canada, 9McGill Health Sciences Centre, Montreal, QC, Canada, 10St. Michael’s Hospital, Toronto, ON, Canada, 11Dr. Mary L.S. Vachon Psychotherapy and Consulting Inc, Toronto, ON, Canada.
Concurrent Session IV-02
10:15 AM - 11:45 AM, Salon 2

A: Oncology Nurse Perceptions of Clinical Priorities and Strategies for Promoting Evidence-Based Practice.

Denise Bryant-Lukosius, RN PhD, Lorraine Martelli-Reid, RN(EC), MN, Anita Adams, RN(EC) MN, Christine Zywine, RN MScN, Margaret Forbes, RN BScN, Kari Kolm, RN(EC) MN, Mary Ruth Crabb, RN MN, Jennifer Wiernikowski, RN(EC) MN2, Dorothy Vaitekunas, RN(EC) MN, Deb Evans, RN MScN, Laura Mishko, RN BSc, Jan Park Dorsay, RN(EC) MN, Kathleen Green, RN(EC) MN.

1McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada, 2Juravinski Cancer Centre at Hamilton Health Sciences, Hamilton, ON, Canada.

B: Enhancing Nursing Knowledge in Cancer Pain Management: Palliative Care and Oncology Nurses Working Together

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Sylvie Bruyere, RN, BScN, CON(C), CHPCN(C).
The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session IV-03
10:15 AM - 11:45 AM, Salon 3

A: Navigating Navigation In Times Of change

Janet E. Bates, BScN., CON(C)
Alberta Health Services Cancer Care, Edmonton, AB, Canada.

B: Building a Navigator: The Development of a Cancer Patient Navigation Curriculum

Janet E. Bates, BScN., CON(C)
Alberta Health Services Cancer Care, Edmonton, AB, Canada.

C: The Pivot Nurse in Oncology: Nursing Interventions for Professional Navigation

Myriam Skrutkowski, RN, M.Sc., CON(C), Andreeanne Saucier, RN, M.Sc., CON(C).
McGill University Health Centre, Montreal, QC, Canada.

Concurrent Session IV-04
10:15:00 AM - 11:45:00 AM, Salon 4

A: What is the prevalence of distress, decreased quality of life, depression and nervousness in patients with cancer cachexia?

Monica P. Parmar, CNS, Masters of Science applied in Nursing.
McGill Cancer Nutrition - Rehabilitation Program, Jewish General Hospital, Montréal, QC, Canada.

B: Starting the Conversation: Implementing an Integrated Symptom Relief Service in Head and Neck and Neuro-Oncology Populations.

Lisa C. Shirt, BN, MN, CON(C), Catriona Leckie, RN, MN, NP, CNN(c).
Tom Baker Cancer Center, Calgary, AB, Canada.

C: A Gastrojejunostomy Tube Outpatient Insertion Program; United Efforts of a Nurse Practitioner and Specialized Oncology Nurse

Kelly Jennifer Deering, RN(EC), BScN, MN, James Smith, RN, BScN, CON.
Princess Margaret Hospital, Toronto, ON, Canada.

Workshop Session IV-05
10:15 AM - 11:00 AM, Salon 5

Optimisation des soins aux personnes atteintes de VIH souffrant d’un lymphome : L’expérience d’une équipe interdisciplinaire du CHUM.

Isabelle F. Fortin, B.Sc. CSIO(C), Josée D. Dorval, B. Sc. ICSP(C), Rock Levesque, B Sc.
CHUM, Montréal, QC, Canada.

Concurrent Session IV-06
10:15 AM - 11:45 AM, Salon 8

A: From Novice to Specialist: My Journey of Becoming an Oncology Nurse

Sydney Phillips, Bachelor of Nursing.
Tom Baker Cancer Centre, Calgary, AB, Canada.

B: Every Nurse is a leader: How a CANO value statement inspired a group of oncology nurses to create a website.

Susan J. Collins, RN(EC), MScN, CON(C). Nicole Dawson, BScN, CON(C), Erin Penstone, BScN, CON(C).
London Health Sciences Centre, London, ON, Canada.

C: Staff Nurse to NP: A Unique Mentoring Partnership

Shannon M. Nixon, BScN, Cynthia Murray, MN, Barbara Fitzgerald, MScN.
Princess Margaret Hospital, Toronto, ON, Canada.
Worshop Session IV-07
10:15 AM - 11:45 AM, Salon 9

The New CANO/ACIO Chemotherapy Administration Standards and Competencies: What does this mean for my practice?

Tracy L. Truant, RN, MSN¹, Brenda Sabo, RN, MA, PhD¹, Jennifer Wiernikowski, RN, MN, NP-Adult, CON(c)², Barbara Hues, RN, MSN³.
¹BC Cancer Agency, Vancouver, BC, Canada, ²Dalhousie University, Halifax, NS, Canada, ³Juravinski Cancer Program, Hamilton Health Sciences, Hamilton, ON, Canada, ⁴Cancer Care Manitoba, Winnipeg, MB, Canada.

Concurrent Session IV-08
10:15 AM - 11:45 AM, Salon 10

A: An Innovative Ambulatory Oncology Nursing Model

Cindy A. McLennan, RN BScN CON(C) CPN(C) MBA (c), Angela Blasutti - Boisvert, RN BScN CON(C), Fatima Kanji, RN BScN CON(C).
The Ottawa Hospital, Ottawa, ON, Canada.

B: Opening an Ambulatory Systemic Therapy Program in a New Cancer Centre: The Potential of the Interdisciplinary Team

Mary Flaherty, RN, BScN, MSc(A), MA, Sue Gill, RN.
BC Cancer Agency, Abbotsford, BC, Canada.

C: Patients as partners: Incorporating their feedback as part of cancer center development.

Antoinette Ehrler, B.Sc.N., M-DDO (c.), Paula P. Calestagne, B.A.
Jewish General Hospital, Montréal, QC, Canada.

Concurrent Session IV-09
10:15 AM - 11:45 AM, Salon 6

Exploring the Meaning of Hematopoietic Stem Cell Transplant Nursing: A Multi-Centre Study

Brenda Marie Sabo, RN, Ph.D.
Dalhousie University, Halifax, NS, Canada.

Concurrent Session V-01
1:45 PM - 3:15 PM, Hall C

A: Impacts of information and peer support programs for cancer patients

Heather Sinaro, RN, BScN, MN.
Canadian Cancer Society, Toronto, ON, Canada.

B: The Power of One Community Nursing Organization in Oncology Palliative Care

Vicki Lejambe, BScN, MN.
Saint Elizabeth Health Care, Barrie, ON, Canada.

C: The Power of One in Quality Improvement: Meeting Wait Time Targets

Nancy Jaworski, B.Comm, MHA, Marlene M. Mackey, RN, BNSc, MHSM. The Ottawa Hospital, Ottawa, ON, Canada.
Concurrent Session V-02
1:45 PM - 3:15 PM, Salon 2

A: The nursing care of patients with hematological malignancies during pregnancy. A tertiary care hospital experience of 3 cases.
Shari Valja, RN, H.BSc (Biochemistry), BScN, Mary Doherty, RN, BScN, MSc (cand.), Charissa Cordon, RN, BSc, BScn, MN, CON (C), Susan Robinson, RN, BScN, MSc.
Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

B: Human Response to Illness - Risk Assessment for Hereditary Breast Cancer
Kendra-Ann I. Seenandan-Sookdeo, BN.
CancerCare Manitoba, Winnipeg, MB, Canada.

Concurrent Session V-03
1:45 PM - 3:15 PM, Salon 3

A: Supporting Evidence-based Practice: New advances in the Treatment and Management of Metastatic Colorectal Cancer
Sydney Phillips, Bachelor of Nursing, Jamie Guedo, Bachelor of Nursing.
Tom Baker Cancer Centre, Calgary, AB, Canada.

B: The Potential of Together: Developing an Interprofessional New Patient Chemotherapy Education Program.
Zahra Lalani, RN, Tracy Truant, RN, MSN, Nancy Runzer, RN, Michelle Moore, RN, Joy Bunsko, RN, Nieve Douglas, RN, Munira Hamirani, RN, Hutchison Seana, RN, Hutchison Seana, RN, Natalie Ruffle, RN, Andrea Donovan, RN.
BC Cancer Agency, Vancouver, BC, Canada.

C: Nursing in high definition, the new era; Partnering to promote patient compliance with oral oncologics
Kelly Savage, RN, CON(C), Doreen Blackwood, RN, Oncology, Sandra Calvano, RN, ONC.
Shoppers Drug Mart/Specialty Health Network, Toronto, ON, Canada.

Concurrent Session V-04
1:45 PM - 3:15 PM, Salon 4

A: Working together to Understand Oncology Patients' Emergency Room Visits Near the End of Life

Roundtable Session V-05
1:45 PM - 3:15 PM, Salon 10

Let's Chat! Pediatrics Roundtable

Objectives:
1. To raise knowledge & awareness about the issues facing adolescents and young adults diagnosed with cancer.
2. To discuss challenges & opportunities for provision of care to adolescents and young adults with cancer.
3. To discuss & share community, advocacy and hospital based resources to meet the needs of this unique population.

Facilitated by Pat McCarthy, RN(EC), MSc(A), Nurse Practitioner, Pediatric Oncology, Children’s Hospital of Eastern Ontario, Ottawa, ON.

Concurrent Session V-06
1:45 PM - 3:15 PM, Salon 6

A: Developing an Advanced Practice Nurse (APN) Led Post Cancer Treatment Follow-Up Clinic
Shari L. Moura, RN MN CON(C) CHPCN(C), Barbara Fitzgerald, RN MScN, Malcolm Moore, MD*, Jane Mosley, RN MScN, Cristina Barrett, RN BScN, Catharine McManamon, MSW MBAz.
1Princess Margaret Hospital, Toronto, ON, Canada, 2Women’s College Hospital, Toronto, ON, Canada.
B: Oncology-rehabilitation partnership: An evolving program

Louise Champagne, RN, BScN, CON (C)¹, Chantal Misischia, rN, BScN², Jérôme Gauvin-Lepage, RN, MSChN, PhD (C)².
¹Jewish General Hospital, Montreal, QC, Canada, ²Jewish Rehabilitation Hospital, Laval, QC, Canada.

C: Survivorship: The New Normal

Anne Katz, RN PhD.
CancerCare Manitoba, Winnipeg, MB, Canada.

Concurrent Session V-07
1:45 PM - 3:15 PM, Salon 8

A: Feasibility and acceptability of parent-delivered massage RCT in pediatric oncology

Andrea M. Laizner, RN, PhD¹, Trish Dryden, rMT, MED², Stacey Shipwright, BA(Hons), RMT³, Elizabeth Barberree, RMT³, Ronda Blasco³, Linda Churcher, CCRP⁴, Dawn Davies, MD, FRCP(C)⁴, Janet Kahn, LMT, PhD⁵, Cheryl Locicero, MT⁶, Lyse Lussier, MT⁶, Sunita Vohra, MD, FRCP(C), MSc⁶,⁷.
¹McGill University Health Centre, Montreal, QC, Canada, ²Centennial College, Toronto, ON, Canada, ³Massage Therapist Association of Alberta, Red Deer, AB, Canada, ⁴University of Alberta, Edmonton, AB, Canada, ⁵Stollery Children’s Hospital, Edmonton, AB, Canada, ⁶University of Vermont, Burlington, VT, USA, ⁷Le Phare - Enfants et Familles, Montreal, QC, Canada.

B: Facilitating the transition of follow-up care in the community for endometrial cancer survivors.

Lynne Jolicoeur, RN, MScN, CON(C)¹, Monique Lefebvre, PhD Psych¹, Sophie Lebel, PhD Psych¹, Michael Fung Kee Fung, MD¹, Tien Le, MD¹, Rajiv Samant, MD¹.
¹The Ottawa Hospital, Ottawa, ON, Canada, ²University of Ottawa, Ottawa, ON, Canada.

C: Meeting the challenge: Promoting continuity of care and communication between a provincial cancer centre and community partners.

Elizabeth Beddard-Huber, MSN¹, Karen Levy, MSN¹, Janice Dirksen, BSN¹, Andy Chow, Work Flow Improvement Coordinator¹.
¹BCCA, Vancouver, BC, Canada, ²VCHA, Vancouver, BC, Canada.

Concurrent Session V-08
1:45 PM - 3:15 PM, Salon 9

A: The Delimma of Delirium: Changing your cap from Oncology Nurse to Palliative Expert

Suzanne Rowland, MN/NP Adult, CON(C), HPCN(C)², Anne Embleton, MN(C), OCN³, Anne Embleton, MN(C), OCN³.
¹Southlake Regional Health Centre, Newmarket, ON, Canada, ²University Health Network, Toronto, ON, Canada.

B: Evaluation of an Inter-professional Model of Care to Improve Surgical Outcomes in Thoracic Oncology

Chantal Bornais, Christine Blais.
Ottawa Hospital, Ottawa, ON, Canada.

C: Redesigning the patient experience in ambulatory care

Barbara Fitzgerald, RN, MScN, Shari Moura, RN, MN, CON(C), Sabrina Bennett, RN, BScN, CON(C), Judith Filman, RN, MSc, Janice Stewart, RN, BScN, CON(C), Cynthia Struthers, Kathy Trip, RN, MN, Janice Wright, RN, MS.
Princess Margaret Hospital, Toronto, ON, Canada.

Health Break
3:15 PM - 3:45PM, Hall B

Hélène Hudson Amgen Lectureship
3:45 PM - 5:15 PM, Hall C

Learning to be a dying person: Inside/outside cancer systems

Charlotte Ann Syme, PhD candidate¹,².
¹BC Cancer Agency, Victoria, BC, Canada, ²University of Victoria, Victoria, BC, Canada.

Author Bio
Ann has participated in a number of national and provincial efforts to improve cancer care and end of life care for patients and their families, including contributing to BC’s End of Life Framework (2006) and the Canadian Hospice Palliative Care Association’s Norms of Practice (2002). Ann is currently serving with the Canadian Partnership against Cancer’s Clinical Practice Guidelines and Cancer Journey Advisory Groups.

Ann has also served as president of the BC Oncology Nurses’ Group (2001-3) and the BC Hospice Palliative Care Association (2003-5), of which she is now an honorary lifetime member. Ann is the recipient of the Canadian Association of Nurses in Oncology Award of Excellence in Teaching (2004), the BCHPCA Association Award of Excellence (2008), and the BCHPCA

Author Bio
Ann has participated in a number of national and provincial efforts to improve cancer care and end of life care for patients and their families, including contributing to BC’s End of Life Framework (2006) and the Canadian Hospice Palliative Care Association’s Norms of Practice (2002). Ann is currently serving with the Canadian Partnership against Cancer’s Clinical Practice Guidelines and Cancer Journey Advisory Groups.

Ann has also served as president of the BC Oncology Nurses’ Group (2001-3) and the BC Hospice Palliative Care Association (2003-5), of which she is now an honorary lifetime member. Ann is the recipient of the Canadian Association of Nurses in Oncology Award of Excellence in Teaching (2004), the BCHPCA Association Award of Excellence (2008), and the BCHPCA
Award for Research (2010).

Ann holds Adjunct and Clinical Faculty positions at the University of Victoria's School of Nursing and UBC's Division of Palliative Care, respectively.

Ann has participated with two (2004) Canadian Institute of Health Research's New Emerging Teams for Palliative Care, as a collaborator and a research trainee, and is currently a PhD candidate at the University of Victoria School of Nursing.

Ann Syme, RN, MSN, PhD © Provincial Director, Pain & Symptom Management/Palliative Care Program and Network, BC Cancer Agency

Abstract

This paper explores the author's dissertation question ‘how does a person who is a cancer patient find their way to being a dying person?’ Through the lens of social construction and discourse analysis, the author examines how the institution of cancer control is constituted, and how the cancer patient is co-constructed by this system and persons entering into it as people needing cancer treatment. From this perspective the more solitary and less shaped experience of ‘unbecoming a cancer patient’ is explored for those cancer patients whose treatment has failed. The space between the expert systems of cancer control and palliative care is what is revealed and explored. Who is this liminal person and how might their needs in this space and at this time be met, perhaps without succumbing to the modernist temptation to create yet another expert system to manage this? This paper has implications for person centred system redesign, and for how cancer nurses may become the clinician of choice to guide patients through this period.

Apprendre à être un mourant : être à l'intérieur/à l'extérieur des systèmes de cancérologie

Charlotte Ann Syme, aspirante au Ph.D. ©©.
©BC Cancer Agency, Victoria, C.-B., Canada, ©Université de Victoria, Victoria, C.-B., Canada.

Biographie de l'auteure


Mme Syme occupe un poste de professeure auxiliaire et un poste d’enseignante clinique à l’École de sciences infirmières de l’Université de Victoria et à la Division des soins palliatifs de UBC, respectivement.


Abrégé

Cet article explore la question de dissertation de l’auteure à savoir « comment la personne qui est étiquetée patient en cancérologie passe-t-elle à la catégorie personne mourante? » En faisant appel à l’analyse du discours et de la construction sociale, l’auteure examine la constitution de l’institution de lutte contre le cancer et la façon dont le patient atteint de cancer fait l’objet d’une co-construction par le système et la façon dont les personnes y sont perçues comme individus nécessitant un traitement anticancéreux. C’est dans cette perspective qu’est explorée l’expérience plus solitaire et moins bien modélisée qu’est l’abandon de cette étiquette de patient atteint de cancer chez les patients dont le traitement anticancéreux a échoué.

L’espace situé entre les systèmes hautement spécialisés de la lutte contre le cancer et des soins palliatifs est dévoilé et exploré. Qui est donc cette personne liminale et comment peut-on répondre à ses besoins dans cet espace et à ce moment, peut-être en évitant de succomber à la tentation moderniste de créer un nouveau système expert en vue d’y parvenir? Cet article a des implications pour le remaniement d’un système axé sur la personne et pour la manière dont les infirmières en oncologie pourraient devenir le personnel clinique tout indiqué pour guider les patients au long de cette période.

Social event

7 PM onward, Art Gallery of Alberta

Join us for an exciting evening at the brand new Art Gallery of Alberta (provide hyperlink)! We are celebrating our silver anniversary and making memories to last the next 25 years! The AGA is just a block and a half away from the Westin and Shaw Conference Centre. Our social is always a time to network, meet new people, re-connect with old friends and develop new friendships. Join us for a night of music, dancing and singing. Be prepared for a night of surprises!
Day Four / Jour Quatre
Wednesday, September 15, 2010 / Mercredi, 15 Septembre

Roche Breakfast Symposium
6:45 AM - 8:00 AM, Hall C

New Treatment Options in Chronic Lymphocytic Leukemia

Program Description:

Chronic lymphocytic leukemia is the most common form of leukemia, and one for which the availability of effective treatments is rapidly evolving. Chemoimmunotherapy is now emerging as the standard of care for first line and relapsed patients, but there are practical considerations for the safe administration of this type of treatment.

This symposium will provide an introduction to the biological basis for the disease – including a review of disease characteristics, clinical course, staging, and risk factors. It will briefly review the treatment options now available to patients, including how a patient’s medical fitness factors into treatment decisions. Finally it will provide practical guidance on safe administration of chemoimmunotherapy combinations like FCR (Fludarabine-Cyclophosphamide-Rituximab)

Learning Objectives:

• Understand the physiopathology of CLL
• Review new treatment options in CLL
• Discuss administration issues associated with chemoimmunotherapy treatment for CLL

Faculty:
Carolyn Owen, MD, MDr(UK), FRCPC
Assistant Professor
Division of Hematology and Hematological Malignancies, University of Calgary

Biljana Spirovski BSc, Phm
Oncology and Clinical Trials Pharmacist
Humber River Regional Hospital

Keynote III – Wednesday September 15th
8:15 AM - 9:45 AM, Hall C

David Irvine – The Importance of Authenticity and Accountability in Achieving the Potential Of Together

David Irvine is a much sought after internationally recognized speaker, author and mentor. His work has contributed to the building of accountable, vital and engaged organizations across North America. He is the co-founder of the Newport Institute for Authentic Living which focuses on building authentic, accountable organizational cultures that attract and retain great people. His presentation will focus on the importance of authenticity and accountability in workplace collaboration.

David has advanced degrees in human development, science and social work. With more than 25 years of experience as a workshop facilitator, psychotherapist, professional speaker and consultant, David has developed a unique, personal and practical approach to transforming leaders. Every year, thousands of people attend his inspiring and thought-provoking programs on authentic leadership, accountability and balanced living.

David Irvine is one of Canada’s most respected voices on leadership and personal development. He consults with and presents to a wide range of organizations, professional associations, government, education and health care. David is the author of five books and has taught courses at three universities and the Banff School of Management, and has been interviewed by NBC’s Today Show, the Globe and Mail and numerous national radio and newspaper publications.

David is a formerly nationally ranked distance runner and trained with the US Olympic team, a father of three girls, and most recently a grandfather. He lives with his wife and family in the foothills of the Rocky Mountains in Western Canada.

David Irvine – L’importance de l’authenticité et de la responsabilité dans l’atteinte du potentiel de l’union

David Irvine est un conférencier, auteur et mentor de grande renommée internationale.

Ses travaux ont contribué à l’élaboration d’organisations responsables, impliquées et d’une grande vitalité un peu partout en Amérique du Nord. Il est cofondateur du Newport Institute for Authentic Living qui concentre ses efforts sur la création de cultures organisationnelles authentiques et responsables capables d’attirer des individus remarquables et
de les maintenir en poste. Sa présentation dirigera l'attention sur l'importance de l'authenticité et de la responsabilité au niveau de la collaboration en milieu de travail.

M. Irvine détient des diplômes d'études supérieures en développement humain, en science et en travail social. Il a plus de 25 ans d'expérience à titre d'animateur d'ateliers, de psychothérapeute, de conférencier professionnel et d'expert-conseil. Il a mis au point une approche originale, personnelle et pratique pour la transformation des leaders. Chaque année, des milliers de personnes assistent à ses présentations sur le leadership authentique, la responsabilité et un bon équilibre de vie dans lesquelles elles puisent inspiration et réflexion.

M. Irvine est une des voix canadiennes les plus respectées en matière de leadership et de perfectionnement personnel. Il conseille un vaste éventail d’organisations, d’associations professionnelles, d’organismes gouvernementaux, d’établissements d’enseignement et de santé. M. Irvine a rédigé cinq livres et a enseigné des cours dans trois universités et à la Banff School of Management et a donné des entrevues au Today Show de NBC, au Globe and Mail et à une multitude de programmes de radio et d’organes de presse d’envergure nationale.

M. Irvine est un ancien coureur de fond de niveau national qui s’est entraîné avec l’équipe olympique des É.-U.; il a trois filles et est récemment devenu grand-père. Il vit avec sa femme et ses proches dans les contreforts des Rocheuses de l’Ouest canadien.

Health Break
9:45AM - 10:15 AM, Hall B

Session VI-01
10:15 AM to 11:45 AM, Hall C

The Path to Living Simply

David Irvine

In a harried and frantic world, our lives are living us. There is a struggle to find fulfillment and contentment. In this 1 and a half hour workshop, David Irvine will share stories, experiences and exercises to inspire and guide us to a place of simple living.

Concurrent Session VI-01
10:15 AM - 11:45 PM, Salon 2

A: Improving Communication and Understanding of Cancer Treatment Information for the Immigrant Population

Lori Santoro, R.N. CON(C), Pat Antonick, R.N. B.N. CON(C).
CancerCare Manitoba, Winnipeg, MB, Canada.

B: Immigrant women experiences accessing breast health and breast cancer screening through a Women’s Health Educator Program

Joanne Crawford, RN, CON(C), BScN, MScN1; Angela Frisina, RN, BScN, MHSc; Faye Parascandalo, RN, BScN; Trish Hack, RN, BScN; Fatima Homid1; Abir Alsaid1; Xiaoxin Michelle Ji1; Snober Naz1; Thuy Dam1.
1‘Public Health Services, Hamilton, Ontario; ‘St. Joseph’s Immigrant Women’s Centre.

C: Complementary and alternative medicine used by Chinese Canadian cancer patients

Margurite E. Wong, BA BSN (Hons), Lynda G. Balneaves, PhD1, Tracy Truant, RN, MSN1, Marja Verhoef, PhD1, Brenda Ross, BSN (Hons)1, Antony Porcino, BSc PhD(1)

Concurrent Session VI-03
10:15 AM - 11:45 AM, Salon 3

A: Enhancing the M Climate for Collaborative Practice in Ambulatory Oncology Care

Elena Serrano, RN BSN MA1, Patricia (Paddy) Rodney, RN, MSN, PhD1, Lee Ann Martin, MD, MA, FRCP(C)1, Sandy A. Lamont, RN BSN1.

B: Implementing “PLEASE” - Palliative Listening, Education and Supportive Exercises on an Oncology and Palliative Care Unit

Karen Lock, RN, BScN, MN, CON(C), CHPCN(C), Tiffany Wichert, RN, BScN, CON(C), Kelly Clifford, RN, BScN, Jennifer Eccles, RN, BScN, Nino Horvath, MD, CCFP.
North York General Hospital, Toronto, ON, Canada.

C: Intra-disciplinary Collaboration: The Power of Together

Christine Ransom, RN, BSN, MEd, CNPS, CONC (c).
Maureen P. Ryan, RN, BSN, MN candidate,CON(c), Judy Tearoe, RN.
BC Cancer Agency, Centre for the Southern Interior, Kelowna, BC, Canada.
Concurrent Session VI-04
10:15 AM - 11:45 AM, Salon 4

A: Active Surveillance and acceptable treatment option for low-risk prostate cancer patients
Barbara J. Davison, PhD.
UBC, Vancouver, BC, Canada.

B: The Power of One: The Potential of Together in a Toronto Pigmented Lesion Clinic
Debbie Lawrie, BScN, CON(c).
Odette Cancer Centre, Toronto, ON, Canada.

C: Can the Tan: A Tanning Awareness Program for Teens
Monique Levesque King, BN, RN, MN CON (C), Rosemary Boyle, RN BN.  
¹Horizon Health Network- Saint John Zone, Saint John, NB, Canada, ²Canadian Cancer Society, Saint John, NB, Canada.

Concurrent Session VI-05
10:15 AM - 11:45 AM, Salon 5

A: An Inter-Professional Approach to Developing a Breast Cancer Survivorship Care Plan
Janice L. Chobanuk, MN CON(C) HPCN(C), Cindy Raitlon, MN¹, Shelley Cloutier, BScN¹. 
¹AHS Cancer Care, Edmonton, AB, Canada, ²TBCC, Calgary, AB, Canada, ³CBCP AHS Cancer Care, Edmonton, AB, Canada.

B: Learning about survivor perspectives
Margaret I. Fitch, RN Phd.
Odette Cancer Centre, Toronto, ON, Canada.

C: Validation of a malignant wound assessment tool - using cognitive interviewing
Patricia Murphy-Kane, RN, BA, BScN, MN. Pamela Savage, RN, MAEd CON(C), University Health Network, Princess Margaret Hospital, Toronto, ON, Canada.

Workshop Session VI-06
10:15 AM - 11:45 AM, Salon 6

My patient’s electrolytes are abnormal, now what? A workshop on assessment and intervention for common fluid and electrolyte abnormalities in oncology patients.
Colleen A. Cuthbert, MN, NP.
Alberta Health Services, Calgary, AB, Canada.

Roundtable Session VI-07
10:15 AM - 11:45 AM, Salon 10

Lets Chat! Sexuality in Cancer Roundtable
Through interactive presentation and discussion, the goals of this session are to:

1. Review the impact of cancer/cancer treatment on sexuality
2. Discuss interventions available to assist patients with sexual health concerns
3. Engage in discussion about resources available for healthcare providers
Participants are invited to bring questions or relevant case studies for discussion.

Facilitated by: Reanne Booker, MN BScN, Tom Baker Cancer Centre, Calgary, AB.

Concurrent Session VI-08
10:15 AM - 11:45 AM, Salon 9

A: Autonomous Nursing Practice Model of Care
Allison P. Filewich, BScN.
BC Cancer Agency, Kelowna, BC, Canada.

B: Implementation of an Interdisciplinary Model of Care
Marilyn Porter, RN, BSN, MScN, Allison Filewich, rN, BScN, Kimberly Kuik, BSc Pharmacy, Dr. Marianne Taylor, MD, FRCP. 
PHSA - BCCA, Kelowna, BC, Canada.

C: Collaborative Practice; Working Together Differently
Trish Picherack, BN MN.
Alberta Health Services, Calgary, AB, Canada.

Roche Lunch Symposium
12:00 PM - 1:30 PM, Hall C
Biologics A to Z: From MOA to PFS – Making sense of science

Keeping within the theme of CANO’s 25th Anniversary in Edmonton, Roche Oncology presents Dr. Andrew Scarfe of the Edmonton Cross Cancer Institute, to debunk the often confusing science of targeted therapies. In this dynamic and interactive symposium, Dr. Scarfe will be the “Dr. Oz” of oncology biologics and get to the “what’s what” of biomarkers and targeted agents. Questions like:

- Do you know your MAB from your TKI or your MSI from your kras?
- Why do certain targeted agents work better in one tumor sites better than an other?
- Why does EGFR cause a rash and VEGF does not?
- Why do biologics have a different side effect profile than chemotherapy agents?

You are not alone in making sense of the biologic world and how it fits into your nursing practice and patient education! Bring your scientific sense of adventure to this symposium to further develop your biologic knowledge base.

Concurrent Session VII-02
2:30 PM - 4:00 PM, Salon 2

A: Real time evaluation of knowledge acquisition: The use of clickers in clinical nursing education

Charissa Cordon, RN, BScN, MN, CON (C), Diana Incekol, RN, BScN, MSc (cand), CON (C), Simonne Simon, RN, BScN, MN (cand), CON (C), Sarah D’Angelo, RN, BSc, BScN, MN, Andrea McDonald, RN, BScN, MSc (cand). Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

B: Towards a Model of Excellence in Oncology Nursing

Mary Jane Esplen, RN, PhD, Esther Green, RN, BScN, MSc (T), Barbara Fitzgerald, RN, MScN, Jennifer Wiernikowski, BScN, MN, NP-Adult, CON(C), Susan Clarke, RN, MN, PhD (cand.), CPMHN(C), Ashleigh Pugh, RN, BScN, MN, Cindy Shobbrook, RN (EC), MN, CON (C) CHPCN (C), Jiahui Wong, PhD.

de Souza Institute, Toronto, ON, Canada, 1 Cancer Care Ontario, Toronto, ON, Canada, 2 Princess Margaret Hospital, Toronto, ON, Canada, 3 Hamilton Health Sciences Centre, Hamilton, ON, Canada.

C: Making Sure Your Patient Gets the Chemo and You Don’t: An Overview of a Closed-System Transfer Device System

Heather J. Doell, RN, BSN, MN, CON(C), Michelle M. Fisher, RN.
1 Saskatchewan Cancer Agency, Saskatoon, SK, Canada, 2 Saskatchewan Cancer Agency, Regina, SK, Canada.

Concurrent Session VII-03
2:30 PM - 4:00 PM, Salon 3

A: Bringing the Code of Ethics to Life

Margot McNamee, RN, BA, MHA, Laurie Sourani, B.A., LL.B., Canadian Nurses Association, Ottawa, ON, Canada.

B: Our Patient Is Blogging

Valerie Cass, BScN, MBA, Allison Hewitt, BScN.
McGill University Health Centre, Montreal, QC, Canada.
Concurrent Session VII-04  
2:30 PM - 4:00 PM, Salon 4

A: Understanding the Context of Decision Making for People with Recurring Cancer

Catherine van Mossel, MA1, Heather Watson, RN BScN2.
1University of Victoria, Victoria, BC, Canada, 2BC Cancer Agency, Victoria, BC, Canada.

B: Exploring goals of care with oncology patients: How, when, and why oncology nurses should consider these important conversations as part of their comprehensive care.

Colleen A. Cuthbert, MN, NP.
Alberta Health Services, Calgary, AB, Canada.

C: Translating the Power of One Individual’s Palliative Care Knowledge into Everyday Oncology Nursing Practice

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Wendy Petrie, RN, BScN, MScN, CON(C), CHPCN(C), Kim Franchina, RN, CON(C).
The Ottawa Hospital, Ottawa, ON, Canada.

Workshop Session VII-05  
2:30 PM - 4:00 PM, Salon 5

The Canadian Oncology Nursing Journal (CONJ): Where have we been? Where are we going? Together we can make a difference

Heather B. Porter, RN, PhD1, Nicole Allard, PhD2, Janice Chobanuk, BScN1, Wendy Duggleby, PhD1, Sharon Thomson, RN, MSc1, Janice Wright, RN, MS6.
1CONJ, Waterloo, ON, Canada, 2CONJ, Rimouski, QC, Canada, 3CONJ, Camrose, AB, Canada, 4CONJ, Edmonton, AB, Canada, 5CONJ, Vancouver, BC, Canada, 6CONJ, St Catharines, ON, Canada.

Concurrent Session VII-06  
2:30 PM - 4:00 PM, Salon 6


Denise E. Bryant-Lukosius, RN PhD1, Debra Bakker, RN PhD2, Esther Green, RN MSc(T)3, Mike Conlon, PhD4, Pam Baxter, RN PhD5, Nancy Carter, RN PhD6.
1McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada, 2Laurentian University, Sudbury, ON, Canada, 3Cancer Care Ontario, Toronto, ON, Canada, 4Northeastern Ontario Regional Cancer Centre, Sudbury, ON, Canada, 5McMaster University, Hamilton, ON, Canada.

B: Oncology Family Nursing Rounds: Identifying Nursing Care Challenges and Interventions to Enhance Collaboration in Patient-Centered Care

Fay J. Strohschein, RN, MSc(A)1, Kimberley Gartshore, RN, MSc(A)2, Tara Jesion, RN, MScA1, CON(C)2, Linda McHarg, RN, PhD4, Carmen G. Loiselle, RN, PhD1, Antoinette Ehrler, RN, BScN1, Lynne McVey, RN, MSc(A)1.
1Segal Cancer Centre, Jewish General Hospital, Montreal, QC, Canada, 2McGill University School of Nursing, Montreal, QC, Canada.

C: Leadership in the Trenches: Discovering Leadership in Frontline Nursing

Barbara D. Hues, RN, MSN. CON(c)
CancerCare Manitoba, Winnipeg, MB, Canada.

Concurrent Session VII-07  
2:30 PM - 4:00 PM, Salon 8

A: Oncology Nurses Can Make a Difference! Nursing Research in Radiation Therapy Changes Practice and Empowers Women Receiving Treatment for Breast Cancer

Diane Jahrvs, RN, BScN. Donna Gies, RN, CON(C), CHPCN(C), Bejoy Thomas, MPhil, PhD.
Alberta Health Services Cancer Care, Tom Baker Cancer Centre, Calgary, AB, Canada.

B: Sharing, Growing, Learning, Collaborating: The Creation of the Role of the Brachytherapy Nurse

Joy Bunsko, BScN, CON(c)1, Patti Devion Devion, BScN, CON(c)2, Elena Serrano, RN, BSN, MSN.
1Fraser Valley Cancer Agency, Surrey, BC, Canada, 2Abbotsford Cancer Center, Abbotsford, BC, Canada, 3Vancouver Cancer Center, Vancouver, BC, Canada.
C: Assessing the impact of an Advanced Practice Nurse-led Bone Metastases Clinic

Corsita T. Garraway, RN(EC), MScN, CON(C) CHPCN(C), Andrea Bezjak, MD, MSc, FRCP, Laura Zurawel-Balaura, Honours BSc, Asanda Cheung, B. Com (Honours BA), Rebecca Wong, MB ChB MSc FRCP, Sue Jamkhou, RN, Janet Bobojchov, RN, CON(C).
Princess Margaret Hospital, Toronto, ON, Canada.

Workshop Session VII-08
2:30 PM - 4:00 PM, Salon 9

Assessing and Managing Shortness of Breath: Train the Trainer Workshop

Lorraine Martelli-Reid, MN, RN(EC)¹,², Cathy Kiteley, RN, MSc³.
¹Juravinski Cancer Centre, Hamilton, ON, Canada, ²McMaster University, Hamilton, ON, Canada, ³Peel Regional Cancer Centre, Mississauga, ON, Canada.

Closing Ceremony
4:00 PM - 4:45 PM, Hall C
Abstracts

I-01

A: The potential of together: A regional program improves quality of care for oncology patients with malignant effusions

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Lorraine Cake, RN, BScN, CON(C), CHPCN(C), Kayvan Amjadi, MD, FRCP. The Ottawa Hospital, Ottawa, ON, Canada.

Malignant pleural effusions (MPE) are common complications for patients diagnosed with advanced cancers of the lung, breast, lymphoma and others. MPE causes distressing symptoms, reduced quality of life, and increased morbidity and mortality for patients with a shortened life expectancy. Our MPE clinic, built on a collaboration between Respirology and Palliative Care has successfully established outpatient management of MPE via the insertion of a tunneled catheter (PleurX®) as our regional standard of care. Working together with our community partners, the regional cancer centre, acute care hospitals and palliative care settings, we ensured minimal complications, improved symptom management and quality of life for these palliative oncology patients. This presentation will focus on results of a retrospective audit of our program that has successfully inserted > 600 catheters in 530 oncology patients. We will highlight quality, safety and patient outcomes. Specific audit indicators included: patient demographics; cancer diagnosis; symptom burden and response (measured by Edmonton Symptom Assessment Scale); functional status (measured by the Palliative Performance Scale and / or ECOG); types and frequencies of complications; catheter time in situ, numbers of clinic visits, hospitalizations, reinsertion rate, time to patient death, and spontaneous pleurodesis rate. We will also report on program costs, benefits and savings across the various health care system sectors.

B: Take a breather: A program to help individuals cope and manage with shortness of breath

Cathy A. Kiteley, Master's of Science in Nursing1, Lorraine Martelli-reid, MN, rN (EC)2,3. 1The Peel regional Cancer Centre, Mississauga, ON, Canada, 2Juravinski Cancer Centre, Hamilton, ON, Canada, 3McMaster university, Hamilton, ON, Canada.

Increasingly, nurses are turning attention to understanding and managing the distressing symptom of shortness of breath in the cancer population. Up to 80% of individuals diagnosed with cancer may experience the symptom and it is estimated that the symptom is responsible for up to 40% of emergency visits. There is evidence that a program aimed towards identifying the presence of shortness of breath, teaching coping strategies and relaxation, and practical management can improve function, anxiety, severity of shortness of breath and quality of life (O'Driscoll, Corner & Bailey, 1999)

While nurses address symptom management issues in clinics and hospital settings, efforts towards providing resources and services in the community are being explored. Understanding the importance of reaching out to individuals with shortness of breath in their own community, the authors proposed to implement a breathlessness management program at Wellspring which is a community based wellness centre for individuals and their families affected by cancer. Breathing management programs for cancer patients, have only been studied using one on one teaching methods. This presentation will highlight the five week group program, its evaluation, and participant evaluation including weekly assessment scores. Ideas for further program development will also be discussed.

C: The Lung Cancer Navigation Centre: An Innovative Program

Andréanne Saucier, MScinf., Julie Dallaire, MSc.inf.. McGill University Health Centre, Montréal, QC, Canada.

The Lung Cancer Navigation Centre (LCNC) is a new model of care delivery for lung cancer patients at McGill University Health Centre.

Main objectives of the LCNC are to help patients and their caregivers better navigate the health care system, to coordinate and improve access to care, and to relieve anxieties related to the cancer experience. The initiative behind this project is to develop a navigation program using multiple approaches to achieve the project goals. These multiple approaches are: the utilization of professional navigators (Pivot Nurse in Oncology); an electronic clinical tracking system; a rapid investigation clinic and a centralized coordination centre (“guichet unique”). The LCNC was launched in January 2009, under the co-leadership of a nurse and a physician. A clinical nurse specialist was given the mandate to develop this program, in collaboration with an interdisciplinary team for lung cancer.

This presentation will review the different components of the LCNC and describe its progress to date. To allow for evaluation, a few indicators were selected and measures are ongoing. This 3-year term project receives multiple sources of funding and is expected to develop into a model of care delivery and services approach transferable to other cancer care populations.

I-02

A: The Process of Infusing Cryopreserved Stem Cells by Registered Nurses

Kristen L. Brazel, BScN, Kate Duke, RN. Ottawa General Hospital, Ottawa, ON, Canada.

Increasingly, nurses are turning attention to understanding and managing the distressing symptom of shortness of breath in the cancer population. Up to 80% of individuals diagnosed with cancer may experience the symptom and it is estimated that the symptom is responsible for up to 40% of emergency visits. There is evidence that a program aimed towards identifying the
The purpose of this presentation is to describe the procedures used for the safe infusion of autologous peripheral blood stem cells (AuPBSC) by clinical haematology nurses. This procedure allows Registered Nurses to work within their full scope of practice, combining both theoretical and clinical skills throughout the transplant process. A specialized education program was developed to train a select pool of experienced haematology nurses for AuPBSC infusions. This program consisted of an in-depth review of current AuPBSC theory, policies and procedures. Prior to certification each nurse completes a modified clinical practicum.

Initially, the nurse was responsible for all aspects of the AuPBSC infusion. However cases of delayed engraftment were noted amongst patients. It was then determined that a change to the policy needed to be made. A comparison of these policies and procedures, as well as clinical outcomes will be presented.

The critical factors making this program a success include: an interdisciplinary approach, implementation of specialized knowledge and skills, and adherence to accreditation standards.

B: Facing the FACT together: The nursing leadership team and staff oncology nurses join forces in meeting the accreditation standards for the lymphohematopoietic stem cell transplant program

Charissa Cordon, RN, BSc, BScN, MN, CON (C), Rose Dean, RN, Diana Incekol, RN, BScN, MSc (cand), CON (C), Simone Simon, RN, BScN, MN (cand), CON (C), Susan Robinson, RN, BScN, MN, Nancy Pringle, RN, CON(C), Vandana Kalia, RN, Janice Wright, RN (EC), BScN, MScN, Leigh Simpson, RN, Pam Harmon, RN, Bindu Patel, RN, BScN, Deanna Weekes, RN, Eduard Cojocari, RN, Janice Stewart, RN, BScN, Dawn Breen, RN, Barbara Wilson, RN, BScN, MScN, CON(C). Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

The Foundation for the Accreditation of Cellular Therapy (FACT) establishes international standards for hematopoietic progenitor cells isolated from bone marrow or peripheral blood including all phases of collection, processing, and administration of these cells (The Foundation for the Accreditation of Cellular Therapy, 2006). FACT requires all nurses working in the lymphohematopoietic stem cell transplant (LSCT) program to have formal initial training and continuous education with evidence of training related to the nursing care of LSCT patients at any point in their treatment. In one teaching hospital, nurses working within the LSCT program had varying clinical experience ranging from novice to expert, which posed as a challenge in meeting FACT requirements. It was difficult to identify the type of training these nurses had received. Although they were all trained at some point in their career, their training was not standardized, sometimes sporadic and not properly documented. Several LSCT nurses in leadership roles and staff nurses collaborated and identified strategies to address this challenge. In February 2010, the LSCT Program successfully received accreditation. In this presentation we will discuss our journey, the different innovative educational opportunities that surfaced out of this challenge, the lessons learned and future plans to ensure that FACT requirements are continuously met.

I-03

A: Young Women with Breast Cancer: Highlighting the “Power of One” Program

Stephanie Burlein-Hall, RN, BScN, MEd, CON(C).
Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

In 2009, the Canadian Cancer Society estimated 22,700 women would be diagnosed with breast cancer. Approximately 8% of these breast cancers were in women under the age of 40. Young women with breast cancer present clinical challenges that are different from older women with breast cancer. Previous research (“Nothing Fit Me” Canadian Breast Cancer Network, 2003) identified that the specific concerns for young women with breast cancer tend to be fertility, sexuality, early menopause, relationships, talking with children, post-treatment supports and financial issues. In 2008, a unique program was launched at a comprehensive cancer centre to address the clinical, educational and research needs of this group. The program’s Advanced Practice Nurse helps coordinate all components of the program while helping these young women navigate their breast cancer treatment experience. Over the past two years, almost 100 women ranging in age from 24 - 40, have received clinical consultations through this specialized program. This presentation will highlight the demographic characteristics, emphasis the psychosocial implications, and address the nursing challenges in coordinating care for these young women with breast cancer. Lessons learned and future directions will be shared to highlight the ‘power’ of this ‘one’ program.

B: Feasibility of Resistance Exercise During Breast Cancer Chemotherapy

Constance Visovsky, PhD, RN, APRN-NP, Brandi Babcock, MSN. University of Nebraska Medical Center, Omaha, NE, USA.

Chemotherapy-induced cytokines cause pathological changes in the muscle, causing weakness and fatigue. Resistance exercise can maintain muscle strength and functioning. Newer interventions require an assessment of feasibility. The purpose of this analysis was to examine the feasibility of a resistance exercise intervention for women receiving breast cancer chemotherapy.
These data are from the intervention group (n=44) who participated in a clinical trial testing a resistance exercise intervention. Data regarding feasibility was collected using a questionnaire consisting of 6 Likert-scale items (range = 1-5), and 4 additional open-ended questions concerning exercise benefits and barriers. Descriptive statistics and content analysis were used to analyze the data. A mean score of 3.0 or greater indicated that the intervention was acceptable. Five of six questions exceeded the 3.0 set point indicating women found the remaining aspects of the intervention feasible. Challenges in exercise were symptoms, fatigue, and time constraints. The benefits from the exercise program consisted of increased strength and energy, emotional well being, physical well being.

Study results suggest that resistance exercise during chemotherapy for breast cancer is feasible. Social support for exercise was the most important factor in continuing the exercise program. Study participants can be successfully recruited into a resistance exercise program during chemotherapy. However, stronger emphasis in symptom management during the early phases of the study is needed to prevent study withdrawal.

C: Venous Access Issues for Breast Cancer Patients: A Quality Improvement Initiative

Johanna den Duyf, BSCN, MA, Rubayed Nurullah, BSc. BC Cancer Agency, Victoria, BC, Canada.

Vascular Access Devices: Are We Making the Right Choices? Vascular access presents as one of the difficult challenges facing oncology nurses. Chemotherapy nurses identified the breast cancer patient as being particularly vulnerable to vascular access difficulties mostly due to limited venous access related to restricted use to the non mastectomy arm for IV therapy as well as the venous irritation and other complications of antineoplastic drugs. A continuous quality improvement process exploring issues relating to vascular access for breast cancer patients who were on specific chemotherapy treatment protocols with anthracycline drugs was undertaken. Patient, treatment and organization characteristics which impact on vascular access and decision-making regarding vascular access devices were explored. Venous assessments were completed on 41 breast cancer patients who were on anthracycline chemotherapy. The issues with intravenous administration of chemotherapy, venous problems during and in between treatment and overall treatment experience for the patients were collected. Follow-up phone calls post treatment were also done. Significant long term sequelae was identified in a subset of patients. This presentation will highlight the findings of the project and identify that by systematic inquiry into vascular access issues for this patient population, one is able to improve patient outcomes and optimize efficiencies.

I-04

Workshop: Moving evidence into practice

Dawn Stacey, RN, PhD, CON(C); Andrea Maria Laizner, RN, PhDZ, Denise Bryant-Lukosis, RN, PhD; 1University of Ottawa, Ottawa, ON, Canada, 2McGill University Centre, Montreal, QC, Canada, 3McMaster University, Hamilton, ON, Canada.

Clinical practice guidelines are effective knowledge translation interventions that provide evidence-based recommendations for nursing practice. Despite the availability of oncology nursing relevant guidelines, there are barriers to their use in practice. In this three-hour interactive workshop, participants will further develop their knowledge of available practice guidelines, develop skills in appraising their quality, consider ways to adapt guidelines for use within clinical practice, and discuss the role of knowledge brokers. Evidence-based tools, implementation strategies, and theoretical approaches will be integrated into the workshop. Organized by the Research Committee and this year is a collaborative effort with CCO CoP. Representing: Cancer Care Ontario Community of Practice Nursing Research Group (includes members from other provinces) Evidence-based practice and Best Practice Guidelines sub-group and CANO/ACIO Research Group.

I-05

The potential of together: Bringing experts together to bring the CANO/ACIO Chemotherapy Administration Standards and Competencies to life

Tracy L. Truant, RN, MSN1, Brenda Sabo, RN, MA, PhD2, Jennifer Wiernikowski, RN, MN, NP-Adult, CON(c)3, Barbara Hues, RN, MSN4.

1BC Cancer Agency, Vancouver, BC, Canada, 2Dalhousie University, Halifax, NS, Canada, 3Juravinski Cancer Program, Hamilton Health Sciences, Hamilton, ON, Canada, 4Cancer Care Manitoba, Winnipeg, MB, Canada.

The National Strategy for Chemotherapy Administration (NSCA) is a three phased special initiative of CANO/ACIO that aims to develop, implement and evaluate national standards, competencies, and educational resources specific to chemotherapy administration by Registered Nurses in Canada. Phase 1 of the NSCA was completed in 2009, and created the foundation for the Canadian chemotherapy administration standards and competencies. By September 2010, Phase 2 will see the completion of the chemotherapy administration standards and competencies, implementation toolkit, evaluation plan for use by nurses across Canada. In this invitational workshop, approximately 20 national
Complementary Medicine (CAM) and Cancer: What’s evidence got to do with it?

Lynda Balneaves, RN PhD1, Tracy Truant, RN MSN2, Soma Persaud, RN BScN CON(C)3, Margurite Wong, RN, BA, BSN (Hon), MSN (c)4, Brenda Ross, RN BScN (Hon)5, Leah Lambert, BScN6, Andrea M. Laizner, PhD7.

1UBC School of Nursing, Vancouver, BC, Canada, 2BC Cancer Agency, Vancouver, BC, Canada, 3York Central Hospital, Richmond Hill, ON, Canada, 4University of British Columbia, Vancouver, BC, Canada, 5McGill University Health Centre, Montreal, QC, Canada.

Up to 80% of cancer patients use CAM, yet most make decisions about the integration of these therapies into their treatment plan and care without knowledge or support from their oncology health professionals. While many CAM therapies are safe, some may pose health risks for select individuals. Oncology nurses are challenged to find ways to support individuals and their families in making safe and informed decisions about CAM that integrate recent evidence, acknowledge individuals’ autonomy and belief systems, and consider the social context of CAM use.

An important part of supporting patients’ decisions about the use of CAM is searching for and evaluating credible evidence related to CAM and cancer. This workshop will offer participants the opportunity to search for and evaluate credible sources of CAM information in relation to a variety of popular CAM therapies used by patients with cancer. These therapies include natural health products, massage therapy, meditation, diet therapies, and traditional Chinese medicine. This workshop will use a variety of learning strategies, including didactic presentations on credible CAM information resources, case studies, active searching for evidence-based CAM information, and role playing exercises to help participants synthesize and apply evidence about CAM to the cancer care setting. Through this workshop, participants will gain practical, evidence-based knowledge and tools to support cancer patients in making evidence-informed CAM decisions.

II-02

The Intersection of Normal Changes of Aging with Cancer: Aging Does Matter

Wendy Duggleby, PhD, RN, AOCN.
University of Alberta, Edmonton, AB, Canada.

Cancer is a disease of older Canadians (Canadian Cancer Society/National Cancer Institute of Canada, 2008). The 2008 Canadian Cancer Statistics report that the median age at cancer diagnosis is between 65 and 68 years of age and at death between 70 and 74 for both sexes. The majority of people we care for as oncology nurses are older adults. Younger adults are not the same as older adults. We know that there are physical, psychosocial and spiritual changes that occur with normal aging. Recognizing the changes of normal aging, the Oncology Nursing Society and the Geriatric Oncology Consortium (2006) published a joint position statement on cancer care in older adults acknowledging the unique needs of older adults with cancer.

The purpose of this workshop is to discuss how the normal changes associated with aging have an impact on the presentation of symptoms, response to treatments and care needs of older adults. Using case studies and the position statement on cancer care in older adults, the workshop participants will have the opportunity to discuss: 1) normal changes that occur with aging, 2) How to assess these changes using best practice assessment tools, 3) discuss the impact of gero-oncology has on cancer care and 4) how to apply this knowledge in practice. Resources will be provided to workshop participants.

II-03

Developing Your Career in Oncology Nursing: The Power of Mentorship and Collaboration!

Denise Bryant-Lukosius, RN, PhD1, Mary Jane Esplen, RN, PhD1, Esther Green, RN, MSc(T)1, Grace Bradish, RN, MN1, Jennifer Wiernikowski, RN, MN2, Maureen McQuestion, RN, BScN, MSc3, Carolyn Dempsey, RN, MScN4, Jocelyne Volpe, RN, MN8, Pam Hubley, RN, MSc7, Krishna Bhoutika, BSc, MMath6, Diana Morarescu, PhD5, Colleen Campbell, RN, MN9.

1McMaster University, Hamilton, ON, Canada, 2Juravinski Cancer Centre, Hamilton, ON, Canada, 3de Souza Institute, Toronto, ON, Canada, 4Cancer Care Ontario, Toronto, ON, Canada, 5South West CCAC, London, ON, Canada, 6Princess Margaret Hospital, Toronto, ON, Canada, 7George Brown College, Toronto, ON, Canada, 8Hospital for Sick Children, Toronto, ON, Canada, 9Grey Bruce Health Services, Owen Sound, ON, Canada.
Highly qualified generalist, specialist and advanced practice nurses are required to meet the health needs of patients with cancer across the care continuum in various settings. The Oncology Nursing e-Mentorship Program was established to address this need. Professional development of nurses thorough career planning and mentorship demonstrated positive impact on job satisfaction, recruitment and retention of expert nurses, improved quality of care, better patient outcomes and lower organizational costs.

Workshop Objectives:

1. Highlight expansion of the Program to include generalist and specialized adult and paediatric oncology/palliative nurses in addition to APNs and efforts to expand nationally.

2. Demonstrate Program services and electronic resources.

3. Learn from a mentee/mentor and organizational perspective about benefits of Program participation.

4. Provide opportunities for participants to assess their career development and mentorship needs.

5. Outline strategies organizations and oncology nurses can employ to support involvement in career development and mentorship activities.

This interactive workshop will use brief presentations, small group interactive discussions and self-reflective activities. Participants will learn from experiences of mentee and mentor partners, get hands-on-experience to “test drive” program resources, discover their personal career development goals and potentially meet their mentor/mentee. This workshop is relevant to oncology administrators and educators; generalist, specialized or APN who are interested in supporting or who are seeking involvement in career development and/or mentorship activities.

II-04

The Powerful Impact of Navigation and Screening for Distress in Cancer Control

Janice L. Chobanuk, Sr., MN CON(C) HPCN(C)1, Caroline Martin, BN2, Peggy MacTaggart, BScN3.

1AHS Cancer Care, Edmonton, AB, Canada, 2CBCP, Edmonton, AB, Canada, 3Breast Health Program Lethbridge, Lethbridge, AB, Canada.

The cancer care system is often described as complex and “not person centred” by patients, families and healthcare professionals. At a time when an individual is dealing with the distress of a cancer diagnosis, they are often expected to make a series of difficult decisions about their medical care and personal life issues. The decision making may involve choices about diagnostic imaging, surgery, systemic therapy and / or radiation, clinical trials, and an array of supportive care options. Strategies such as navigation and screening for distress (CPAC, 2008) have been identified as programmatic approaches for shifting the cancer system from a medical model to a patient focused care model. The focus of a navigator’s work is to provide individualized patient centred care, take time to understand the patient’s fears and hopes, improve coordination of services, and quality of life. Navigators are gradually becoming an integral component of the health care delivery system. This interactive workshop will provide an opportunity for oncology nurses to gain skills in distress screening and learn more about the incredibly fulfilling role of a professional navigator through patients’ stories. It will also address the required competencies and skills of a navigator, a curriculum for certifying navigators, and an array of models of navigation that includes both urban and rural settings.

II-05

Neurological examination: Putting it into oncology practice.

Catriona Leckie, RN MN NP CNN(c).
Tom Baker Cancer Center, Calgary, AB, Canada.

Neurological Examination: Putting it into Oncology Practice

Assessment is an essential nursing skill that gathers clinical information, strengthens decision making and augments the nurse’s ability to deliver meaningful nursing care. Unfortunately, the neurological examination is often not included in nursing assessments due to either a lack of confidence with the skill or a lack of knowledge. The neurological examination is often thought to be difficult and complicated; hard to remember or difficult to interpret. Oncology nurses may be unsure what they are looking for, or how to describe a finding once detected. Neurological examinations can contribute to effective screening and further clinical investigations in many oncology patients. Neurological symptoms arise from the central nervous system (brain and spinal cord) or the peripheral nervous system (cranial, spinal or peripheral nerves). They are caused by a wide variety of conditions within the oncology population, including primary disease activity, metastatic disease, treatment effects, or co-morbidities. The neurological examination enables the nurse to identify abnormalities if present and can also be reassuring for patients who are concerned about their symptoms.

In this presentation the neurological exam will be demystified by discussing neuroanatomy, components of the neurological examination and tips for localization. Case studies will be used...
to describe the use of the neurological exam in the oncology population. The practical nature of this presentation will be valuable to a diverse group of oncology nurses.

II-06

A: Preferences for Breast Survivorship Care Plan Post Treatment

Savitri Singh-Carlson, BSN PhD1, Sally Smith1, Elaine Wai2.
1California State University Long Beach, Long Beach, CA, USA, 2BC Cancer Agency, Victoria, BC, Canada.

Preferences for Breast Survivorship Care Plan Post Treatment
A qualitative approach was used to explore breast cancer survivors’ experiences since completion of treatment and preferences for survivorship care. Focus groups were conducted with 28 women with non-metastatic breast cancer, 3-12 months post-completion of last surgery, chemotherapy or radiation. Groups were stratified by age. Data was subjected to thematic analysis by age group (life stage).

Results: The impacts of breast cancer after completion of treatment are broad and vary by age group. Physical, emotional and social effects are more intense in younger patients. Older patients experience consistent, positive social support and develop closer relationships after breast cancer. Fatigue and fear of recurrence are the most universal effects. Preferred content of survivorship care plans echoes the wide variation in impacts of breast cancer. Patients want individualized, yet comprehensive, information. While preferred content varies by life stage, preferred format is similar. Organized transition from specialist to primary care is emphasized. The ideal time for information is upon completion of treatment, or shortly after. Patients identify a health-care professional such as an oncology nurse as the best person to deliver survivorship information. Preferred medium is in-person consultation, with adjunct written materials in lay language, telephone follow-up and electronic bulletins. Qualitative information on the effects of breast cancer at different life stages can be used to help individualize the content of survivorship care plans.

III-01

A: Screening for distress: The 6th vital sign: Implications for oncology nurses

Margaret I. Fitch, RN PhD.
Odette Cancer Centre, Toronto, ON, Canada.

A routine practice of screening for distress will help to identify patient concerns that contribute to emotional distress and provide the opportunity to intervene before the distress escalates. Oncology nurses have a key role in responding to the screening scores once patients have completed a standardized instrument.

A programmatic approach to screening for distress has been undertaken in several cancer settings and the process for obtaining patient screening data has been designed. The follow-up steps have been articulated including the use of practice guidelines, care pathways, and algorithms for action. Feedback about the programmatic approach indicates a different focus to the interactions nursing staff are having with patients and patients are being guided in a more timely fashion to available resources. Nursing staff have identified the need for additional education to enhance their capacity to intervene at the point of contact. Evidence based practice guidelines need to be “user-friendly” if they are to guide practice in busy clinical settings.

Implementing a programmatic approach to routine screening for distress (6th vital sign) has the potential to improve the patient experience. Successful implementation is linked to having clearly defined roles and responsibilities for staff members who are responding to the patient data or taking action on the basis of the screening scores. This presentation will assist oncology nurses in understanding how to incorporate screening for distress within their daily practice.

B: The Distress Thermometer: A Valuable Screening Tool for Nurses

Anita Mehta, PhD, Marc Hamel, PhD.
Montreal General hospital, Montreal, QC, Canada.

As transplant nurses, we like our patients to have a smooth, predictable course. The post-transplant path through nadir and hopefully engraftment passes through mucositis, dances around nausea, and dips precariously into realms of gastrointestinal involvement, topping off with alopecia, xerostomia, and perhaps some peripheral neuropathy. There might be a fever here and there to make things interesting, and allogeneic transplants give additional concerns with GVHD, but what the nurse really does not want to see are cardiopulmonary complications. Ranging from infections to hemorrhaging to damage from conditioning regimens, the lungs and heart can be thrashed during the transplantation journey. Quick reflexes on the part of the BMT nurse can make a huge difference in care and outcomes for our patients. Through case studies, anecdotes, and pictographs, this session will provide an overview of both common and rare cardiopulmonary complications and discuss associated nursing assessments and interventions.
Emotional distress is recognized as the 6th vital sign in cancer care with a reported incidence in patients between 35-45%. Oncology nursing involves rapid recognition and proper management of distress. If distress is not properly assessed, it cannot be properly treated. This leads to complications in treatment and recovery for patients, and impacts family members as well. The Distress Thermometer (DT) has been commonly used in screening for emotional distress in cancer patients. It is a valuable screening tool as it initiates a dialogue about distress between the nurse and patient. At our university health centre, the pivot nurses in oncology conduct baseline assessments that include the DT. This gives them insight into the patient’s emotional distress level. Patients are also asked to complete the accompanying Problem Checklist to identify sources of their distress. Based on the patients’ responses, the nurses are able to determine the most appropriate interventions which could include a referral to specialized services such as the Psychosocial Oncology Program. Previous research has shown that having a cancer navigation nurse has helped lower patient distress. Consequently, the DT serves as an important communication tool between the pivot nurses and the Clinical Nurse Specialist in Psychosocial Oncology. Although research within our program is ongoing at present, clinical implications are noteworthy and will be presented. Nursing interventions that have emerged as valuable for our patients will also be discussed.

C: Screening for Distress, the 6th Vital Sign and Symptom Management: The British Columbia Experience

Karen Levy, RN MSN, Kathleen Yue, RN BSN. 1B C Cancer Agency, Vancouver, BC, Canada, 2B C Cancer Agency, Victoria, BC, Canada.

In 2009, CANO endorsed Distress as the 6th Vital Sign in Oncology. The purpose of this project is to promote person centered care, in part through the implementation of a Screening for Distress process using the Edmonton Symptom Assessment System and Canadian Problem Checklist. This is a 24 month project involving BC Cancer Agency (BCCA), provincial Regional Health Authorities (RHA) and Canadian Partnership Against Cancer (CPAC). Planning is well underway in the five BCCA Regional Cancer Centers. A second project - Symptom Management Guidelines (SMG) for nursing was recently completed. Integration of these two projects referred to as Screening, Assessment and Management of Symptoms (SAMS) provides a standardized approach for nursing and other interdisciplinary team members to address the symptom concerns identified by patients through “Screening for Distress”. Processes related to planning, implementation and evaluation of SAMs and lessons learned will be discussed. Progress regarding the initial planning with Regional Health Authorities will be described.

The implementation of screening for distress in tandem with nursing focused evidence based SMG’s will identify patient distress and provoke a focused nursing assessment with evidence based interventions at point of care. This is an ambitious change to established practice and organizational processes and learning's taken from each site implementation will be invaluable to the continued success of the project.

III-02

A: Collaborating to Improve Care: The Development and Implementation of Survivorship Care Plans in the Head and Neck Population

Lisa C. Shirt, RN, MN, CON(C).
Tom Baker Cancer Center, Calgary, AB, Canada.

Collaborating to improve care: the development and implementation of care plans for head and neck cancer survivors.

Head and neck cancer patients often have complex, multi-modality treatments that contribute to physical and psychological long term complications. Concerns about future health, finances, relationships and other life issues often result. Research has shown that survivor care plans are valuable tools as they address these concerns upfront and they can help promote healthy behaviors. An interdisciplinary research group is exploring if survivors will benefit from these care plans and the supportive interventions accompanying them. This presentation will report on the work done by this group towards developing and implementing these novel care plans. As care plans are a relatively new development in survivor care and are being championed as a national initiative, learnings from our challenges will be helpful to others. As the project moves into the implementation phase other challenges will be identified: are patients receptive to care plans? Do they find it useful or act on the recommendations from the plan? When is the best time to deliver the plan? Are they useful for other care providers? As nurses, we need to collaborate within multidisciplinary teams to empower patients with useful information and tools, assisting in the transition from active treatment to their new “normal”. Care plans may be one way of achieving this.

B: Is this a blessing or a curse: Positive and negative aspects of having cancer reported by head and neck cancer survivors

Barbara A. Swore Fletcher, PhD, Karen L. Schumacher, RN, PhD, William Lydiatt, MD, Marlene Z. Cohen, RN, PhD, FAAN. University of Nebraska Medical Center, Omaha, NE, USA.
Purpose: Despite grueling treatment regimens with multiple side-effects and ongoing problems related to body image, communication, and socialization, many head and neck cancer (HNC) survivors report positive aspects of their experience. Studies have examined quality of life (QOL) in HNC survivors, but a detailed view of the positive and negative changes is needed. The purpose of this qualitative study was to explore the positive and negative aspects of life for survivors of HNC.

Conceptual Framework: Park & Folkman’s meaning-making model of coping, an adaptation of Lazarus & Folkman’s transactional stress and coping model.

Subjects: Fifteen survivors of HNC who were 2-6 months post-treatment.

Methods: Data collection: semi-structured interviews, observation, field notes, and memos. Data analysis: line by line coding and constant comparison. Codes were organized into conceptual categories.

Results: Both positive and negative aspects of recovery after HNC treatment are present. While survivors described many symptoms and losses, they also described the benefits. Benefits included time to reflect, listening more to others, and increased patience. Meaning-making coping was used to reframe loss and enhance lives.

Implications for Future Research: Understanding the benefits and difficulties of survivors’ experience helps the health care professional support the individual. This focus will lead to important nursing interventions for future research.

III-04

A: Priorities, Barriers and Facilitators for Remote Telephone Support of Cancer Symptoms: A Survey of Canadian Oncology Nurses

Gail Macartney, RN(EC), MSc(A), CON(C), Dawn Stacey, RN, PhD, Meg Carley, BSc, Margaret B. Harrison, RN, PhD.
‘Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada, ‘University of Ottawa, Ottawa, ON, Canada, ‘Queen’s University, Kingston, Ontario, ON, Canada, ‘Queen’s University, Kingston, Ontario, ON, Canada.

Background
With the growing cancer patient population and increasing stress on cancer care resources, oncology nurses are facing increased demands with respect to providing remote symptom management support for their patients.

Objective
The purpose of this study was to explore the clinical priorities for symptom management guidelines; and to identify the factors influencing how nurses provide remote telephone support for cancer patient symptom assessment, triage, and management.

Methods
689 oncology nurses across Canada were surveyed. Face validity of the survey questionnaire was established by a group of 11 researchers and practitioners with expertise in oncology nursing and research methods. The survey was pre-tested with nurses and administered on-line using Survey Monkey.

Results
368 nurses completed the survey (response rate 56%) from September 3 to October 27, 2009. Of those who completed the survey, 197 nurses (53.5%) provided remote support. The most common type of support was telephone (97.97%) but a significant proportion (30.46%) also provided support through email. Preliminary analyses reveals that the most common symptoms nurses see in their remote practice are fatigue, pain, nausea, constipation and anxiety. The symptoms perceived as the most difficult to manage are depression, dysuria/hematuria, anorexia, breathlessness and neuropathy. The presentation will provide an analysis of priorities, barriers and facilitators for remote cancer patient symptom management.
B: Leveraging Technology to Empower Oncology Patients in the Management of Distressing Symptoms

Lynn Kachuk, RN, BA, MS, CON(C), CHPCN(C), Cathy Comerford, RN, BScN, CON(C), CHPCN(C), Catherine Boucher, RN, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada.

Our cancer centre provides oncology care for 1.2 million residents in our region. Palliative Care clinicians provide symptom management advice and support to approximately 2000 patients per year who are at varying stages in their disease trajectory. These patients have significant disease burden and complex care needs. Palliative Care clinician resources, travel distance and patient frailty create challenges in effective follow-up. One innovative use of technology to facilitate timely patient interventions with minimal patient burden is a computer-based interactive voice response (IVR) telephone system that can convey pre-recorded messages and questions to patients in their homes. Leveraging this technology ensures timely and consistent patient follow-up while employing human resources effectively and efficiently. The use of this technology also empowers patients to take an active role in their health care.

This presentation will outline the processes and strategies used in implementation planning for IVR use in our Palliative Care clinics. We will share key components of the IVR program including: computer algorithms used to sequence patient questions; pre-set trigger alerts for real time notification of clinicians to call the patient and address their immediate concerns; and algorithms for pain, dyspnea, anxiety and new symptom concerns. We will also describe the educational component built into the system to provide patients with additional information related to symptom management.

C: The Community Oncology Nurse Role in Palliative Telehealth Consultation: the Virtual Pain & Symptom Control / Palliative Radiotherapy Clinic Experience

Edith Pituskin, RN MN, Terri Woytkiw, RN BN, Pat Mah, RN, Jane Herman, RNs, Darlene Haughian, RN5, Lisa Lejeune, RN5, Chris Briggs, RN6, Heather Loewen, RN6, Brenda Barrett, RN7, Charlene Buchanan, RN8, Tanya Hines, RN8, Rhodelle Taylor, RN3, Rosanne Hebert, RN BN9, Eriin Langner, RN BScN CON(C)9, Donna Nelson, RN2, Sharon Watamabe, MD FRCP(C), Alysa Fairchild, MD FRCP(C), Patricia Borgersen, RN BN1.

The Virtual Pain & Symptom Control / Palliative Radiotherapy (VSCPR) Telehealth Clinic was developed to provide access to a multidisciplinary consultation while allowing patients to remain near their home and established support systems of family and care providers. After performing history, physical examination and symptom assessment tools, the Community Oncology RN conducts a case conference with the patient, family and VSCPR team via live videoconference. After review, the VSCPR team offers recommendations to the patient and community providers. Follow-up videoconference assessments are scheduled according to patient need.

To date, Community Oncology RNs have conducted 39 Telehealth patient consultations and follow-up visits. Patient surveys show high levels of satisfaction with the VSCPR experience, and 18,978 kilometres of travel saved. Other benefits include condensing multiple consultations into one visit and minimizing time away from home, community and support systems. Benefits for Community Oncology RNs include leading an innovative approach to patient care, enhancing palliative care expertise and development of new knowledge.

III-05

A: The Excellence in Nursing Education Model® applied to a large urban tertiary care hospital: Bringing the Nursing leadership team together.

Charissa Cordon, RN, BSc, BScN, MN, CON (C), Andrea McDonald, RN, BScN, MSc (cand.), Simone Simon, RN, BScN, MN (cand.), CON (C), Sarah D’Angelo, RN, BSc, BScN, MN, Diana Incekol, RN, BScN, MSc (cand), CON (C).

Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Adult learning principles have been widely used as an approach to provide nursing education in the workplace. Though an effective teaching methodology for adult learners, it does not provide clear guidance on how to nurture excellence in nursing. Finding a nursing education model in clinical practice remains a challenge for many nurse educators.

The Excellence in Nursing Education Model®, developed by the National League for Nursing (2006), outlines eight elements for education in academia to achieve nursing excellence. These elements include: clear program standards that raise expectations; well-prepared faculty; qualified students; well-prepared educational administrators; evidence-based programs and teaching/evaluation methods; quality and adequate
resources; student-centered, interactive and innovative programs and curricula; and recognition of expertise. To continue to nurture excellence in nursing and to integrate a framework to guide their practice, this model was adapted by the nurse educators at a large teaching hospital. However, to fully integrate and apply this model it was necessary to collaborate with the entire nursing leadership team.

This presentation will describe the adapted Excellence in Nursing Education Model as it applies to clinical setting. The resulting changes to the educators’ practice; and the process of sharing the vision and obtaining the support of the nursing leadership team will also be discussed.

B: Caring for People with Cancer: What are nurses’ professional and career development needs?

Denise Bryant-Lukosius, RN, PhD1,2, Mary Jane Esplen, RN, PhD1, Esther Green, RN, MsC(T)3, Grace Bradish, RN, MN4, Tazim Virani, RN, PhD5, Diana Morarescu, PhD6.
1McMaster University, Hamilton, ON, Canada, 2Juravinski Cancer Centre, Hamilton, ON, Canada, 3de Souza Institute, Toronto, ON, Canada, 4Cancer Care Ontario, Toronto, ON, Canada, 5South West CCAC, London, ON, Canada, 6Tazim Virani Associates, Markham, ON, Canada.

Many regions recognize the need to develop comprehensive yet targeted supports to enhance the nursing human resource capacity to care for people with or at risk for cancer. A key step in developing a strategy for capacity development was to conduct a robust needs assessment. In Ontario, a tri-party collaborative between de Souza Institute, Cancer Care Ontario and McMaster University undertook this challenge. A province wide, structured needs assessment study was undertaken to better understand the professional and career development needs of generalist and specialized nurses providing cancer care. A stakeholder engagement process was established to validate final conclusions and to develop an educational support strategy.

The objectives of this presentation are:

1. Highlight overall needs assessment objectives, methodology and participation.
2. Share key successes of the project, including the critical role of an advisory committee, engagement of key stakeholders and multi-faceted approaches that facilitated data collection from key informants through 13 teleconference focus groups and over 600 completed online surveys.
3. Discuss key conclusions drawn from the systematic gathering of qualitative and quantitative data.
4. Highlight key elements of the educational strategy.
5. The presentation will leave the audience with key transferable lessons for the needs assessment methodology and insights in the professional and career development needs of generalist and specialized nurses who provide cancer care.

C: Reporting back on a National Oncology Education Survey: Actualizing the Potential of Together

Barbara Hues, RN, MSN, CON(C)1, Linda C. Watson, MN, CON(C), PhD student2, Laura Rashleigh, RN, BScN, MScN (cand) CON(C)3, Sarah Champ, RN BScN, Gisele Sarbacher, RN BN CON(C)4.
1CancerCare Manitoba, Winnipeg, MB, Canada, 2Tom Baker Cancer Center, Calgary, AB, Canada, 3de Souza Institute, Toronto, ON, Canada, 4Cross Cancer Institute, Edmonton, AB, Canada.

The Canadian Association of Nurses in Oncology (CANO/ACIO) has a mandate to promote excellence in oncology nursing practice, education, research, and administration across Canada. Facilitating excellent educational opportunities available to oncology nurses across Canada is a fundamental step to fulfilling this mandate. In order to create meaningful and cost effective resources/supports, it is of utmost importance to know what the membership would find useful or relevant to their day to day practice. To achieve this the Director-at-large education struck a national education committee to gauge the information needs of oncology nurses across Canada at two critical points in their career trajectory; retrospectively to identify resources that would have been useful in orientation and to highlight resources that would be useful in their current quest as lifelong learner in oncology nursing. Collaboratively, this committee formulated a national survey based on the CANO competencies for specialized oncology nurses. This survey was distributed via the national membership email list and administered through a web based survey tool. In this presentation the national education committee will report back to the CANO membership on the results of this survey. This presentation will also offer an opportunity to dialogue in light of these results, around what kinds of tools would be helpful to the members and what form these tools would be most useful in.

III-06

Workshop: Gender matters when it comes to cancer: Implications for cancer nursing research

Joan L. Bottorff, PhD, RN.
University of British Columbia Okanagan, Kelowna, BC, Canada.

Gender, defined as socially prescribed and experienced dimensions of “femaleness” and “maleness” in society,
is evident in the diverse ways individuals engage in behaviours. Despite growing evidence about the importance of gender in understanding health behaviour and health outcomes, the influence of gender, as well as the interplay within and between genders in people’s lives, is not systematically examined in psychosocial oncology research. Conceptualizations of gender and implications for cancer nursing research will be discussed, and challenges in moving beyond the binaries of sex and gender will be explored. Selected examples will be presented to demonstrate the importance of disaggregating data to examine gender differences (without presuming that any such differences exist), and the use of frameworks of masculinities and femininities in planning and conducting research. In this workshop, participants will discuss how gender influences can be integrated in cancer nursing research to make nursing research more just, more rigorous and more useful.

III-07

A: The Unique Role of Nursing Within a Surgical Oncology Outpatient Team - Operating to the Fullest Scope of Practice.

Christine Blais, RN BScN, Chantal Bornais, RN BScN.
The Ottawa Hospital, Ottawa, ON, Canada.

The Unique Role of Nursing Within a Surgical Oncology Outpatient Team - Operating to the Fullest Scope of Practice. Since its inception in 2007, the Thoracic Cancer Assessment Clinic (CAC) has evolved into a specialized unit addressing the needs of a diverse population. Our mandate is to rapidly assess, diagnose, stage and provide access to patients with suspected or diagnosed lung cancer via an expert inter-disciplinary team.

The role of nursing within the thoracic CAC has evolved along with the clinic. When the unit first began operating, there existed only a vision of what the nursing scope of practice would encompass. Through reflective practice as individuals and as a team, a new definition and role has emerged. Presently, the clinics are now nurse-led with an expanded role allowing for the nurse to draw on a variety of expertise including case management, patient navigation, patient education, family support as well as performing the traditional roles of nursing. During a typical day, a thoracic CAC nurse can be found triaging referrals, assessing patients, managing the time of the inter-professional team, problem solving / crisis managing and participating in research activities. This expanded role offers challenges but also rewards those who thrive on innovation.

B: Can An Inter-professional Model of Care Improve The Care for Men Undergoing a Transrectal Ultrasound Guided Biopsy? Yes It Can!

Marian F. Waldie, RN BScN, Jennifer Smylie, RN BN MHSM, Heather Lloyd-Easy, RN BScN CON(C), Sylvie Bellerive, RN BScN.
The Ottawa Hospital, Ottawa, ON, Canada.

The Prostate Cancer Assessment Clinic (CAC) opened in May 2008 to receive patients for an evaluation of a possible prostate cancer. Clinic objectives include providing timely assessment, diagnostic services, guidance in decision-making, and initiation of treatment to newly diagnosed patients. Transrectal ultrasound guided (Trus) biopsy remains the gold standard for a definitive diagnosis of prostate cancer. Prior to the opening of the Prostate CAC, Trus biopsy wait times of eight to twelve weeks often resulted in increased psychological distress for patients and families, and dissatisfaction amongst urologists. A redesign of the processes was undertaken with the objectives of reducing wait times and improving access to quality care. Clinicians and administrators performed a thorough review of the existing patient demand and capacity and implemented improvements. The current target for the completion of a Trus biopsy is within two weeks of a patient consult visit.

The Prostate CAC has become the point of contact for Trus biopsy care. Benefits of the process redesign include standardization of radiology practices, as well as the development of protocols to improve patient safety and care. A collaborative inter-professional approach has resulted in timely access to education, support and guidance, and improved quality of care for men undergoing a Transrectal ultrasound guided biopsy.

III-08

A: Empowering Patients Empowers Ourselves: The Joys and Challenges of the Nursing Role in a Living Laboratory

Brenda Ross, RN BScN (Hon.), Margurite Wong, RN, BA, BSN (Hon), Lynda Balneaves’, Antony Porcino’, Tracy Truant’, Marja Verhoeef’.
1BC Cancer Agency, Vancouver, BC, Canada, 2University of British Columbia, Vancouver, BC, Canada, 3University of Calgary, Calgary, AB, Canada.

How can health care providers ensure knowledge is translated in a way that benefits patients? Many health care providers have little formal education or experience in knowledge translation and may have difficulty describing the steps involved. Research Nurse Coordinators employed in the innovative Complementary Medicine (CAM) Education and Outcomes (CAMEO) research program are actively involved in this
process. In collaboration with a team of researchers and clinicians they develop, implement and evaluate evidence-based educational programs and tools for patients and health care providers, participate in multiple research projects, and provide support to patients and families regarding CAM and cancer decision-making. 

Over a period of six months, the nurses formally reflected upon the roles they played, the knowledge and skills they developed, the lessons they learned from patients, and the challenges they faced as they provided CAM decision support to patients and families. Reflections were then summarized and themed using a knowledge translation framework. This presentation will describe their findings and will illustrate the clinical nursing role in a knowledge translation setting, the strategies used by nurses to enact knowledge translation, the type of support they have required, and the lessons they have learned working with researchers, patients and their families. Their experience will be relevant to others interested in knowledge translation and developing evidence-based nursing practice.

B: “Wading through water”: Patients’ perspectives of seeking complementary and alternative medicine (CAM) information.

Leah K. Lambert, PhD Student; Lynda G. Balneaves, PhD; Tracy Truant, MSN.
1University of British Columbia, School of Nursing, Vancouver, BC, Canada, 2British Columbia Cancer Agency, Vancouver, BC, Canada.

Most Canadians with cancer will use Complementary and Alternative Medicine (CAM) at some point during their illness experience. While most cancer patients feel comfortable talking about CAM with conventional health professionals, only a small percentage report seeking advice about CAM from a conventional health professional. Little is known about the CAM information seeking behavior and information needs of cancer patients. The purpose of this secondary data analysis was to explore cancer patients’ CAM information-seeking behaviors and information needs. Data from over 30 qualitative interviews with cancer patients with a range of cancer diagnoses was analyzed using thematic analysis. Study findings showed that in the absence of CAM discussions with conventional health professionals, individuals turned to lay resources, such as the Internet and their social network for CAM information. These individuals reported being overwhelmed, frustrated, and confused with the amount of CAM information available and struggled to understand this material. Patients were interested in determining what CAM options were appropriate given their cancer diagnosis and the potential for side effects and interactions with conventional cancer treatments. Many individuals preferred to receive evidence-based CAM information from health professionals like oncologists, while others privileged anecdotal information from lay resources and fellow cancer survivors. Information and decision-support strategies are needed that assist people with cancer in making safe, informed, and appropriate decisions about the use of CAM.

C: Development of a 1:1 Decision Support Program for Cancer Patients Interested in Complementary Medicine

Lynda G. Balneaves, PhD1, Tracy L. O. Truant, MScN1, Brenda C. Ross, BScN1, Margurite Wong, BScN1, Alison Brazier, PhD1, Marja J. Verhoef, PhD1, Antony Porcino, PhD (c)1. 1University of British Columbia, Vancouver, BC, Canada, 2BC Cancer Agency, Vancouver, BC, Canada, 3University of Calgary, Calgary, AB, Canada.

Research has shown the overwhelming majority of cancer patients are using or interested in complementary medicine (CAM). The decision-making process surrounding CAM may be complex for some individuals, especially patients experiencing significant distress, interested in multiple CAM therapies, or struggling with contradictory advice from CAM and conventional health professionals. For these individuals, a 1:1 decision support program may provide the in-depth support and information required to make safe and informed decisions about CAM. In this presentation, we will describe the development of the 1:1 decision support program for CAM decisions within an established CAM education and decision support program (CAMEO) at the BC Cancer Agency in Vancouver, BC. Included in this discussion will be a description of the theoretical lens informing the 1:1 program, the substantive components of the program, and the search strategies used to develop evidence-informed summaries of specific CAM therapies. Specific cases will be presented to highlight the challenges of the 1:1 program, including the ethical, practice, and research issues that have arisen. Preliminary qualitative and quantitative findings from the pilot study of the 1:1 decision support program will also be shared that illustrate the feasibility and accessibility of the program for cancer patients. Implications for future revisions to the 1:1 program, as well as other nurse-led patient support programs, will be presented.

IV-01

A: Advanced Practice Nurses collaborate to improve nursing assessment skills of novice to expert oncology nurses through education.

Charissa Cordon, RN, BSc, BScN, MN, CON (C)1, Andrea McDonald, RN, BScn, MSc (cand).1, Simonne Simon, RN, BScN, MN (cand), CON (C)1, Diana Incekol, RN, BScN, MSc (cand), CON (C)1, Janice Wright, RN (EC), BScN, MScN, Kathy Trip, RN (EC), BScN, MScN1, Cindy Murray, RN (EC), BScN, MScN, Corsita Garraway, RN (EC), BScN, MScN, CON(C), CHPCN(C)1,
Conducting timely and comprehensive health assessment is one of the Practice Standards of the Canadian Association of Nurses in Oncology (CANO, 2006). At a large urban hospital, the staff nurses, advanced practice nurses (APN) and nurse managers identified a need for a comprehensive oncology nursing assessment course to support nursing practice and meet CANO Standards of Practice. The advanced practiced nurses, which comprise of nurse practitioners, clinical nurse specialists and nurse educators, met as a group to identify ways to address this need. The group decided to develop an introduction to oncology nursing assessment course to meet the learning needs of nurses in various practice areas. 13 APNs were involved in the design, delivery and evaluation of the 2-day course. Each APN taught a session congruent with their area of expertise. Pre-test and post-tests measured the learner's knowledge acquisition. In addition, an informal survey evaluating the learner's perceived change in confidence in performing nursing assessment was conducted. This presentation will describe the collaborative approach of the APNs in the development of an introduction to oncology nursing assessment course, and the teaching/learning methodologies utilized to enhance learner engagement, critical thinking and application to practice. Results of the 3-month post course survey exploring the participants’ perception of change in their practice will also be shared.

B: Promoting standardized chemotherapy and biotherapy through a provincial education program

Laura L. Rashleigh, BScN, MScN (cand)1, Diana Incekol, BScN1, Linda Robb Blenderman, MSc1, Esther Green, MSc1, Mary Jane Esplen, PhD1,
1de Souza Institute, Toronto, ON, Canada, 2Princess Margaret Hospital, University Health Network, Toronto, ON, Canada, 3Cancer Care Ontario, Toronto, ON, Canada.

Chemotherapy and biotherapy are two common treatment methods used in cancer care. As new antineoplastic agents are introduced at an ever increasing rate, nurses, regardless of their clinical experience or practice setting, face challenges in maintaining competence and in providing high quality, safe care to patients. A standardized chemotherapy and biotherapy program was developed to support a consistent practice approach across the province. This program includes a holistic course for nurses administering chemotherapy and biotherapy, and a one day facilitator training course. Tools to support ongoing competency maintenance and preceptorship are in development with stakeholders; facilitators will be able to adapt and implement these tools in their local centres.

To ensure high quality and consistent curriculum content delivery amongst different facilitators, randomly selected audiotapes of facilitators' teaching activities will be reviewed by an expert panel and feedback provided to facilitators. Preliminary results from the pilot and year one implementation will be reported to the conference with lessons learned and future implications shared.

C: Cancer Survivorship: Supporting oncology nursing practice through the creation of a self-learning resources (SLR)

Margaret Forbes, MN, CON(C)1, Lynne Jolicoeur, MScN, CON(C)4
Jan Park-Dorsay, NP-Adult, MN, CON(C)2, Myriam Skrutkowski, MScN, CON(C)5, Jennifer Wiernikowski, NP-Adult, MN, CON(C)6, Kim Chapman, MScN, CON(C)4, Miriam Corne, MEd., CON(C)1, Joan Hamilton, MScN, Virginia Lee, PhD1, Brenda Sabo, PhD1, Lori Santoro, RN, CON(C)1, Tracey Soloninka, RN6, Mary Vachon, PhD11.
1Juravinski Hospital & Cancer Centre, Hamilton Health Sciences, Hamilton, ON, Canada, 2River Valley Health, Region #3, Fredricton, NB, Canada, 3Cancer Care Manitoba, Winnipeg, MB, Canada, 4Juravinski Hospital & Cancer Centre, Hamilton Health Sciences, Hamilton, ON, Canada, 5QEI Health Sciences Centre, Halifax, NS, Canada, 6The Ottawa Hospital, Ottawa, ON, Canada, 7McGill University Health Centre, Montreal, QC, Canada, 8Dalhousie University, Halifax, NS, Canada, 9McGill Health Sciences Centre, Montreal, QC, Canada, 10St. Michael’s Hospital, Toronto, ON, Canada, 11Dr. Mary L.S. Vachon Psychotherapy and Consulting Inc, Toronto, ON, Canada.

Survivorship is a newer term in the culture of cancer care as more people live longer with active disease or beyond detectable disease. Our knowledge of the needs of cancer survivors and the gaps in care that they experience is only starting to be understood. There is mounting evidence that nurses can make a positive impact on the lives of cancer survivors. CANO-ACIO recognizes the challenge for oncology nurses to incorporate information about cancer survivorship into practice. In response to this challenge a group of oncology nurses with a special interest in survivorship issues was assembled to create a unique self-learning module (SLM) for nurses working at the point of care. The SLM includes background information and tools to help nurses develop and evaluate innovative care plans for patients and families, provides useful psychosocial content to support the nurse in caring for patients and families, and addresses the long-term physical side effects and symptoms from the cancer and its treatment. This presentation will 1) describe how this
national organization is taking action to support nurses through the development of a self-learning module about survivorship 2) review the components of the module, and 3) demonstrate how nurses can use it to enhance care and to support patients and families to thrive after a diagnosis of cancer.

A: Oncology Nurse Perceptions of Clinical Priorities and Strategies for Promoting Evidence-Based Practice.

Denise Bryant-Lukosius, RN PhD, Lorraine Martelli-Reid, RN(EC), MN, Anita Adams, RN(EC) MN, Christine Zywine, RN MScN, Margaret Forbes, RN BScN, Kari Kolm, RN(EC) MN, Mary Ruth Crabb, RN MN, Jennifer Wiernikowski, RN(EC) MN, Dorothy Vaitekunas, RN(EC) MN, Deb Evans, RN MScN, Laura Mishko, RN BSc, Jan Park Dorsay, RN(EC) MN, Kathleen Green, RN(EC) MN.

Background: Research has shown that Evidence Informed Nursing Practice (EINP) is important for achieving optimal patient and health system outcomes. However, nurses often find it difficult to apply research evidence in their practice. Knowledge, skills and formal organizational structures and supports, such as advanced practice nurses (APNs) are important for developing EINP.

Purpose and Objectives: This presentation describes the results of an APN-led descriptive study examining oncology nurse perceptions and experiences with EINP at a regional cancer program in Ontario.

Methods: A self-report questionnaire was used to survey the entire population of staff nurses, nurse educators and nurse managers. Focus groups were conducted in six practice settings across the cancer program to identify solutions for improving EINP.

Results: The response rate for the questionnaire was 77% (n=194/252). Nurses were found to have positive attitudes about EINP. Varied nurse perceptions about their competency and involvement in EINP activities related to their level of education and type of practice setting. Key facilitators, barriers and five common patient care issues were identified for improving EINP.

Strategies employed by our Palliative Care nurses to address the gaps identified in oncology nursing practice related to cancer pain management.

B: Enhancing Nursing Knowledge in Cancer Pain Management: Palliative Care and Oncology Nurses Working Together

Lynn Kachuik, RN, BA, MS, CON(C), Sylvie Bruyere, RN, BScN, CON(C), CHPCN(C). The Ottawa Hospital, Ottawa, ON, Canada.

Studies indicate that as many as 30% of newly diagnosed cancer patients, 40% of those undergoing treatment, and 75% of those in the terminal phase of disease have unrelieved pain. To better understand the extent of pain in our oncology patient population, we conducted a one-day prevalence study across 3 inpatient oncology units at our tertiary level hospital to identify key factors in the assessment and management of pain. Indicators assessed included severity of pain, descriptors of pain, interventions ordered and used to control pain, patient education and patient satisfaction with their current pain management.

Specialized expertise in cancer pain management is often supplied by Palliative Care Consult teams and our palliative care nurses, integral members of the team, acknowledge their critical role in providing this education. It is imperative that palliative care nurses work together with oncology nurses to improve overall knowledge and skills in assessing and managing cancer pain. Although formal educational sessions are important it is often the day to day teachable moments that result in effective knowledge transfer. This presentation will highlight the pain prevalence results and describe multiple strategies employed by our Palliative Care nurses to address the gaps identified in oncology nursing practice related to cancer pain management.

A: Navigating Navigation In Times Of change

Janet E. Bates, BScN.

The aim of Professional Cancer Patient Navigation is to assist the patient’s journey through the cancer care system making it as timely, seamless and stress free as possible. But what happens when Navigation needs navigation?

The ongoing restructuring of Alberta’s health care system has made the earth shake for providers and redefined how the business of healthcare is done. Funding sources have changed or disappeared, processes altered, and contacts vanished. Before restructuring the distinct role of Navigator was still being defined and refined; since restructuring it has been a struggle to keep navigation on track and moving forward.

This presentation will look at the progress Cancer Patient Navigation is making in Alberta. Progress made possible because of more than a “little help from our friends”.

Networking provincially and inter-provincially, finding new and...
different sources of funding and alternate ways of partnering have kept navigation moving forward.

Of special note is the collaborative work that continues in developing and disseminating the Alberta Cancer Patient Navigation Curriculum. Developed to assist oncology nurses with hospital backgrounds to cultivate the skills to support patients in their communities, the writing of the “paper” version of the course is complete and work is underway developing the e-learning format. This work has only been possible because of the power of many.

B: Building a Navigator: The Development of a Cancer Patient Navigation Curriculum

Janet E. Bates, BScN.
Alberta Health Services Cancer Care, Edmonton, AB, Canada.

They say it takes a village to raise a child, but what does it take to create a cancer patient navigator? Our approach is to recruit nurses with oncology backgrounds and prepare them to function as cancer patient navigators. A hurdle faced by “hospital” nurses is their practice is not grounded in principles and practices of community nursing. And while the nurses know their patient population and are familiar with their communities, they do not necessarily have the skills to help patients navigate a healthcare system, most of which exists outside the confines of hospital walls. As the positions created are part-time and spread over a large geographic area it was recognized that community based Cancer Patient Navigators would be working without ready access to peer and mentor support.

Drawing on the expertise of established navigation programs, the Inter Provincial Curriculum Committee considered the obstacles novice navigators encounter, assisted in the development of a curriculum and provided feedback on course materials.

The “Curriculum”, a bit of a misnomer, is a course covering communication, cultural competence, assessment, resource utilization, nurse stress management, documentation and the selection of assessment tools. Professionally written, article based and enriched with case studies the curriculum aims to augment the hospital nurses’ skill set so they can successfully deliver navigation services to their patients.

So how many people does it take to create a navigator? A lot.

C: The Pivot Nurse in Oncology: Nursing Interventions for Professional Navigation

McGill University Health Centre, Montreal, QC, Canada.

The Professional Navigation role exists in North America to facilitate the journey of patients diagnosed with cancer across the cancer experience trajectory. The provincial cancer program in Quebec created the nurse position, known as the Pivot Nurse in Oncology (PNO), in 2005. It identified the nurse as the professional best suited to respond to the patient’s bio-psychosocial needs and symptoms in addition to acting as their resource person at any point of time across the cancer trajectory. Four main components that comprise the role - assessment of the needs and symptom of patients and their families, teaching and providing information, reassurance and support, and continuity of care - drive the practice of the PNO and contribute to symptom relief and improving the patient experience of cancer outcomes.

This presentation will describe: 1) the actual patterns of interventions delivered by PNOs over a 3-year period in an ambulatory setting at this university health centre, and 2) how the competencies required to enact the PNO role components of the Quebec model are congruent with the CANO/ACIO framework. Implications to nursing indicate that the patterns of care and interventions provided by the PNO are clearly within the domain of specialized oncology nursing practice.

IV-04

A: What is the prevalence of distress, decreased quality of life, depression and nervousness in patients with cancer cachexia?

Monica P. Parmar, CNS, Masters of Science applied in Nursing.
McGill Cancer Nutrition - Rehabilitation Program, Jewish General Hospital, Montréal, QC, Canada.

What is the prevalence of distress, decreased quality of life, depression and nervousness in patients with cancer cachexia? Background: Cancer cachexia is associated with decreased quality of life (QoL), poor prognosis and higher levels of psychological distress in patients and families. There is a need for further understanding of psychosocial issues and for the development of specific nursing interventions. The purpose of this study is to explore the prevalence of psychosocial symptoms in a specialized multidisciplinary clinic focussed on the treatment of patients with cancer cachexia.

Methods: A retrospective study was conducted using the clinic database. Patient rated distress taken from the The Distress Thermometer, and QoL, depression and nervousness taken from the Edmonton Symptom Assessment Scale were recorded on first visit. Descriptive statistics were used to explore prevalence of symptoms at levels of clinical importance (≥ 4/10).

Results: 241 patients (M/F: 124/117, mean age 64 ±13 years) of various cancer types were included. 64% of patients reported decreased QoL (x4, N=155), 46% reported distress (x4, N=111), 39% reported depression (x4, N=93) and 40% reported nervousness (x4, N=96). Also, 19% of patients reported the presence of all four symptoms (x4, N=46).

Conclusion: Distress, decreased QoL, depression and nervousness were found to be prevalent in patients with advanced cancer experiencing cachexia. This supports the need for specialized psychosocial nursing interventions, future
qualitative research and collaborative patient centered care in this population.

B: Starting the Conversation: Implementing an Integrated Symptom Relief Service in Head and Neck and Neuro-Oncology Populations.

Lisa C. Shirt, BN, MN, CON(C), Catriona Leckie, RN, MN, NP, CNN(c).
Tom Baker Cancer Center, Calgary, AB, Canada.

Starting the conversation: Implementing an integrated symptom relief service in Head and Neck and Neuro-Oncology populations.

Research has shown that distress is common in cancer patients across disease sites and throughout the disease trajectory. In 2009 CANO endorsed distress as the sixth vital sign. Head and neck and brain cancer patients have been identified as two cancer populations experiencing high levels of distress. Local research has shown that almost half of all patients who meet the criteria for distress do not take advantage of available professional supports or services.

At our ambulatory cancer center, we are currently implementing a program known as the integrated symptom relief service (ISRS). This program has brought together a multidisciplinary team of health care professionals who are committed to establishing effective screening and appropriate management of identified symptoms. Information collected through a distress screening tool will be used to open conversations around the priority concerns identified by patients. This person centered approach will contribute to the timely and meaningful management of symptoms. Our presentation will focus on what has been accomplished by our multidisciplinary team as we move toward operationalizing this integrated service.

This project is but one approach to implementing distress screening, but sharing the learnings from our work will allow the conversation to grow.

C: A Gastrojejunostomy Tube Outpatient Insertion Program; United Efforts of a Nurse Practitioner and Specialized Oncology Nurse

Kelly Jennifer Deering, RN(EC), BScN, MN, James Smith, rN, BScN, CON.
Princess Margaret Hospital, Toronto, ON, Canada.

Patients with head and neck cancer undergoing concurrent chemoradiotherapy or radical radiotherapy account for approximately 250-300 prophylactic gastrojejunostomy tube (GJ-T) insertions yearly at a large urban cancer centre in Ontario. Historically the process for GJ-T insertion included an inpatient admission with an average length of stay of 1-2 days. Mandatory hospital admissions for GJ-T insertions often create burdens for both the patient and their family and generate added stress on inpatient admission and bed flow processes. Overextended inpatient bed occupancy rates and the challenges to seamlessly transition patients to inpatient care, had provided a platform for a Nurse Practitioner (NP) and Specialized Oncology Nurse to develop an outpatient process for GJ-T insertions for patients with head and neck cancers. The program development both at practice and operational levels were unique. Success of program integration involved working closely with several inter-professional teams within the cancer centre and associated tri-campus healthcare partners. An NP and a Resource Nurse oversee patient selection, patient and family education, post insertion recovery, discharge and the 24-hour follow up assessment.

The presentation will describe the development of this distinctive Outpatient GJ-T Program. Program successes and lessons learned will be shared.

IV-05

Workshop: Optimisation des soins aux personnes atteintes de VIH souffrant d’un lymphome : L’expérience d’une équipe interdisciplinaire du CHUM.

Isabelle F. Fortin, B.Sc. CSIO(C), Josée D. Dorval, B. Sc. ICSP(C), Rock Levesque, B Sc.
CHUM, Montréal, QC, Canada.

Prendre soin d’une personne atteinte d’un lymphome fait partie du quotidien pour l’infirmière pivot de l’équipe d’hémato-oncologie au CHUM. Qu’en est-il, lorsqu’en plus du lymphome, le patient nécessitant ses soins est atteint du VIH? Il est démontré que l’incidence des lymphomes chez la clientèle porteuse du VIH est augmentée avec un risque 200 fois supérieur à la population en général et que le lymphome B représente une des premières causes de décès pour ces personnes. L’aspect et la localisation des lymphomes des patients séropositifs se présentent différemment de ceux de la population en générale. Compte tenu des spécificités relatives à leur état de santé (déficit immunitaire et thérapie antirétrovirale) et des différents traitements requis par leur condition cancérologique, il est primordial que la prise en charge de ces patients soit optimisée par l’intervention d’une équipe interdisciplinaire. Un tableau du profil de la clientèle traitée par l’équipe d’hémato-oncologie, illustrant le nombre de patients traités, les types de traitements offerts, la courbe de survie ainsi que notre expertise à travailler en interdisciplinarité seront présentés lors de l’exposé.

IV-06

A: From Novice to Specialist: My Journey of Becoming an Oncology Nurse

Sydney Phillips, Bachelor of Nursing.
Tom Baker Cancer Centre, Calgary, AB, Canada.
From Novice to Specialist: My Journey of Becoming an Oncology Nurse

Only two short years ago, the opportunities for novice nurses entering practice were expansive: unlimited casual shifts, vacant positions, sign on bonuses, and relocation support. This presentation will offer an account of my journey of becoming an oncology nurse: from completing my final practicum in ambulatory oncology, to graduating and starting as a casual nurse in ambulatory oncology and part-time on an acute inpatient unit, to completing my specialty certification in oncology and now practicing full-time as a specialized oncology nurse at the local ambulatory cancer centre. This presentation will portray “The Power of One: The Potential of Togetherness” as my skills, knowledge and nursing practice have been shaped over this journey by every nurse that I have learnt from as both a student and a Registered Nurse. Some of the most crucial learning moments and best nursing practice examples have come from my day to day practice since graduation. As the number of cancer patients seeking treatments grow, it is important to attract new graduates into the area of oncology nursing and retain them. The area of ambulatory oncology nursing has long been seen as a specialized area that was not well suited to new graduates, but this presentation will speak to the fit that can occur when the process is viewed as a journey.

B: Every Nurse is a Leader: How a CANO Value Statement Inspired a Group of Oncology Nurses to Create a Website.

Erin Penstone, BScN, CON(C). Nicole Dawson, BScN, CON(C), Susan J. Collins, RN (EC), MScN, CON(C). London Health Sciences Centre, London, ON, Canada.

“Every nurse, regardless of their position have opportunity for leadership” (CNO, 2007). As specialized oncology nurses, CANO states that there is need to “advocate for change when institutional policies fail to meet the needs of oncology patients” (2006). Nurses also have the responsibility to share knowledge and expertise with each other; to provide leadership if formal leadership is lacking, in order to enable their peers to develop expertise and confidence. In the protracted absence of a Clinical Educator position on a large inpatient oncology unit, a group of dedicated staff nurses, management and a Nurse Practitioner formed an Oncology Professional Practice Committee (OPP) with the goal of linking unit nurses to educational and practice-related resources.

After an evaluation of learning needs, the OPP committee created a website linked to the hospital’s Intranet. The website is designed for nurses, from novice to expert (in both computer aptitude and nursing practice) and contains links to medication resources, cancer-related materials, patient education tools and standards of practice. Through continued peer evaluation, the website has evolved to include all unit in-services and morale-boosting events and opportunities.

This presentation will outline the planning, implementation, evaluation and future goals of a peer-instituted website for nurses, by nurses, of an inpatient oncology unit.

C: Staff Nurse to NP: A Unique Mentoring Partnership

Shannon M. Nixon, BScN, Cynthia Murray, MN, Barbara Fitzgerald, MScN. Princess Margaret Hospital, Toronto, ON, Canada.

Staff Nurse to NP: A Unique Mentoring Partnership

The challenge of finding experienced nurse practitioners in specialized areas of oncology is a reality for directors of nursing. Difficulties in recruiting a specialized malignant hematology nurse practitioner at a large Canadian cancer centre led to the development of a career path mentorship program. The purpose of this pilot program is two-fold: to address recruitment needs and to support nurses with their professional development and educational advancement. This presentation will describe the evolution of the career path mentorship program from conception to current status. It will focus on the experience with the first participant including development of the roles and responsibilities of the mentee, selection of the mentee, and benefits of the program from the perspectives of the mentee, mentor and the director of nursing. The financial implications of introducing a new role and offering educational support in the current fiscal environment will also be explored.

We feel this unique mentorship program encourages career mobility and development and has the potential to be used as a nation-wide recruitment and retention strategy.

IV-07

Workshop: The New CANO/ACIO Chemotherapy Administration Standards and Competencies: What does this mean for my practice?

Tracy L. Truant, RN, MSN1, Brenda Sabo, RN, MA, PhD1, Jennifer Wiernikowski, RN, MN, NP-Adult, CON(C)1, Barbara Hues, RN, MSN1.

1BC Cancer Agency, Vancouver, BC, Canada, 2Dalhousie University, Halifax, NS, Canada, 3Juravinski Cancer Program, Hamilton Health Sciences, Hamilton, ON, Canada, 4Cancer Care Manitoba, Winnipeg, MB, Canada.

The National Strategy for Chemotherapy Administration (NSCA) is a three phased special initiative of CANO/ACIO that aims to develop, implement and evaluate national standards, competencies, and educational resources specific to chemotherapy administration by Registered Nurses in Canada. In September 2010, these chemotherapy administration standards and competencies as well as an implementation
Desirable.

On the oncology in tight fiscal times was not only possible but highly rare. The result concluded that a primary nursing model for ambulatory practice could be developed. Outcome measures were carefully evaluated and the end result supported the need for a primary nursing model for ambulatory practice. The scope of practice reflects the acuity of our patients.

A: An Innovative Ambulatory Oncology Nursing Model

Cindy A. McLennan, RN BScN CON(C) CPN(C) MBA (c), Angela Blasutti-Boisvert, RN BScN CON(C), Fatima Kanji, RN BScN CON(C).
The Ottawa Hospital, Ottawa, ON, Canada.

The time has come for out-patient oncology programs across Canada to realize that the resources we have traditionally come to expect no longer exist. All programs are under pressure to provide timely and safe patient care with fewer assets: decreased staff; limited funding; and, outdated nursing models of care. In keeping with the theme of CANO 2010 “The Power of One: The Potential of Together”, this ambulatory oncology program, has over the past year, transformed itself into a program that reflects the comprehensive role of the Oncology Nurse. Critical steps were taken on this journey that included: determining the principle functions of the program; a cross Canada review of ambulatory oncology nursing models of care was done to provide a ‘rich picture’ of the national nursing landscape; the new model was assessed for transferability onto 2 geographic sites; and, health human resources were examined to determine a scope of nursing practice that reflects the acuity of our patients. Outcome measures were carefully evaluated and the end result concluded that a primary nursing model for ambulatory oncology in tight fiscal times was not only possible but highly desirable.

B: Opening an Ambulatory Systemic Therapy Program in a New Cancer Centre: The Potential of the Interdisciplinary Team

Mary Flaherty, RN, BScN, MSc(A), MA, Sue Gill, RN.
BC Cancer Agency, Abbotsford, BC, Canada.

Building on individual strengths, “The Power of One”, the interdisciplinary leadership team worked collaboratively demonstrating “The Potential of Together”, to create a systemic therapy program in a new community facility. The scope of services included the delivery of complex systemic therapy and clinical trials in a comprehensive cancer centre in the fastest growing community in the province. The leadership team of an existing cancer centre was responsible for opening the systemic therapy program in a nearby region. Five months prior to opening additional leadership positions were brought on to prepare the centre for new patients and ensure the safe transition of patients currently on active treatment. The nursing leadership determined key project deliverables and actions for opening the ambulatory clinic and chemotherapy room. The areas of focus included staffing, orientation and training, work processes, and department set up. A project tracking tool was used to monitor progress and keep the project on track. This presentation will outline the collaborative process and team engagement that ensured the successful program opening. Since the center was built as a combined hospital and cancer center under a public private partnership model, the benefits and challenges of working in a public private partnership will be highlighted. Lessons learned in the planning and commissioning phases will be shared.

C: Patients as partners: Incorporating their feedback as part of cancer center development.

Antoinette Ehrler, B.Sc.N., M-DDO (c.), Paula P. Calestagne, B.A.
Jewish General Hospital, Montréal, QC, Canada.

Patient satisfaction surveys are useful tools used by many health care institutions to design, develop and follow up on patient-oriented programs and services. As part of a quality improvement initiative in our cancer center university-affiliated hospital, we have been soliciting feedback from patients as a key strategy to involve them in the process. Patient feedback has had an impact, among other things, on physical layout of the original clinic location and the newly expanded cancer center. For example, the inclusion of additional treatment stations and the physical relocation of the phlebotomist were the result of their feedback. A second survey highlighted patients’ concerns related to the importance of feeling safe during treatment. A focus group was conducted to further explore and better understand concerns expressed by patients in terms of feeling physically isolated from other patients undergoing treatments.
These findings were subsequently shared with the planning committee for the new center and several private treatment stations were converted to a shared space to facilitate patient to patient support. Actively seeking patients' opinions and recommendations has allowed them to be participants in the shaping of the physical environment where they spend a significant amount of time. By addressing their main concerns in a timely manner, we send the message that our center sees patients as true partners in care.

**IV-09**

**Exploring the Meaning of Hematopoietic Stem Cell Transplant Nursing: A Multi-Centre Study**

Brenda Marie Sabo, RN, Ph.D.,
Dalhousie University, Halifax, NS, Canada.

Significance & Background: Research on occupational stress has, historically been largely quantitative in nature. More recently, qualitative studies have begun add a richer dimension and understanding to existing evidence on the experience of oncology nursing work. To date, a paucity of research has focused on the psychosocial effects of hematopoietic stem cell transplant (HSCT) nursing; in particular, what are the benefits/rewards and adverse consequences of caring for patients who undergo HSCT and their families. Trauma research suggests that caring for individuals who are suffering, traumatized or at end-of-life inevitably leads to occupational stress (burnout, compassion fatigue, vicarious traumatization and/or moral distress).

Purpose: to enhance an understanding of the psychosocial effect(s) of HSCT nursing

Methodology: An interpretative phenomenological study grounded in the philosophical stance of Heidegger and van Manan was used to explore the meaning of HSCT nursing work. Method & Analysis: Twelve HSCT nurses from three Canadian hospitals shared their experiences through multiple interviews and focus groups. Thematic analysis was used uncover the meaning of HSCT nursing.

Results: Four core themes were identified: bearing witness to suffering, navigating uncertainty, need to feel supported, and comfortable in one's own skin. Further, a de novo over-arching finding, compassionate presence suggests a potential buffering effect against adverse effects. Findings highlight the rewards of caring for individuals who are suffering or at end-of-life. Additionally, implications for nursing practice, education and research will be presented.

**V-01**

**A: Impacts of information and peer support programs for cancer patients**

Heather Sinardo, BScN, MN.
Canadian Cancer Society, Toronto, ON, Canada.

Program evaluations were carried out for information and peer support programs of a Canadian charitable organization during 2008. They were designed to identify client-perceived impacts of receiving service and measure client satisfaction. Analysis was provided by a third-party research group associated with a major Canadian university. Findings demonstrate how these programs can augment help available within the traditional health care setting. They also help the organization continue improving the programs.

Information Service: 1,010 telephone surveys were completed. Most (92.3%) said their contact with the service helped in at least one of a variety of ways including coping, anxiety or stress. Nearly all respondents took at least one positive action (96.4%) as a result of contact with the service.

Peer Support: 762 anonymous mail-in surveys were returned. Respondents reported an increase in their sense of hope (97.3%), decreased anxiety (94.9%), increased sense of efficacy to cope (95.7%) or increased feeling of being supported (96.2%).

Information and peer support programs help clients understand living with cancer and help them feel more comfortable talking to health care providers and family. The programs increased hope, decreased anxiety and made clients feel better able to cope.

This session will provide an understanding of the credibility and effectiveness of the supports available through this organization. It will also share how results are being used to continually improve these programs.

**B: The Power of One Community Nursing Organization in Oncology Palliative Care**

Vicki Lejambe, BScN, MN.
Saint Elizabeth Health Care, Barrie, ON, Canada.

With the increased focus on the delivery of quality of care within a fiscally accountable health care system, organizations are working hard to demonstrate their contribution to client care. This presentation will focus on one organization's experience with defining quality indicators in oncology palliative care within community nursing. Given that more than 80% of patients with cancer develop pain before death, and is one of the most feared consequences of cancer (Bruera & Kim, 2003) this work focused mainly around pain. Evaluation results will be discussed, and linked to enhancements required to further define quality indicators and practices to improve client care. Lessons learned regarding current literature and expert opinion will be shared. Although focused in the community setting, the strategies used
to enhance nursing practice have broad application in a wide range of clinical settings.

C: The Power of One in Quality Improvement: Meeting Wait Time Targets

Nancy Jaworski, B.Comm, MHA, Marlene M. Mackey, RN, BNSc, MHSM.
The Ottawa Hospital, Ottawa, ON, Canada.

In Ontario, surgical wait time targets have been established to improve patient access, achieve best clinical outcomes and minimize patient anxiety. Wait time target compliance is used as a measure of the system’s ability to meet these targets. In June 2009, this academic hospital accepted a challenge from the Ontario Health Quality Council to improve wait time target compliance for urgent cancer surgery to 80% by March 2010. Meeting this challenge was a strategic priority as it aligned with the organization’s Quality Plan goal of improving access to urgent cancer surgery.

To meet this challenge the hospital decided to target colorectal cancer with a plan to broaden the scope over time. Harnessing the power of one, a quality improvement team was established to identify and remove systemic barriers to meeting wait time targets. The team followed a traditional quality improvement (QI) approach using a framework called the Model for Improvement which sought to answer three fundamental questions:

1. What are we trying accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

These questions, combined with the Plan-Do-Study-Act Cycle enabled the team to achieve breakthroughs in performance and to spread the improvements to other disease sites. The QI methodology, results and key findings will be shared.

V-02

A: The nursing care of patients with hematological malignancies during pregnancy. A tertiary care hospital experience of 3 cases.

Shari Valja, RN, H.BSc (Biochemistry), BScN, Mary Doherty, RN, BScN, MSc (cand), Charissa Cordon, RN, BSc, BScN, MN, CON (C), Susan Robinson, RN, BScN, MSc.
Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

The incidence of haematological malignancies during pregnancy is rare, ranging from 1 in 1,000 to 1 in 10,000 (Rizack et al, 2009). Providing care to a patient with acute leukemia during pregnancy can be very challenging as it requires not only knowledge and skill in oncology nursing but also in prenatal and neonatal nursing, while keeping in mind the patient and family’s psychological, ethical, psychosocial and emotional well-being. This complex situation affects not only the patient and her family, but also the clinicians directly involved in her care; as they are all faced with its moral, ethical and religious implications. The plan of care and treatment decisions, specifically with chemotherapy requires a collaborative approach which includes the patient and her family, along with the medical and nursing teams from the hematology, obstetric and neonatal/pediatric departments.

This presentation will discuss 3 cases of pregnant women diagnosed with acute leukemia at a tertiary care hospital. A review of the literature on what is known about the effects of chemotherapy and other treatments during fetal development will be discussed. The nurses’ experience regarding the complexity of the care involved when caring for these women and the nursing implications, specifically the role that nurses play during this process will also be described.

B: Human Response to Illness - Risk Assessment for Hereditary Breast Cancer

Kendra-Ann I. Seenandan-Sookdeo, BN.
CancerCare Manitoba, Winnipeg, MB, Canada.

Author and Presenter: Kendra-Ann I. Seenandan-Sookdeo

Title: Human Response to Illness - Risk Assessment for Hereditary Breast Cancer

This presentation is organized around the guiding principles of the Human Response to Illness Model (HRTI) for the educational purposes of understanding the risk for a breast cancer as it relates to a BRCA gene mutation. An evidence-based discussion centres on the four domains of the HRTI model which begins with a review of the physiologic and pathophysiologic perspectives of the cell cycle and the role of the BRCA genes in the cell cycle. Behavioural and experiential components of the risk for a hereditary breast cancer are examined with the integration of a case study. Modifiable and non-modifiable person and environmental factors are incorporated into the behavioural perspective. The presentation concludes with a short discussion regarding the implications to nursing.

V-03

A: Supporting Evidence-based Practice: New advances in the Treatment and Management of Metastatic Colorectal Cancer

Sydney Phillips, Bachelor of Nursing. Jamie Guedo, Bachelor of Nursing.
Tom Baker Cancer Centre, Calgary, AB, Canada.
Supporting Evidence-based Practice: New advances in the Treatment and Management of Metastatic Colorectal Cancer Colorectal cancer is the third most commonly diagnosed cancer in men and women. Even with treatment, survival in metastatic colorectal cancer is around 20 months. Recently new targeted therapies have allowed for more effective management of metastatic colorectal cancer because they offer patients third-line treatment options resulting in prolonged disease free survival with fewer side-effects. This presentation will discuss these exciting new monoclonal antibodies and the use of calcium/magnesium as reported in the most recent clinical trial research. Specifically the monoclonal antibodies of bevacizumab, panitumumab, and cetuximab will be discussed including their uses, administration, side-effects, and impact on quality of life. This presentation will also speak to the controversial use of calcium and magnesium for the management of oxaliplatin-induced peripheral neuropathies. Managing this significant toxicity allows patients to stay on therapy for a longer period of time, thus increasing the potential to fully benefit from treatment and improve quality of life. Nursing practice is being impacted daily by advancing science and research. In a world of evidence-based practice, these newer agents must be understood by nursing staff and then in turn understood by our patients in order to facilitate treatment, manage side effects and increase quality of life in this patient population. This presentation will be valuable to any oncology nurse who works with colorectal patients.

B: The Potential of Together: Developing an Interprofessional New Patient Chemotherapy Education Program.

Zahra Lalani, RN, Tracy Truant, RN, MSN, Nancy Runzer, RN, Michelle Moore, RN, Joy Bursko, RN, Nivea Douglas, RN, Munira Hamirani, RN, Hutchison Seana, RN, Hutchison Seana, RN, Natalie Ruffle, RN, Andrea Donovan, RN. 

The Potential of Together: Developing an Interprofessional New Patient Chemotherapy Education Program. 

Patients newly diagnosed with cancer for whom chemotherapy is indicated, have many informational and educational needs. Oncology nurses, within an interprofessional team, play an integral role in providing chemotherapy education to ensure that patients have the necessary information, resources, supports and self care strategies to confidently prepare for and manage their treatment, side effects, and related care. A review of patient chemotherapy education across our provincial cancer program, which comprises of five regional centres, revealed gaps and inconsistencies, both within the group and individual teaching programs. This provided the impetus for developing and implementing a provincial, evidence based interprofessional chemotherapy education program for new patients, largely informed by the new Framework for Achieving Excellence in the Provision of Cancer Patient Education in Canada (Canadian Partnership Against Cancer, 2009).

This presentation will outline the development, pilot testing and outcomes measurement of the Patient Chemotherapy Education Program at one regional cancer centre. It is anticipated that this initiative will lead to provincial adoption of nursing standards and competencies specific to patient chemotherapy education, evidence based educational content and teaching/learning strategies, evaluation of patient outcomes, fiscally appropriate allocation of resources, and improved interprofessional team collaboration in meeting the chemotherapy related information and education needs of this patient population. Lessons learned will be shared with organizations considering enhancing patient chemotherapy education programs.

C: Nursing in high definition, the new era; Partnering to promote patient compliance with oral oncologics

Kelly Savage, RN, CON(C). Doreen Blackwood, RN, Oncology, Sandra Calvano, RN, ONC. Shoppers Drug Mart/Specialty Health Network, Toronto, ON, Canada.

Significance & Background: 

The emerging use of oral oncologic agents is leading to a new paradigm in cancer treatment. Patients with cancer can receive their treatments in their homes or nontraditional settings. This is leading to a shift in some traditional roles and responsibilities of Oncologists, Nurses, and Pharmacists. Although self-administration at home is convenient, there is potential for non compliance related to factors such as; complexity of dosing regimen, cognitive abilities, reduced clinical supervision and financial concerns. Non compliance can result in medication errors, toxicities or therapeutic failure. These effects can be devastating for patients. A network of Oncology Nurses working outside of the traditional care settings but collaboratively with specialty Pharmacies and health care providers can play a key role in educating, and monitoring patients receiving oral oncologics. In addition they can help alleviate the financial issues by helping patients obtain reimbursement assistance for non funded oral agents.

Discussion: Non-compliance is a major factor impacting the overall efficacy of oral oncology agents. For a variety of reasons patients do not accurately follow their prescribed dosing regimens. This presentation will outline how a network of Oncology Nurses and specialty Pharmacies working outside of the traditional settings are the solution to help patients better manage their compliance with oral oncologics.
A: Working together to Understand Oncology Patients’ Emergency Room Visits Near the End of Life

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Catherine Boucher, RN, CON(C), CHPCN(C), Edward Fitzgibbon, MD, MSc(Epi), CCFP. The Ottawa Hospital, Ottawa, ON, Canada.

Given the overburdened status of Canadian hospitals, much attention has been focused on the overuse of emergency rooms (ER) to access care. Cancer Care Ontario has used the number of ER visits within two weeks of death as a measure of quality palliative care. Literature supports that avoidable end of life ER visits may indicate poor quality care, however, no clear understanding exists of the nature or avoidability of these visits. To determine the rationale, effectiveness and outcomes of ER visits, key to understanding oncology patient ER use, our Palliative Care Consult Team conducted a retrospective chart review of 228 palliative oncology patients who visited the ER within the last two weeks of life. Audit indicators included patient demographics, type and stage of cancer, current treatments, co-morbidities, advance directives, reason for ER visit, source of ER referral, Canadian Triage Acuity Scale score, ER interventions, ER disposition, community supports, hospitalization course, LOS and date and location of death. This presentation will focus on our audit results which indicate that numerous factors may prompt an ER visit in this patient population. Our data supports that the ER is the often most appropriate place or the only viable alternative to access care for the patient / family due to symptom complexity and lack of community supports.

B: The phenomenon of suffering in oncology nursing: An arts-informed inquiry of Margaret Edson’s play Wit

Laura L. Rashleigh, BScN, MScN (cand); Christine Jonas-Simpson, PhD.
1de Souza Institute, Toronto, ON, Canada, 2York University, Toronto, ON, Canada.

Suffering, a universal lived experience, is often experienced by persons living with and dying from cancer. Suffering impacts the person as a whole and can profoundly impact health and quality of life. Nurses guided by the humanbecoming school of thought (Parse, 1998, 2007, 2008), a human science nursing theory, are concerned with universal lived experiences, health and quality of life from the perspective of the person. Given that art has the ability to convey glimpses of the human experience, beyond that which can be articulated in words (Mitchell & Cody, 2002), it can directly inform practice. Through these glimpses we can come to new understandings of human experiences, including that of suffering in cancer. Margaret Edson’s (2008) Pulitzer Prize winning play Wit, and the corresponding 2001 motion picture, describe one woman’s experience of living her dying from advanced ovarian cancer and her relationship with her primary nurse. Through dwelling with both renditions of this play, and the relevant literature, understandings emerge about suffering. Understandings were further explored reflectively and pre-reflectively through the artform of poetry. The emerging understandings provide insight into the humanbecoming theoretical theme of cotranscendence, as well as to how nurses can bear witness to persons who are suffering. Insights will be shared regarding suffering and the oncology nurse’s role, in light of implications for practice.

C: Impact and consequences: family caregiver experiences when expected home deaths are not realized

Lorrianne Topf, BScN, Carole Robinson, PhD, RN, Joan Bottorff, PhD, RN, FCAHS, Penny Cash, PhD, Cathy Robinson, RN, BSN,MSN. University of British Columbia Okanagan, Kelowna, BC, Canada.

Despite a preference among Canadians to die at home, the majority of expected deaths in British Columbia occur away from home. This interpretive descriptive study explored the experience of bereaved family caregivers when a desired home death did not occur and instead happened in either the hospital or in a hospice. This study was informed by the first author’s clinical experiences of distress among family caregivers when a desired home death did not occur. Seventeen bereaved family members of persons who died of cancer were recruited. Data collection involved semi-structured interviews which were transcribed verbatim. Analysis using constant comparison is ongoing. Field notes and reflective journaling guide and document the interpretive process. Findings describe the context for committing to caring at home, the experience of caring for the dying person at home, factors that influence shifts to dying somewhere else, and the consequences for family caregivers when preferences for home deaths are not realized. Family member experiences are influenced by the availability, adequacy and timing of support; preparedness for the challenges of caregiving in this context; the physical constraints of providing care in home environments; and relational commitments to care. This research provides insights and guidance for nursing practice and hospice palliative care services providing support to families managing end-of-life at home.
A: Developing an Advanced Practice Nurse (APN) Led Post Cancer Treatment Follow-Up Clinic

Shari L. Moura, RN MN CON(C) CHPCN(C), Barbara Fitzgerald, RN MScN, Malcolm Moore, MD1, Jane Mosley, RN MScN2, Cristina Barrett, RN BScN, Catharine McManamon, MSW MBA1.

1Princess Margaret Hospital, Toronto, ON, Canada, 2Women’s College Hospital, Toronto, ON, Canada.

The overall growth in the systemic treatment of cancer, in the greater Toronto area, was 30% over the past 5 years and continues to grow at 5-6% per year. Improvements in cancer therapy have lead to longer durations of therapy, and the use of chemotherapy for new indications has improved survival rates. Cancer treatment is mainly delivered in hospital based settings. Ambulatory care clinics at a large urban cancer centre are struggling to deal with the increased volumes leading to prolongation of patient wait-times, and increased stress and overtime for health care providers. The present practice for cancer patients who have completed therapy is to continue their follow-up at the cancer centre where they periodically have testing and clinic visits. An innovative collaboration has been established with an ambulatory care hospital where post cancer treatment services will be provided for patients who have completed their treatment.

Logic models (1971) provide a depiction of what a program will execute and accomplish. This framework was utilized to develop the model of care. The initial objectives of the clinic include defining the cohort of eligible patients for transition, defining process and operational clinic functions, and the establishment of assessment and practice guidelines. The presentation will illustrate the development of the logic model for APN practice including program evaluation and patient centered outcomes.

B: Oncology-rehabilitation partnership: An evolving program

Louise Champagne, RN, BScN, CON (C), Chantal Misischia, RN, BScN, JÃ©rÃ´me Gauvin-Lepage, RN, MScN, PhD (c), Andrea Laizner, RN, PhD1, Trish Dryden, RMT, MEd2, Stacey Shipwright, BA(Hons), RMT3, Elizabeth Barberree, RMT3, Ronda Blasco4, Linda Churcher, CCRP4, Dawn Davies, MD, FRCP(C), Janet Kahn, LMT, PhD5, Cheryl Locicero, MT5, Lyse Lussier, MT5, Sunita Vohra, MD, FRCP(C), MSc6, Stacey Lussier, MT7, Sunita Vohra, MD, FRCP(C), MSc6,7.

1McGill university Health Centre, Montreal, QC, Canada, 2Centennial College, Toronto, ON, Canada, 3Massage Therapist Association of Alberta, Red Deer, AB, Canada, 4University of Alberta, Edmonton, AB, Canada, 5Stollery Children’s Hospital, Edmonton, AB, Canada, 6University of Vermont, Burlington, VT, USA, 7Le Phare - Enfants et Familles, Montreal, QC, Canada.

Rehabilitation is usually associated with acute conditions, for example orthopedic conditions or surgery, as well as with chronic conditions such as strokes and chronic obstructive lung diseases. Recently, cancer care has been added to the list of specialized rehabilitation programs for chronic illness. There are little writings in the field of oncology rehabilitation. The application of an oncology model on chronicity using a common language and tools brings many advantages for patients and their family. It allows an early identification of clients in order to optimize their functional state, considering limitations imposed by their illness at different stages of the caring journey. In 2003, the Montreal Jewish General Hospital developed an interdisciplinary expertise in the field of oncology rehabilitation, using their specialized nutrition program. At the same time, in 2005, the Jewish Rehabilitation Hospital in Laval established a unique program adapted for its oncology clientele. In the last two years, a more formal partnership on oncology rehabilitation has been established between our two institutions. We believe that unifying our expertise in oncology and rehabilitation nursing will create a synergy within the integrated framework of care. This will allow us to better respond to the specific needs of the population living with cancer and to significantly improve their quality of life by maximizing their health potential.

C: Survivorship: The New Normal

Anne Katz, RN PhD.

CancerCare Manitoba, Winnipeg, MB, Canada.

Survivorship is increasingly recognized as a distinct phase of the cancer trajectory. Successful advances in treating cancer have resulted in a growing number of survivors but the many years of survivorship can be fraught with challenges, some of which are conquered, and some of which continue to be a source of worry for the person and their family. These include: fear of recurrence, depression, cancer-related cognitive changes, the need for surveillance for complications and secondary cancers, sex and relationship issues, and diet and exercise for a healthy life. For the patient and family, life after cancer is changed and a new normal becomes reality. This presentation will highlight the latest evidence on a distinct phase of the cancer trajectory. It is vitally important for nurses to address the sentinel challenges of survivorship with patients and their families and this presentation will highlight how and where nurses can intervene, educate and support.

V-07

A: Feasibility and acceptability of parent-delivered massage RCT in pediatric oncology

Andrea M. Laizner, RN, PhD1, Trish Dryden, RMT, MED2, Stacey Shipwright, BA(Hons), RMT3, Elizabeth Barberree, RMT3, Ronda Blasco4, Linda Churcher, CCRP4, Dawn Davies, MD, FRCP(C), Janet Kahn, LMT, PhD5, Cheryl Locicero, MT5, Lyse Lussier, MT5, Sunita Vohra, MD, FRCP(C), MSc6,7, Le Phare - Enfants et Familles, Montreal, QC, Canada.
Background and Objectives: Having a child diagnosed with cancer is devastating for families and often parents wonder what they can do to offer support to their ill child. Parent-delivered massage is an option for parents. This pilot study sought to test the feasibility and acceptability of a parent-delivered massage program in a randomized-clinical trial for children (6 to 18 yrs old) diagnosed with cancer.

Methods: Twenty-four parent-child pairs were to be recruited into intervention or wait-list control groups. After baseline measures were collected, the intervention began including in-person training by a massage therapist (MT) and training binder with instructional DVD. Massage was to be delivered at convenient times for parent and child over a 6-week period with telephone support from the MT. Parents and children were to complete study questionnaires and a parent debriefing interview was held at the end of 6 and 12-weeks. Wait-list controls were provided intervention 6-weeks after randomization. Results: 19 parent-child pairs were recruited (8 intervention, 11 controls). Debriefing interviews were easier to arrange than obtaining self-report questionnaires/logs. Parents were thrilled to be able to offer comfort to their child and reported that their child slept better and that massage contributed to improving communication between child and parent. Challenges included parents wanting intervention but not wait-list randomization.

B: Facilitating the transition of follow-up care in the community for endometrial cancer survivors.

Lynne Jolicoeur, RN, MScN, CON(c)1, Monique Lefebvre, PhD Psych1, Sophie Lebel, PhD Psych1, Michael Fung Kee Fung, MD1, Tien Le, MDs, Rajiv Samant, MD2:
1The Ottawa Hospital, Ottawa, ON, Canada, 2University of Ottawa, Ottawa, ON, Canada.

When well patient follow-up is provided by oncologists, the demand for follow-up care in tertiary care settings far exceeds capacity. Thus, it may be that the professional skills of other health care providers such as general practitioners, gynecologists and advanced practice nurses are under utilized. In efforts to meet the demands for follow-up, a transition of care process was implemented for women with endometrial cancer. In this process, women who had completed their treatment were transferred back to their primary care provider (PCP) in the community. To support this process, guidelines for follow-up care in endometrial cancer were summarized in two documents utilized as transition tools (PCP, patient).

A mixed method evaluation was conducted. Sixteen women with endometrial cancer took part in telephone interviews. They also completed and mailed the Fear of Cancer Recurrence Inventory (FCRI). A focus group was conducted with PCPs to obtain their perception of the transition process. Data was analysed using Nvivo8. Women with higher fear of cancer recurrence and higher informational needs and had lower satisfaction with transition of follow-up care to their PCP. Primary Care Providers reported that traditional method of communication with cancer centres was ineffective; they favour the use survivorship care plans. Results from this study will be presented as well as implication to practice (psycho educational workshops, survivorship care planning and shared care model of care).

C: Meeting the challenge: Promoting continuity of care and communication between a provincial cancer centre and community partners.

Elizabeth Beddard-Huber, MSN1, Karen Levy, MSN1, Janice Dirksen, BSN1, Andy Chow, Work Flow Improvement Coordinator2.
1BCCA, Vancouver, BC, Canada, 2VCHA, Vancouver, BC, Canada.

Failures in communication and the coordination of care between health care agencies can negatively affect patient outcomes. In response to a previously identified gap in communications with our community partners we were motivated to improve our discharge planning for patients and families with complex needs making the transition from our facility to home. Using the process of Value Stream Mapping and focusing specifically on the patients’ perspective, current and future states plus the implementation of proposed changes to the discharge planning process were examined. A partnership previously created to address home care referrals from our ambulatory care to the regional health authority community providers was renewed. Members of the team from the cancer centre included the hospital Clinical Nurse Leader, Social Worker, Physiotherapist, Health Information Coordinator and two Advanced Practice Nurses. The community team members were the Manager of Transition Services Team (Acute to Community), two Community Nurse Managers and Manager of Hospice Palliative Care & Central Intake Services. The team facilitator was an expert in value stream mapping and work flow management. This presentation will describe the improvement process and the resulting system changes required in order to meet the patient and family goals of care.
in profound suffering for the patient and family. Defined as a disturbance of cognition, consciousness and perception, it is essential that delirium receives appropriate and timely treatment in order to ensure quality end of life care. Changing your “nursing cap” from acute to palliative care often requires a significant shift. It is reported that the Oncology Nurse often finds it difficult to change the focus of care when goals change from acute to end-of-life, “comfort measures only”. Medication that would never be used with the active cancer patient are often ordered and the nurse needs the knowledge to administer these meds with confidence. Oncology nurses need education and support so they may manage this often very difficult symptom faced by their patient and families.

In our presentation we will review what end-of-life delirium looks like, how to manage this symptom and speak to how the nurse is pivotal in walking the journey with the patient and loved ones so that the outcome is as positive as can be. It is our goal that the participants will never feel alone when managing this most often devastating situation.

B: Evaluation of an Inter-professional Model of Care to Improve Surgical Outcomes in Thoracic Oncology

Chantal Bornais, Christine Blais.
Ottawa Hospital, Ottawa, ON, Canada.

In 2009, a novel method of preparing patients for thoracic oncology surgery was introduced with a focus on the inter-professional team. Previously, patients had been required to present to the hospital on several occasions in order to be considered ready for surgery. Teaching was performed in the pre-admission unit by staff who were generalist nurses. Assessments by allied health professionals happened if there was time and only if special needs were identified during the pre-admission visit.

It became clear to the clinic staff that patient and family needs were not being met with the previous model of care. A new model of care was implemented offering improved patient / family centered education and pre-operative preparation. All patients, regardless of identified needs are seen by nursing, physiotherapy, anaesthesia and social work. Volunteers from the Canadian Cancer Society also play a critical supportive role.

Following the CANO presentation in October 2009, a need for an evaluation of the model of care was identified. Five key quality of care indicators are being evaluated at current examining patient readiness, family satisfaction, patient anxiety, pain management and engagement in the discharge planning process with a plan to modify the model based on the needs of the population we serve.

C: Redesigning the patient experience in ambulatory care

Barbara Fitzgerald, RN, MScN, Shari Moura, RN, MN, CON(c), Sabrina Bennett, RN, BScN, CON(c), Judith Filman, RN, MSc, Janice Stewart, RN, BScN, CON(c), Cynthia Struthers, Kathy Trip, RN, MN, Janice Wright, RN, MS.
Princess Margaret Hospital, Toronto, ON, Canada.

Ambulatory care at a large urban cancer centre has shown a 30% growth over six years. 240,000 visits are accommodated annually and we see an average of 700 patients daily. Volume, acuity, treatment complexity and patient diversity are increasing while costs and provider shortages hamper the ability to meet patient and family expectations. The challenges we face in the ambulatory setting are commonly experienced to some degree by all cancer programs provincially and nationally.

Redesign of the ambulatory care program and patient experience is a major theme in this large Cancer Program’s strategic plan. The key objective is the delivery of high quality, safe and integrated patient care, with engagement of patients and their families as the primary focus. To achieve this, several initiatives are underway that address care including care across disease site groups, as well as site specific clinic models of care. Interprofessional work streams collaborated and made recommendations on guiding principles, core dimensions of clinical roles including practice and role relationships with the patient and their family.

This presentation will focus on how the redesign initiative has started to close the quality chasm between current practices and optimal standards. Case studies describing how components of acute care management, post bone marrow transplant symptom management, active follow-up and external partnering have been implemented.

VI-02

A: Improving Communication and Understanding of Cancer Treatment Information for the Immigrant Population

Lori Santoro, R.N. CON(C), Pat Antonick, R.N. B.N. CON(C).
CancerCare Manitoba, Winnipeg, MB, Canada.

Educating patients about cancer treatments and their side effects is an important role for oncology nurses. Providing basic information helps to alleviate fears, facilitate compliance, improve symptom management, and ensure there is informed consent. Written resources can aid verbal discussions. When English is not the first language it becomes more difficult to convey the information. Although we have interpreters during medical appointments, there are often no written resources available for patients to refer to in their own language. We developed cancer treatment fact sheets which
were translated into eight languages. Our goal is to improve communication between the medical team, the patient and their family. The fact sheets are in a side-by-side format with English on one side and the translated language on the other. This format was selected so that it would be easy for the nurse to review the information with patients and families simultaneously. The English and translated versions of the fact sheets will be available on our website for access by health care providers, patients and the general public. The resources are general in content, in plain language and useable by anyone going through cancer treatment. This presentation will highlight the project from its inception through to its completion. I will discuss the challenges experienced and plans for the future.

B: Immigrant women experiences accessing breast health and breast cancer screening through a Women's Health Educator Program

Joanne Crawford, RN, CON(C), BScN, MScN; Angela Frisina, RN, BScN, MHSc; Faye Parascondalo, RN, BScN; Trish Hack, RN, BScN; Fatima Homid; Abir Alsaid; Xiaoxin Michelle Ji; Snober Naz; Thuy Dam.

Public Health Services, Hamilton, Ontario; St. Joseph’s Immigrant Women’s Centre.

Subgroups of immigrant women, even after many years spent in the host country under-utilize preventive health care services, such as cancer screening. Peer health educators have demonstrated effectiveness in enabling access to breast cancer screening in some cultural groups. Limited research has examined immigrant women’s perspectives with enough depth to give voice to their experiences. The purpose of the study was to understand the experiences of four immigrant communities of women (Arabic, Chinese, South Asian and Vietnamese) who have accessed a Women’s Health Educator Program.

This research was situated within Paulo Friere’s theory of empowerment. We utilized Participatory Action Research (PAR) and qualitative exploration to uncover immigrant women’s perceptions of the experience accessing a culturally targeted program utilizing peer educators. Immigrant women were recruited from the program list. Data were collected from focus groups and interviews which were audio-taped and transcribed. 83 immigrant women participated in the study; 36% Arabic, 15% Chinese, 25% South Asian, and 18% Vietnamese. Age ranged from 40 to 74 years; 35% were 40-50 years and the remaining 65% were 50 years of age and older. Preliminary findings described previously held assumptions of breast cancer, such as fear, hope with cancer, and personal responsibility to take care of one’s health. Culturally targeted cancer screening programs need to have input from women who access them in order to be effective in meeting their needs.

C: Complementary and alternative medicine used by Chinese Canadian cancer patients

Margurite E. Wong, BA BSN (Hons)1, Lynda G. Balneaves, PhD2, Tracy Truant, MSN1, Marja Verhoef, PhD1, Brenda Ross, BSN (Hons)3, Antony Porcino, BSc PhD(C)4.

1BC Cancer Agency, Vancouver BC, BC, Canada, 2University of British Columbia, Vancouver BC, BC, Canada, 3BC Cancer Agency, Vancouver BC, BC, Canada, 4University of Calgary, Calgary, AB, Canada.

Recent studies have shown that complementary and alternative medicine (CAM) is an integral part of the lives of Chinese Canadians diagnosed with cancer. Little is known, however, regarding how Chinese Canadians cancer patients make decisions about using CAM and type of support would be most beneficial during the treatment decision-making process. The purpose of this study is to explore the CAM decision-making process of Chinese Canadians living with cancer in Greater Vancouver, British Columbia and the related information and decision support needs. Data collection was conducted using both descriptive surveys and in-depth semi-structured interviews with patients living with a range of cancer diagnoses. The study findings highlight the prevalence of CAM use within this population, as well as the specific CAM therapies most commonly used. Key information needs included how to safely combine CAM and conventional cancer treatment and how to talk about CAM with health care provider. Chinese Canadian patients requested support in accessing evidence-based information (i.e., institutional libraries) as well as 1:1 decision support. The developed grounded theory of the CAM decision-making process will provide useful direction in developing culturally appropriate education and decision support interventions. This research highlights the popularity of CAM within the Chinese cancer community as well as the need to develop information and decision support that addresses the unique needs of this population.

VI-03

A: Enhancing the Moral Climate for Collaborative Practice in Ambulatory Oncology Care

Elena Serrano, RN BSN MA1, Patricia (Paddy) Rodney, RN, MSN, PhD1, Lee Ann Martin, MD, MA, FRCP(C)2, Sandy A. Lamont, RN BSN3.

1BCCA, Vancouver, BC, Canada, 2UBC School of Nursing, Vancouver, BC, Canada, 3BCCA, Surrey, BC, Canada, 4BCCA, Abbotsford, BC, Canada.

This session focuses on the methodology and results of a participatory action research study taking place in an interprofessional ambulatory oncology unit (March 2008 to September 2010). The goal of the study has been to
collaborate with ambulatory care cancer care professionals by using a participatory action research process to examine and positively affect the moral climate of their interdisciplinary team workplace. The overall intent is to generate lasting improvements in the moral climate for collaborative practice in ambulatory care such that patients and their family members experience safe, competent, and ethical care, and health care professionals experience satisfaction with their practice. The session will include a discussion of structural and system issues affecting the moral climate of cancer care delivery, including pressures created by the exponentially increasing complexity of treatment regimes, an overall efficiency mandate, and fragmented communications between cancer care and other health care delivery systems. Second, there will be a discussion of the role conflicts generated by such pressures—including how ethical questions of quality patient care get taken up by the various health care professionals in ambulatory oncology care.

Participants at this session will have the opportunity to discuss the implications of the methodology and findings for their own areas of practice, including how participatory engagement of interprofessional team members can enhance collaborative practice in their own settings.

B: Implementing “PLEASE” - Palliative Listening, Education and Supportive Exercises on an Oncology and Palliative Care Unit

Karen Lock, RN, BScN, MN, CON(C), CHPCN(C), Tiffany Wichert, RN, BScN, CON(C), Kelly Clifford, RN, BScN, Jennifer Eccles, RN, BScN, Nina Horvath, MD, CCFP.

North York General Hospital, Toronto, ON, Canada.

Oncology nurses provide comprehensive care to patients and their families throughout their cancer trajectory leading to caregiver stress and burnout. In the practical setting, information and support is provided to patients and families regarding death and dying, and coping with grief and bereavement. However, due to various reasons, little support and attention is given to the point-of-care nurses on grief and bereavement. This presentation will provide some highlights in the literature regarding the accumulation of grief related to nurses’ experience of multiple losses and share the experience of nurses caring for dying patients on an acute oncology and palliative care unit in a community hospital. In order to address the needs for supporting the clinical staff, the Palliative Care Team planned and developed a supportive forum where team members can reflect their practice, share their experiences, review challenging deaths, and provide education to enhance the delivery of palliative care. The information gathered from the needs assessment and the preliminary results from the evaluation of the supportive program will be discussed in this presentation. The ultimate goal of the “PLEASE” program is to illustrate the potential of bringing oncology nurses and other interprofessional team members together to facilitate self-care, as well as promoting professional development at the very same time.

C: Intra-disciplinary Collaboration: The Power of Together

Christine Ransom, RN, BSN, MEd, CNPS, CONC (c). Maureen P. Ryan, RN, BSN, MN candidate, CON (c), Judy Tearoe, RN.

BC Cancer Agency, Centre for the Southern Interior, Kelowna, BC, Canada.

In the past decade, cancer treatments have evolved at an unprecedented rate. Simultaneously, funding constraints, a lack of resources and an aging population have increased the focus on efficiency. Nurses engaged in clinical practice are challenged to enact clinical wisdom, meet professional standards and codes of ethics. Similarly, oncology nurse leaders must cope with expanding portfolios. Mounting pressures for both groups have the potential to erode interdisciplinary collaborative practice. This presentation will discuss current literature surrounding the features of a moral climate within the hierarchical structures found within nursing, hallmarks of distress and the responsibility of all nurses to engage in reflective practice.

VI-04

A: Active Surveillance and acceptable treatment option for low-risk prostate cancer patients

Barbara J. Davison, PhD.

UBC, Vancouver, BC, Canada.

Active surveillance (AS) is considered a reasonable treatment alternative for men with low-risk prostate cancer, yet less than 10% of men chose this approach. This study examined the decision making processes of men on AS, and the reasons they wanted to access to make, support and sustain them in their treatment decision. Sixty-four men completed a three part survey questionnaire based on semi-structured interviews with 25 men on AS. 26% of men reported assuming an active role in treatment decision making with their urologist, 37% a shared role and 37% a passive role. The majority (82%) reported being comfortable and satisfied (89%) with their decision. 60% reported not being anxious about the cancer progressing while on AS. Urologist’s opinion, current age and impact of treatment on urinary function were identified as the three main factors influencing the choice to be on AS. Men indicated a need to access information on future treatment options, non-traditional treatments and eating a ‘prostate friendly’ diet. Results suggest that men on AS are highly satisfied with their decision and few report being anxious about progression of cancer. Men are strongly influenced by the treating specialist in taking up AS. There is a need to develop additional information support resources for these men while on AS.
A Pigmented Lesion Clinic (PLC) which is a skin screening clinic for melanoma has been in operation within this Toronto, Ontario based Cancer Centre since the opening of the Centre in 1982. The Centre is the only Cancer Centre operating in Ontario that provides a comprehensive PLC of its kind. As such, patients who attend the PLC arrive from a wide catchment area, making the PLC full of activity and demanding for two dermatologists and three oncology nurses responsible for the management of the clinic.

Patients who are at an increased risk of developing a melanoma or who have already been diagnosed of a melanoma, are referred to the PLC by dermatologists, oncologists and other allied health care workers, both from within the affiliated hospital and other outside agencies, including hospitals, clinics, private practice offices, etc. Patients attending the PLC clinic express a wide array of emotions in relation to both the actual and potential diagnosis of a melanoma, and many questions and concerns are generated which requires the PLC nursing staff to provide knowledgeable and compassionate care. In response, a creative quality improvement project was undertaken by one oncology nurse to streamline the clinic process and enhance patient experience and education in collaboration with the PLC and Patient Education team members.

This presentation introduces the PLC, reviews the creative quality improvement project, and presents some of its results.

**C: “Can the Tan”: A Tanning Awareness Program for Teens**

Monique Levesque King, BN, RN, MN CON (C), Rosemary Boyle, RN BN*

1Horizon Health Network- Saint John Zone, Saint John, NB, Canada, 2Canadian Dermatology Association.

Exposure to ultraviolet radiation is a known and largely preventable cause of skin cancer. Many skin cancers are not fatal; however, melanoma is particularly serious and potentially lethal if not diagnosed and treated early. Despite what we know about this deadly disease, the incidence of melanoma in Canadians continues to increase. In addition to the sun, UV exposure from tanning beds and sunlamps contributes to this public health issue. Indoor tanning before the age of 30 has been associated with a significant increase in the risk of melanoma. Recently, tanning beds were moved up to the highest cancer risk category by the World Health Organization's International Agency for Research on Cancer (Canadian Dermatology Association). Melanoma is noted to be the second most common cancer in young adults and is eighth in cancer mortality in young adults (Cancer Care Ontario, 2006). And yet, recent data suggests that 49% of young Canadian women and 28% of young Canadian men actively seek a tan (National Sun Survey, 2006) - but at what cost?

In an effort to reduce risk and challenge beliefs amongst youth, staff from a national community-based organization & local Cancer Centre, partnered to develop a tanning awareness program for teens. This presentation will focus on program development, partnerships, goals/objectives, resources used, and lessons learned.

**VI-05**

**A: An Inter-Professional Approach to Developing a Breast Cancer Survivorship Care Plan**

Janice L. Chobanuk, MN CON(C) HPCN(C), Cindy Railton, MN*, Shelley Cloutier, BScN.
1AHS Cancer Care, Edmonton, AB, Canada, 2TBCC, Calgary, AB, Canada, 3CBCP AHS Cancer Care, Edmonton, AB, Canada.

A significant number of Canadians are surviving cancer and living with the latent effects of cancer treatments. With the improved survival rates, cancer is rapidly becoming recognized as a chronic disease with many people either surviving disease-free for a long time, or experiencing bouts of recurrence and ongoing medical treatments, and surveillance. The transition period from treatment to survivorship care may be fraught with anxieties about what they’ve been through, and what to expect next. Most recently, there has been a growth in the literature about the need to help support survivors during this period through the use survivorship care plans. These care plans include a diagnostic and treatment history, a follow-up and surveillance plan, coping and health recommendations, resources, and care team contact information. They provide patients with information to make this period less overwhelming, but also to encourage them to take an active role in their follow-up care. In addition to empowering the patient, the care plan provides the family physician with relevant clinical and surveillance information.

The focus of this presentation is on the development and testing of a breast cancer survivorship care plan with patient survivors during this period. The care plan provides the family physician with relevant clinical and surveillance information. The focus of this presentation is on the development and testing of a breast cancer survivorship care plan with patient survivors, nurses, oncologists, psychologists, and family physicians.

**B: Learning about survivor perspectives**

Margaret I. Fitch, RN Phd.

Odette Cancer Centre, Toronto, ON, Canada.

Approximately 1 million Canadians are currently living as cancer survivors. With increased cancer incidence and new treatment approach successes, it is anticipated this population will continue to grow. Cancer survivorship does not come
without cost; there are late and long term effects. At two provincial cancer conferences for cancer survivors, respondents from Newfoundland (n=95) and Ontario (n=55) completed a survey regarding supportive care needs across seven supportive care domains, reflecting on the positive or negative impacts during their cancer experience, and itemized the gaps in services they had noticed following their treatment for cancer.

There was a significant difference in the number of positive and negative impacts identified by the respondents from each of the conferences (chi-square = 155.8, P< 0.001). Spirituality was cited most frequently in both groups as the domain where a positive impact had been experienced, followed by social and psychological domains. Negative impact was reported most often in the physical, informational, and emotional domains. The primary gap in survivorship follow-up care was identified as the lack of services and support specifically for survivors. The respondents described priorities for action as improving communication and information provision, and increasing the continuity and consistency in professional care. The conferences provided an opportunity to learn more about survivor perspectives in Canada and can be a basis for planning the focus and design of follow-up care or programs for cancer patients.

C: Validation of a malignant wound assessment tool - using cognitive interviewing

Patricia Murphy-Kane, RN, BA, BScN, MN, Pamela Savage, RN, MAEd CON(C).
University Health Network, Princess Margaret Hospital, Toronto, ON, Canada.

Patients' quality of life may be significantly impacted due to the unpleasant, often difficult to manage symptoms of a malignant wound. In some circumstances, malignant wounds signify progressive and life threatening disease adding to the emotional distress of cancer.

There has not been a valid and reliable screening or assessment tool specifically designed to measure or describe the occurrence, severity, or distress of living with a malignant wound from the perspective of the patient. The Malignant Wound Assessment Tool - Research (MWAT - R) is a promising assessment tool designed exclusively for malignant wounds. Preliminary testing of its face and content validity by health care professionals has been completed however the tool lacks validity testing from the patient's perspective.

The purpose of this study is to examine the face and content validity of the MWAT-R tool using a cognitive interviewing methodology with patients living with a malignant wound. The principle investigators will present the study in detail, review the findings and their significance to clinical practice and explore future steps in this area of research. It is the hope that this research will assist in facilitating the development of a model of care for patients living with a malignant wound using language that is meaningful and important to the patient.

VI-06

Workshop: My patient's electrolytes are abnormal, now what? A workshop on assessment and intervention for common fluid and electrolyte abnormalities in oncology patients.

Colleen A. Cuthbert, MN, NP.
Alberta Health Services, Calgary, AB, Canada.

Oncology patients have many risk factors for fluid and electrolyte disturbances. Oncology treatments such as surgery, chemotherapy and radiation therapy, as well as paraneoplastic syndromes, all can hinder the normal compensatory mechanisms for maintaining homeostasis. The ability to tolerate such imbalances is also greatly reduced in oncology patients as they are often frail, malnourished, have low hematological reserves, and are increasingly older. As oncology nurses are often the first point of care (or the only point of care), it is imperative that patients are reviewed for signs and symptoms of fluid and electrolyte abnormalities. Early recognition of laboratory abnormalities in conjunction with crucial signs and symptoms may decrease hospital admissions, maintain chemotherapy schedules, and prevent life threatening complications. In this interactive workshop, a brief review of common electrolyte abnormalities in the oncology population will be presented. Participants will then work through case studies and review laboratory values in order to gain a working knowledge of fluid and electrolyte disturbances. The goal of this presentation is to highlight a simple approach to patient assessment and review of laboratory values that can be applied in any practice setting. Oncology nurses will gain the confidence and tools to rapidly assess and intervene when patients are acutely unwell from fluid disturbances and electrolyte abnormalities.

VI-08

A: Autonomous Nursing Practice Model of Care

Allison P. Filewich, BScN.
BC Cancer Agency, Kelowna, BC, Canada.

In a major teaching research facility the Systemic Program implemented an interdisciplinary model of care in its Ambulatory Care Unit (ACU) in August 2008, in the attempt to meet the needs of patients and workload. The care model incorporated the roles of a clinical pharmacist, pod nurses, patient support nurse, medical oncologists and General Practitioners in Oncology. This model fosters a collaborative practice environment and provides care which is safe, timely, efficient and appropriate, and maximizes the scope of each
disciplines' practice. The patient support nurse practices autonomously within a clinic situated in the ACU. Care delivery is organized using several guiding principles including: tumor specific concerns; complex care needs; protocol specific risks; referrals from other care providers; and nursing care requirements of greater than 30 minutes. More importantly, the roles and responsibilities of a patient support nurse do not overlap with those of other team members and complements the roles of all team members. Flexibility in this model allows access to the “team’s” clinical expertise and at the same time maximizes the autonomous skills of the nurse. This presentation will discuss the success of a patient support clinic utilizing data collected before implementation of an interdisciplinary model of care and post evaluation of the care delivery change.

B: Implementation of an Interdisciplinary Model of Care

Marilyn Porter, RN, BSN, MScN, Allison Filewich, RN, BScN, Kimberly Kuik, BSc Pharmacy, Dr. Marianne Taylor, MD, FRCP. PHSA - BCCA, Kelowna, BC, Canada.

A Cancer facility was experiencing a shortage of Medical Oncologists and a steady growth in numbers of patient visits to the Ambulatory Care Unit (ACU) making it increasingly difficult to meet the needs of all patients. In addition, the nursing resources to address the increased volume and complexity of patient care remained unchanged. In response to the foregoing challenges an interdisciplinary model of care delivery was implemented in ACU.

Prior to changing care delivery an evaluation plan was established to measure various dimensions of quality care. The evaluation plan also measured post implementation changes and primarily focused on the efficiency aspects of care delivery. ACU staffs were asked to rate the clinical processes based on their understanding of their respective roles, perceptions of quality of care delivered and wait time for patients to be seen. The pharmacy department collected data on how well selected standards of care were met pre and post change. Data from the patient Information system on numbers of patients and types of nursing interventions administered during a six month time frame were collated. Continuity of care was measured by the daily team meetings to discuss care and nurse/physician assignments. The presentation will present a summary of the data collection results before and after the ACU Care Delivery change. It will also offer recommendations for future directions.

C: Collaborative Practice; Working Together Differently

Trish Picherack, BN MN. Alberta Health Services, Calgary, AB, Canada.

A number of commissions and reports examining the status of the Canadian health system during the early years of this decade identified a need to address health human resource and health system issues in order to maintain the viability of our publicly funded health care system and promote improved health status of the Canadian population. Innovative thinking and actions that promote effective utilization of the knowledge, skills, and abilities of all those involved in patient care are required. Collaborative practice defined as “An interprofessional process for communication and decision making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided.” (Jones & Way, 2000) is an example of innovation in service delivery. This presentation will describe the experience of implementing a collaborative practice service delivery model and optimizing the workforce on six demonstration nursing units including the evaluation of the implementation on one of these units. The challenges encountered, and recommendations for future strategies will be discussed.

There will be an exploration of how a collaborative practice service delivery model in oncology settings could facilitate a work environment that is supports novice nurses in developing not only their clinical skills and judgment and professional identity along with opportunities for expert clinicians to mentor novice nurses and fully utilize their knowledge skills and abilities in providing care.

VI-09

The Path to Living Simply

David Irvine

In a harried and frantic world, our lives are living us. There is a struggle to find fulfillment and contentment. In this 1 and a half hour workshop, David Irvine will share stories, experiences and exercises to inspire and guide us to a place of simple living.

VII-01

A: Cervical Cancer: Smoking, Sex and HPV!

Catriona J. Buick, RN, MN, CON(C), Kelly Metcalfe, RN, PhD. Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, ON, Canada.

Cervical Cancer: Smoking, Sex and HPV! The oncogenic strains (high-risk types) of Human Papillomavirus (HPV) are the major risk factor for cervical cancer; 99.7% of cervical cancer tumors contain HPV DNA (Walboomers et al, 1999). However, there are also exogenous factors that influence the risk of progression from an HPV
(high-risk) infection to cervical cancer (Castellsague & Munoz, 2003). These factors are: smoking, high parity, the use of oral contraceptive pills, and the presence of other sexually transmitted infections (Castellsague, Bosch & Munoz, 2003). It is indicated that three factors protect against persistent HPV and therefore help to prevent cervical cancer: Safer sex practices, cessation of existing tobacco use, and adherence with cervical cytology screening (Castellsague & Munoz, 2003). Before designing treatment interventions to reduce the risk of progression from persistent HPV to cervical cancer for women with a positive high-risk HPV status it is essential to understand any risk-relevant behaviors these women may be participating in once diagnosed. A prospective longitudinal study has been proposed to determine if any changes occur in risk-relevant behaviors after receiving a positive high-risk HPV result in women with a history of cervical intraepithelial neoplasia. This presentation will present the literature review and methods of this proposed work in progress, including a review of the exogenous factors and of the proposed variables that may influence a change in behavior following a diagnosis of HPV.

B: A Nurse Led Learning Session: An Innovative educational approach for patients with high grade gliomas

Catriona Leckie, RN MN NP CNN(c).
Tom Baker Cancer Center, Calgary, AB, Canada.

A Nurse Led Learning Session: An Innovative educational approach for patients with high grade gliomas

High grade gliomas [HGG] are the most common type of primary brain tumours. This cancer experience often begins abruptly with the new onset of neurological deficits, followed quickly by hospitalization, neurosurgery, diagnosis and treatment. This catapults patients into an unfamiliar world, with little or no time to internalize their life-threatening illness before they are asked to make treatment choices. This rapid succession of events can diminish the individual's sense of mastery and induce feelings of powerlessness and helplessness.

At our center newly diagnosed HGG patients are seen in a multidisciplinary clinic within 10 days of surgery. This initial appointment is long and difficult as patients receive confirmation of their diagnosis, information about radiation therapy and chemotherapy, as well as being introduced to clinical trials. Often questions do not arise until after this initial appointment when they have time to reflect. In response to this delay, we have implemented a nurse-led education session for newly diagnosed HGG two weeks after their initial appointment but before treatments have started. These sessions provide valuable support to patients, reinforce treatment plans, discuss side effects, and review drug interactions. This presentation will review the development of our program as well as discuss preliminary evaluations of the results.

C: Music Therapy in Cancer Care: a pilot project in an inpatient and outpatient hospital setting

Jessica A. Ford, BMT, MTA.
McGill University Health Centre, Montreal, QC, Canada.

Music therapy is a well-established therapeutic intervention in many health-care environments and is increasingly recognized in the field of cancer care. Music therapy is a unique and flexible tool that can help to address the physical, psychological, social, cognitive, and spiritual needs of cancer patients throughout their disease and treatment process. This presentation describes a one-year music therapy pilot project that took place in an oncology inpatient unit and outpatient clinic of a hospital. At the completion of the project, a questionnaire was distributed to patients to evaluate their response to this new service. Music therapy showed positive results in almost all of the areas assessed in the questionnaire with the highest impact on relaxation, boredom, mood, and anxiety. This presentation illustrates the diversity of applications of music therapy in oncology, with examples drawn from current research and case studies, the potential benefits of music therapy to cancer patients, and the role of music therapy within a multidisciplinary health-care team.

VII-02

A: Real time evaluation of knowledge acquisition: The use of clickers in clinical nursing education

Charissa Cordon, RN, BSc, BScN, MN, CON (C). Diana Incekol, RN, BScN, MSc (cand), CON (C), Simone Simon, RN, BScN, MN (cand), CON (C), Sarah D’Angelo, RN, BSc, BScN, MN, Andrea McDonald, RN, BScN, MSc (cand)...
Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Different methodologies involving technology are used to enhance teaching and learning in nursing education classroom courses (Berry, 2009). Identifying ways to facilitate learner engagement and evaluate the learner’s understanding of the information presented continues to be a challenge especially in the hospital setting. Hospital nurses have busy work schedules, making it difficult to find the time to attend educational sessions such as in-services. A learning needs assessment conducted by the Regional Oncology Nursing Council of Southeastern Ontario in 2006, found nurses prefer on the job learning in small group settings. A learning needs assessment conducted by the Regional Oncology Nursing Council of Southeastern Ontario in 2006, found nurses prefer on the job learning in small group settings. A learning needs assessment conducted by the Regional Oncology Nursing Council of Southeastern Ontario in 2006, found nurses prefer on the job learning in small group settings. A learning needs assessment conducted by the Regional Oncology Nursing Council of Southeastern Ontario in 2006, found nurses prefer on the job learning in small group settings. A learning needs assessment conducted by the Regional Oncology Nursing Council of Southeastern Ontario in 2006, found nurses prefer on the job learning in small group settings.

In one urban teaching hospital, Student Response Systems, called clickers, were incorporated as a teaching/learning...
methodology in nursing education. Learners have wireless key pads and select the answers by pushing the corresponding letter to a multiple choice question displayed on the screen. The system then collects and analyzes the results and provides immediate feedback. Results are displayed as a graph that breaks down the participants’ responses. This presentation will focus on the experience of teachers and learners with the use of clickers in nursing education. The lived experiences of the educators in the use of clickers and the results from Clicker Satisfaction Survey which measures student’s satisfaction will be shared.

B: Towards a Model of Excellence in Oncology Nursing

Mary Jane Esplen, RN, PhD 1, Esther Green, RN, BScN, MSc (T) 2, Barbara Fitzgerald, RN, MScN 3, Jennifer Wiernikowski, BScN, MN, NP-Adult, CON(C) 4, Susan Clarke, RN, MN, PhD (cand.), CPMHN(C) 5, Ashleigh Pugh, RN, BScN, MN 6, Cindy Shobbrook, RN (EC), MN, CON (C) 7, Jiahui Wong, PhD 8, 1de Souza Institute, Toronto, ON, Canada, 2Cancer Care Ontario, Toronto, ON, Canada, 3Princess Margaret Hospital, Toronto, ON, Canada, 4Hamilton Health Sciences Centre, Hamilton, ON, Canada.

Purpose: The nursing workforce is comprised of different generations of learners from “baby boomers” to the young “net generation”. Each of them have unique needs, and seek educational support in a distinct manner. It is important for an educational institution to understand these differences and tailor the curriculum to maximize outreach and uptake.

Methods: An innovative comprehensive provincial needs assessment is being planned for oncology nurses. The project incorporates a photo journaling methodology - requiring each participant to use a camera to capture images to describe their work experiences - in an effort to elicit generational specific learning and career planning needs. Approximately 32 nurses will be recruited to the study stratified by age, geographic location and organizational setting. Focus group sessions will be conducted by experts who are familiar with the use of group process and art. These focus group sessions will facilitate participants’ expressions around their photos. Themes from these sessions will be analyzed to identify key knowledge and skill gaps as well as specific needs relevant to career planning and workplace issues. Study participants will also be exposed to real time classes and learning stations using information technology, and asked to report on their experiences, satisfaction and comfort levels. Conclusion: Study methods and final results from the needs assessment will be presented along with implications for shaping oncology nursing education.

C: Making Sure Your Patient Gets the Chemo and You Don’t: An Overview of a Closed-System Transfer Device System

Heather J. Doell, RN, BSN, MN, CON(C) 1, Michelle M. Fisher, RN 2, 1Saskatchewan Cancer Agency, Saskatoon, SK, Canada, 2Saskatchewan Cancer Agency, Regina, SK, Canada.

The purpose of this presentation is to discuss the impact made by the introduction of a closed system transfer device on levels of chemotherapy contamination in our provincial outpatient treatment centres. Chemotherapy contamination poses a significant risk to health-care providers who prepare or administer cytotoxic treatments to oncology patients. When a chemotherapy agent, such as doxorubicin is used, it is easy to determine if there is leaking and potential contamination because of its red color. With clear solutions, such as cyclophosphamide, it is more difficult to ascertain contamination. Swab tests conducted in our facilities revealed unacceptable levels of cyclophosphamide contamination in the pharmacy and the chemotherapy areas.

The PhaSeal System is a closed admix and administration system that eliminates chemotherapy aerosolization and leakage, thus reducing the risk of unintentional exposure to health-care providers. This system was introduced to our centres in December 2008 as a trial. The introduction of this system was readily accepted and incorporated by both the pharmacy and nursing staff. Two subsequent swab tests were performed following the implementation of this system that demonstrated significant reduction of cyclophosphamide contamination levels.

The use of PhaSeal safety system along with personal protective equipment should be considered best practice in the administration and handling of cytotoxic drugs to enhance health-care provider safety.

VII-03

A: Bringing the Code of Ethics to Life

Margot McNamee, RN, BA, MHA, Laurie Sourani, B.A., LL.B., Canadian Nurses Association, Ottawa, ON, Canada.

Nurses regularly face ethical challenges. Because of the unique population in oncology these challenges can be even more significant. These ethical challenges may occur in relationships with others, in enacting responsibilities, or in decision-making within a care environment that is complex and ever-changing.

The Code of Ethics for Registered Nurses (2008) is a statement of the ethical values and commitments of nurses. It was developed by nurses, for nurses, to assist nurses in practicing ethically. But the Code can only be of value if nurses find it useful in their everyday practice. To bring the Code to life, online Ethics Learning Modules have been developed, containing real life examples of how to put the Code’s values into practice. A sample of the modules’ learning objectives, thought-provoking case scenarios and practice quizzes that
Making for People with Recurring Cancer

A: Understanding the Context of Decision Making for People with Recurring Cancer

Catherine van Mossel, MA, Heather Watson, RN BScN
University of Victoria, Victoria, BC, Canada, BC Cancer Agency, Victoria, BC, Canada.

Fear of recurrence is a significant adverse psychosocial outcome which may persist long after cancer treatment ends (Aziz et al, 2003). And for many, this fear turns into reality. We have designed and implemented a research project entitled “What You Say, What I Hear: From the Perspective of Patients” that focuses on people whose cancer has recently recurred. As nurses, we are often in the position of supporting people after they have received bad news from oncologists. The purpose of this research is to understand this context in which patients find themselves making decisions and in which nurses must provide care. Using an ethnographic methodological approach to understand this context, we interviewed medical oncologists, recorded consultations between patients and oncologists, and subsequently interviewed those patients. Results from this study include tensions and assumptions in practice such as a rhetorical focus on patient-centred care amongst health care providers that is often difficult to follow through with in practice. Patients highlight their trust in their health care providers to guide their decision making but balance this guidance with their interests in quality of life. We anticipate that the results of this research will influence how health care professionals communicate with people whose cancer has recurred and help nurses and other health care providers understand how our communication influences patients’ decision making.

B: Our Patient Is Blogging

Valerie Cass, BScN, MBA, Allison Hewitt, BScN
McGill University Health Center, Montreal, QC, Canada.

A blog is an online diary that is interactive and can be added to frequently. Cancer patients are increasingly utilizing this medium as an enhanced and efficient means to communicate their illness experience. Our presentation will explore the use and impact of blogs for patients, families and health professionals. It will demonstrate advantages and disadvantages of this tool through selected literature and a case study from our practice. As a social communication strategy, blogging contributes to patient and family coping and support by serving as an outlet of expression, by promoting identity evolution and stress management. Other outcomes include a strengthened sense of community and the establishment of a legacy. For health professionals working with oncology patients, blogs can serve as a unique and personal source of information on patients/family perspective of illness and the care they are receiving. As patients use this strategy as an open discussion forum, a blog may also serve to open our professional practices to “public” discussion and scrutiny. Recommendations for oncology nursing practice suggest enhanced participation in the blogging community which opens a doorway to another source of information to understand patients’ cancer experiences and to better use this tool in our repertoire for cancer patient education.

B: Exploring goals of care with oncology patients: How, when, and why oncology nurses should consider these important conversations as part of their comprehensive care.

Colleen A. Cuthbert, MN, NP
Alberta Health Services, Calgary, AB, Canada.

Oncology nurses have the opportunity to meet patients at many points along their cancer journey. Whatever point they are in their journey, whether it is in the adjuvant or the palliative setting, patients require assistance in navigating many of the issues they will face. Oncology nurses possess expert communication skills that can open the door to conversations about emotional and difficult topics. One of the most difficult topics for all health care professionals is that of goals of care or resuscitation level. Research has shown that discussions regarding goals of care are often not undertaken until clear progression of disease or a sentinel event that requires hospitalization. It has also been shown that conversations about goals of care do not take away hope from patients, yet oncologists are often reluctant to have these conversations with patients.

This presentation will explore the role of the oncology nurse in having goals of care discussions with patients and their families. The ethical, legal, and practical aspects of goals of care conversations will be explored through interactive discussion and case presentations. Current research highlighting innovative approaches to this topic will be explored. The objective of this presentation is to highlight the important role that oncology nurses have when discussing goals of care with patients and their families while providing inspiration and insight into this difficult topic.

C: Translating the Power of One Individual’s Palliative Care Knowledge into Everyday Oncology Nursing Practice

Lynn Khachik, RN, BA, MS, CON(C), CHPCN(C), Wendy Petrie,
Literature reveals that Palliative Care is often a secondary consideration in an acute care setting. In a tertiary academic health science centre, given the focus on acute interventions, it can be challenging to ensure nurses have the knowledge and skills required to provide holistic care for palliative patients. Although physician fellowship models are commonly used to facilitate skill development, such programs are rare in the realm of nursing. Our Model of Nursing Clinical Practice promotes and supports nurses working to their full scope. A key component of this model, the clinical nurse expert, is assigned on each shift to be a clinical resource for peers, especially novice nurses, as well as other inter-professional team members. Palliative Care knowledge and expertise cultivated during a fellowship spent with the Palliative Care Consultation team could then be transferred to other inter-professional team members on the fellow’s home unit.

The nursing fellows spent three months working with the Palliative Care Consultation Team enhancing their knowledge prior to returning to their clinical unit. This presentation will focus on the implementation and evaluation of the fellowship. We will share practical tips, tools and innovative strategies used during all phases of this unique fellowship. We will discuss the fellowship experience highlighting individual, Palliative Care team and clinical unit benefits resulting from the fellowship.

VII-05

Workshop: The Canadian Oncology Nursing Journal (CONJ) Where have we been? Where are we going? Together we can make a difference
Heather B. Porter, RN, PhD1, Nicole Allard, PhD2, Janice Chobanuk, BScN3, Wendy Duggleby, PhD3, Sharon Thomson, RN, MSc4, Janice Wright, RN, MS5.
1CONJ, Waterloo, ON, Canada, 2CONJ, Rimouski, QC, Canada, 3CONJ, Camrose, AB, Canada, 4CONJ, Edmonton, AB, Canada, 5CONJ, Vancouver, BC, Canada, 6St John’s, NL, Canada.

To celebrate the 25th anniversary of CANO this year’s CONJ Instructional Session will begin with highlights from an historical perspective. An overview of the topics, types of manuscripts and feature articles published through the years will be followed by a round table discussion on topics and types of manuscripts the journal should focus on in the next 5 years. Discussion and debate from the floor is encouraged as we explore together the future of our journal. What new directions should the CONJ pursue? We invite you to bring your ideas and questions and together we can make a difference in cancer nursing knowledge.

It has been suggested that the CONJ should publish more case studies. Therefore the second part of this instructional session will provide an opportunity for novice and experienced writers to explore how to write case-based articles. Please bring a patient story that has interested you and, in a round table format, learn how to write about it for publication with the assistance of your colleagues and the guidance of an editor.

VII-06


Denise E. Bryant-Lukosius, RN PhD1, Debra Bakker, RN PhD2, Esther Green, RN MSc(T)1, Mike Conlon, PhD2, Pam Baxter, RN PhD2, Nancy Carter, RN PhD2.
1McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada, 2Laurentian University, Sudbury, ON, Canada, 3Cancer Care Ontario, Toronto, ON, Canada, 4Northeastern Ontario Regional Cancer Centre, Sudbury, ON, Canada, 5McMaster University, Hamilton, ON, Canada.

Background: Expansion of APN roles is critical to meet increasing demand for cancer care. However, research indicates that building capacity and long-term APN role sustainability requires strategic planning and implementation.

Purpose and Objectives: This study aimed to apply and evaluate the effectiveness of the PEPPA Framework and related resources on the development of APN roles for under-serviced cancer populations.

Methods: A multiple case study design employed participatory, qualitative and quantitative methods including an expert panel, document analysis, self-report questionnaires, interviews and focus groups. Impact of the framework, toolkit and a facilitator on healthcare teams introducing their first APN role in a southern and northern cancer setting was evaluated over a one-year period. Real-time data were collected to obtain feedback on the facilitated process and toolkit. Outcome measures assessed toolkit use and impact on interprofessional collaboration, team function, and decision-making at selected stages.

Results: Toolkit resources and the step-by-step PEPPA process allowed healthcare teams to examine their models of care, determine resource needs and design a clearly defined APN job description. Differences between sites were noted with respect to stakeholder involvement, team dynamics and communication, facilitation approaches, and perceived organizational support.

This multiple case study provides insight about use of the PEPPA Framework, interprofessional collaboration and organizational support for APN role development across cancer settings. Synthesized study results informed recommendations about the facilitator role and dissemination of the revised toolkit.
B: Oncology Family Nursing Rounds: Identifying Nursing Care Challenges and Interventions to Enhance Collaboration in Patient-Centered Care

Fay J. Strohschein, RN, MSc(A)1,2, Kimberley Gartshore, RN, MSc(A)1, Tara Jesion, RN, MSc(A), CON(C)1,2, Linda McHarg, RN, PhD1, Carmen G. Loiselle, RN, PhD1,2, Antoinette Ehrler, RN, BScN1, Lynne McVey, RN, MSc(A)2,3.

1Segal Cancer Centre, Jewish General Hospital, Montreal, QC, Canada; 2McGill University School of Nursing, Montreal, QC, Canada.

Nurses often face complex clinical situations as they strive to support patients and families through their experience with cancer. Integrating current evidence into this practice is not always straightforward. We describe the development of a forum for nurses to share clinical challenges with their peers, with the goal of enhancing evidence-based person-centered care at a large university-affiliated cancer center.

Monthly lunchtime, hour-long rounds take place wherein a nurse presents a complex family case. These rounds are open to in- and out-patient nurses as well as nursing students. Videoconferencing enables participation of affiliated nurses practicing in remote areas. Case summary sheets focus discussion on family structure, patient's/family's greatest concerns, and nursing care challenges, such as culturally sensitive care, effective responses to anxiety, anger or guilt, implementing family assessment, barriers to establishing therapeutic relationships, and identification of appropriate resources/referral for patients and families. Facilitators and guests with expertise in family approaches encourage discussion and use of relevant evidence. Within this context of intra-professional support, interprofessional collaboration is encouraged and supported.

Family-focused rounds effectively provide peer guidance and support, enabling the identification and tailoring of optimal psychosocial nursing interventions and enhancing continuity of care. Nurses are provided with the opportunity to share challenges, integrate evidence, and work together to comprehensively address the needs of patients and families touched by cancer.

C: Leadership in the Trenches: Discovering Leadership in Frontline Nursing

Barbara D. Hues, MSN.

CancerCare Manitoba, Winnipeg, MB, Canada.

Most nurses do not work in managerial or formal leadership positions, yet CANO promotes the slogan “every nurse is a leader.” Frontline oncology nurses, those at bedsides and in ambulatory oncology clinics, may “slap away” the notion that every nurse is a leader. However, experienced nurses know life would be better for the next generation, if nurses could pass on wisdom gained from “life in the trenches”.

This presentation will include words of wisdom gathered from nurses who work in the front lines of oncology nursing; “what have we got to say for ourselves?” The hope is that attendees will take away practical guidelines and motivation to acknowledge their leadership role and intentionally grow in this area.

VII-07

A: Oncology Nurses can make a Difference! Nursing Research in Radiation Therapy Changes Practice and Empowers Women Receiving Treatment for Breast Cancer

Donna Gies, RN, CON(C), CHPCN(C), Diane Jahraus, RN, BScN. Alberta Health Services Cancer Care, Tom Baker Cancer Centre, Calgary, AB, Canada

Radiation Therapy is a standard adjuvant treatment for women who have undergone a segmental resection for breast cancer. At our centre women receiving radiation therapy to the breast are instructed to not apply deodorants or antiperspirant to the underarm area on the same side as the breast being treated. A comprehensive literature review revealed that evidence to support this practice decision was lacking. Further it revealed that skin care instructions regarding the use of either antiperspirants or deodorants during this type of treatment varied widely across North America. A randomized controlled study of one hundred and ninety eight women was designed and conducted to answer the following questions:

1. To evaluate if the use of antiperspirant while receiving external beam radiation treatment for Stage I or II breast cancer will affect the intensity of the skin reaction experienced by the individual receiving treatment.

2. To evaluate if the use of antiperspirant during external beam radiation for Stage I or II breast cancer has an effect on quality of life of the individual receiving treatment.

This presentation will review the study design and methods and reveal an analysis of the data that has ultimately affected our practice guidelines.
The creation of a brachytherapy program challenged oncology nurses working in this Radiation Therapy Program to a level of preoperative, intraoperative, and postoperative care that was not within their current scope of practice. This challenge lead nurses and nursing leaders towards the development and implementation of an interdisciplinary program aimed at delivering the highest standard of patient care within the brachytherapy area. The establishment of this program required nurse leaders to look at existing local educational courses in order to train the oncology nurses to deliver expert care to patients undergoing gynecological High Dose Radiation and prostate seed implant procedures in the brachytherapy suite. Patient safety, while undergoing procedural sedation and general anesthesia, was a primary concern. This presentation will describe how this new educational program was created. It will also discuss the patient, nursing and interdisciplinary team needs, that must be taken into consideration when creating such a program. Benefits have included an expanded role of the radiation nurse with recruitment and retention potential; increased job satisfaction and collaboration with our community partners resulting in opportunities for expansion and sustainability. Many lessons were learned along the way, but the power of each nurse in embracing the process and potential of a team of dedicated oncology nurses in brachytherapy was discovered.

Joy Bunsko, BScN, CON(c)1, Patti Devion Devion, BScN, CON(c)1, Elena Serrano, RN, BSN, MSN2. 1Fraser Valley Cancer Agency, Surrey, BC, Canada, 2Abbotsford Cancer Center, Abbotsford, BC, Canada, 3Vancouver Cancer Center, Vancouver, BC, Canada.

C: Assessing the impact of an Advanced Practice Nurse-led Bone Metastases Clinic

Corsita T. Garraway, RN(EC), MScN, CON(C) CHPCN(C), Andrea Bezjak, MD, MSc, FRCP(C), Laura Zurawel-Balaura, Honours BSc, Asanda Cheung, B. Com (Honours BA), Rebecca Wong, MB ChB MSc FRCP, Sue Jamkhou, RN, Janet Bobojichov, RN, CON(C). Princess Margaret Hospital, Toronto, ON, Canada.

Objectives: Painful bone metastases are commonly irradiated. One international randomized trial is examining the effectiveness of re-treatment in non-responders, or for those with recurring pain. An Advance Practice Nurse (APN)-led clinic was initially introduced to assess responses in patients after palliative radiation, and to improve trial accrual.

Methods: Thirty-three patients, having been seen in our Palliative Radiation Oncology Program, were scheduled into the APN clinic 6 weeks post radiation. Assessments relied upon the Edmonton Symptom Assessment Scale (ESAS), analgesia usage and whether they felt radiation was worthwhile. Patients were also booked into the clinic because of severe pain requiring ongoing management.

Results: Data are available for 24/33 patients (12 in person, 11 by telephone; 1 in-patient). Data were unavailable for 9 (2 deaths; 2 hospitalized elsewhere; 3 lost to follow-up; 1 cancelled; 1 already retreated). Overall 18 patients reported improvement, confirmed by falling pain scores, decreasing analgesic usage and stating radiotherapy was worthwhile. Five others claimed improvement despite ESAS pain scores remaining →5/10, but declined re-treatment, preferring to await worsening symptoms. One patient accepted re-treatment. Only 1/24 felt radiotherapy hadn’t been worthwhile.

Conclusions: The clinic has proven its value within our program and continues. It has allowed us to assess responses, to educate, to reassure, to modify analgesics, while monitoring the changing needs of this complex patient group. One APN can make a difference!

VII-08

Workshop: Assessing and Managing Shortness of Breath: Train the Trainer Workshop

Lorraine Martelli-Reid, MN, RN(EC)1,2, Cathy Kiteley, RN, MSc3. 1Juravinski Cancer Centre, Hamilton, ON, Canada, 2McMaster University, Hamilton, ON, Canada, 3Peel Regional Cancer Centre, Mississauga, ON, Canada.

Shortness of breath is a common problem in patients affected by lung cancer. It is responsible for >40% of emergency room visits in the last 2 weeks of life. It may be a symptom of the disease, a consequence of treatment or sequelae of having a chronic disease. With better preparation and management patients and family members may experience less distress and cope better with this difficult symptom.

This workshop will provide an overview of the extent of the problem, literature on assessment and management of shortness of breath, and lung functioning. Training during this session will include practical management, respiratory muscle strengthening exercises and relaxation techniques. Nurses will also gain comfort with how to explore the meaning of this symptom with patients and families and how to engage in goal setting. Nurses attending will then be able to return to their practice settings and disseminate this training, assist patients and family members, and hopefully be empowered to establish nurse run programs for those affected by shortness of breath.
Poster Presentations

**Group 1**
*Monday, September 13, 10:00 AM - 10:30 AM, Hall B*

**P-01:** The Lived Experience of Family Members Transitioning Through 100 Days Post Stem Cell Transplantation (Sct)
Daniel J. Gagné, Bachelor of Nursing1, Roberta Woodgate, PhD2. 1Collège universitaire de Saint-Boniface, Winnipeg, MB, Canada, 2University of Manitoba, Winnipeg, MB, Canada.

**P-02:** The Power of Together: Capturing Nursing Workload in an Ambulatory Oncology Setting
Tracie L. Parks, BScN, RN, CON(C), Donna Chyz, RN, Terry Mackenzie, RN, CON(C). HRSRH, Sudbury, ON, Canada.

**P-03:** The Power of One Chapter; The Potential of Many Together
Barbara Ballantyne, Masters of Science in Nusing. HRSRH, Sudbury, ON, Canada.

**P-04:** A woman's guide to sexuality post pelvic radiation therapy: the development of a patient education booklet
Amber Killam, RN, BScN, MScN(c)1, Lynne Jolicoeur, RN, MScN, CON(C)2. 1The University of Ottawa, Ottawa, ON, Canada, 2The Ottawa Hospital, Ottawa, ON, Canada.

**P-05:** Using patient satisfaction results to improve patient quality outcome on a Medical Radiation Oncology unit
Eleanor A. Miller, II, BScN, MAEd1, Gerry Beaudoin, MSW2, Audrey Moore-Garcia, B.ScN3, Nancy Siddiq, RN, BScN2, Barbara Jackson, B.Sc.OT4, William Ford, B.A. M.Div.3, Anita Chakraborty, DR. MC. CCFP5, Nadine Walters, N/A3, Kate Harmer 6. 1Sunnybrook Health Sciences Centre, Markham, ON, Canada, 2Alberta Health Services, Calgary, AB, Canada, 3Mile End Regional Hospital, Mile End, QB, Canada, 4The Ottawa Hospital, Ottawa, ON, Canada, 5Foothills Medical Centre, Calgary, AB, Canada, 6Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

**P-06:** We Don’t Know How to Give Chemotherapy
Johanne Klove, RN, BScN, CON(C), Melany Leonard, RN, BScN, CON(C). McGill University Health Center, Montreal, QC, Canada.

**P-07:** Improving Public Awareness of Early Detection of Head & Neck Cancer through the Production of an Evidence-based Information Pamphlet
Christina MacDonald, Bachelor of Science in Nursing (BScN). Jewish General Hospital, Montreal, QC, Canada.

**P-08:** The Hope Experience of Male Spouses of Women With Breast Cancer
Jill M. G. Bally, PhD (student)1, Wendy Duggleby, PhD, RN, AOCN2, Roanne Thomas MacLean, PhD1, Rev. Dan Cooper, M Div4, David Popkin, M.D., C.M., FRSC, FSOGC, FACOG5, Heather Doell, RN, MN5, Peg Schmidt, n/a6, Mary Hampton, PhD Psychology7. 1University of Saskatchewan, Saskatoon, SK, Canada, 2University of Alberta, Edmonton, AB, Canada, 3University of Saskatchewan, Sociology, Saskatoon, SK, Canada, 4Regina Qu’Appelle Health Region, Regina, SK, Canada, 5Saskatchewan Cancer Agency, Saskatoon, SK, Canada, 6Saskatchewan Breast Cancer Agency, Saskatoon, SK, Canada, 7University of Regina, Regina, SK, Canada.

**P-09:** The Power of Patient Support Groups in Oncology
Joan Basiuk, RN. Kidney Cancer Canada, Toronto, ON, Canada.

**Group 2**
*Monday, September 13, 3:45 PM - 4:15 PM, Hall B*

**P-05:** Using patient satisfaction results to improve patient quality outcome on a Medical Radiation Oncology unit
Eleanor A. Miller, II, BScN, MAEd1, Gerry Beaudoin, MSW2, Audrey Moore-Garcia, B.ScN3, Nancy Siddiq, RN, BScN2, Barbara Jackson, B.Sc.OT4, William Ford, B.A. M.Div.3, Anita Chakraborty, DR. MC. CCFP5, Nadine Walters, N/A3, Kate Harmer 6. 1Sunnybrook Health Sciences Centre, Markham, ON, Canada, 2Alberta Health Services, Calgary, AB, Canada, 3Mile End Regional Hospital, Mile End, QB, Canada, 4The Ottawa Hospital, Ottawa, ON, Canada, 5Foothills Medical Centre, Calgary, AB, Canada, 6Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

**P-06:** We Don’t Know How to Give Chemotherapy
Johanne Klove, RN, BScN, CON(C), Melany Leonard, RN, BScN, CON(C). McGill University Health Center, Montreal, QC, Canada.

**P-07:** Improving Public Awareness of Early Detection of Head & Neck Cancer through the Production of an Evidence-based Information Pamphlet
Christina MacDonald, Bachelor of Science in Nursing (BScN). Jewish General Hospital, Montreal, QC, Canada.

**P-08:** The Hope Experience of Male Spouses of Women With Breast Cancer
Jill M. G. Bally, PhD (student)1, Wendy Duggleby, PhD, RN, AOCN2, Roanne Thomas MacLean, PhD1, Rev. Dan Cooper, M Div4, David Popkin, M.D., C.M., FRSC, FSOGC, FACOG5, Heather Doell, RN, MN5, Peg Schmidt, n/a6, Mary Hampton, PhD Psychology7. 1University of Saskatchewan, Saskatoon, SK, Canada, 2University of Alberta, Edmonton, AB, Canada, 3University of Saskatchewan, Sociology, Saskatoon, SK, Canada, 4Regina Qu’Appelle Health Region, Regina, SK, Canada, 5Saskatchewan Cancer Agency, Saskatoon, SK, Canada, 6Saskatchewan Breast Cancer Agency, Saskatoon, SK, Canada, 7University of Regina, Regina, SK, Canada.

**Group 3**
*Tuesday, September 14, 9:45 AM - 10:15 AM, Hall B*

**P-10:** Evidence-based care of oncology patients with DVT: standardized treatment order development and implementation by nurses in Oncology
Jan Park Dorsay, RN(EC), MN, NP-Adult, CON(C), Kristine Frandsen, RN, BScN. Hamilton Health Sciences, Hamilton, ON, Canada.

**P-11:** Facilitating Chemotherapy Treatment Closer to Home
Linda Phalen, RN Con(c)1, Wayne Enders, RN2. 1Alberta Health Services, Calgary, AB, Canada, 2Alberta Health Services, Edmonton, AB, Canada.
P-12: When to stop the Statins? (and other maintenance medications)

Ildico Tettero, RN (EC) MN1, Susan Clarkson, RN BScN2, Susan Davidson, BScPhm RPh2, Nadia Plach, MD PhD CCFP FCFP2. 1Joseph Brant Memorial Hospital, Burlington, ON, Canada, 2joseph brant memorial hospital, burlington, ON, Canada.

P-13: A National Strategy for the Effective Introduction of Advanced Practice Nursing Roles in Cancer Control

Denise Bryant-Lukosius, RN PhD1, Sanchia Aranda, RN PhD2, Debra Bakker, RN PhD2, Jessica Corner, RN PhD2, Greta Cummings, RN PhD2, Esther Green, RN MSc(T)3, Jennifer Ranford, MA2, Jennifer Wiernikowski, RN(EC) MN2. 1McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada, 2University of Melbourne and Peter MacCallum Cancer Centre, Melbourne, Australia, 3Laurentian University, Sudbury, ON, Canada, 4University of Southampton, Southampot, United Kingdom, 5University of Alberta, Edmonton, AB, Canada, 6Cancer Care Ontario, Toronto, ON, Canada, 7McMaster university, Hamilton, ON, Canada, 8Juravinski Cancer Centre, Hamilton, ON, Canada.

P-14: Étude de besoins des patients : informations et documents remis par l'équipe d'oncologie colorectale


P-15: An Examination of Activities in a Patient Support Clinic: A Descriptive and Exploratory Study

Gwenyth Anne Hughes, RN, BSN, MN, CON(C), Maxine Alford, RN, PhD, Lorelei Newton, RN, BSN, MN, PhD candidate, Sally Kimpson, RN, BSN, MA. British Columbia Cancer Agency, Victoria, BC, Canada.

P-16: Team Huddles, Optimizing the Care Team

Bev L. Kowbel, R.N., BScN, CON(c)1, Stacey M. Virgin, R.N., BScN, CON(c)1, Renee D. Belitski, R.T.T.2, Denise Budz, R.N., BScN3. 1Saskatchewan Cancer Agency, Regina, SK, Canada, 2Saskatchewan Cancer Agency, Saskatoon, SK, Canada.

P-17: Well Follow-Up Breast Cancer Clinic

Margaret Forbes, RN BScN APN Intern, Mary Waddell, BSc(Hon), MD, Assistant Clinical Professor. Hamilton Health Sciences, Juravinski Cancer Centre, Hamilton, ON, Canada.

P-18: Debunking Communication Myths: Introducing Basic Communication Research into Nursing

Sara Healing, BA MSc(candidate)1, Brenda J. LaPrairie, RN BSN CON (C)2, Janet Bavelas, PhD2, Jennifer Gerwing, PhD2, Christine Tomori, BA MSc(candidate)2. 1BCCA Vancouver Island Cancer Centre, Victoria, BC, Canada, 2University of Victoria, Victoria, BC, Canada.

P-19: The Planning and Implementation of A Supportive Care Forum to Address the Various Needs of the Interprofessional Team on an Acute Oncology/Palliative Care Unit

Karen Lock, RN, BScN, MN, CON(C), CHPCN(C), Tiffany Wichert, RN, BScN, CON(C), Kelly Clifford, RN, BScN, Virginia Clark Weir, RN, BScN, MScN, Jennifer Eccles, RN, BScN, Marsha Butler, MSW, RSW, Shehnaz Bandali, RN, Yvette Barnes, RN, BScN, MN, Nina Horvath, MD, CCFP. North York General Hospital, North York General Hospital, ON, Canada.

P-20: The Change to One: The Potential of All

Darlene G. Priestman, BScN. Trillium Health Centre, Mississauga, ON, Canada.
P-02: The Power of Together: Capturing Nursing Workload in an Ambulatory Oncology Setting

Tracie L. Parks, BScN, RN, CON(C), Donna Chyz, RN, Terry Mackenzie, RN, CON(C). HRSRH, Sudbury, ON, Canada.

Quantifying nursing workload in a Regional Cancer Program (RCP) became a reportable Ministry of Health and Long Term Care (MOHLTC) requirement when it amalgamated with the host hospital in 2004. While the hospital workload tool developed for inpatient settings was a separate software application subsequently modified for outpatient oncology use, it was always considered additional workload by the nursing staff. Overall adoption of the tool by primary nurses was poor and highly variable. Although the workload within the chemotherapy suite was more predictable and quantifiable, it remained an additional task for nurses to complete. The opportunity arose to integrate nursing workload into the software being widely implemented at the RCP. Workload capture for radiation therapists was successfully occurring in the software, providing a model to build upon. Workload variables were developed by front-line nurses and linked to the capture of patient visits with the ability to add additional items or increase time for complex patients. With the ease of quantifying nursing workload by acknowledgement of the visit, the RCP has seen an improvement in both the quantity of nursing workload captured and its accuracy. This poster will outline steps taken to identify the elements of nursing workload, development of the tool, auditing process and the overall results of capturing workload within an existing software program.

P-03: The Power of One Chapter; The Potential of Many Together

Barbara Ballantyne, Masters of Science in Nusing.
HRSRH, Sudbury, ON, Canada.

Local CANO chapters are a viable means of gathering like minded oncology nurses for further education, professional growth and networking. However, many chapters struggle with enticing new members and retention of existing members. The purpose of this poster is to outline some of the successful events, activities and projects one chapter has undertaken to overcome these obstacles. This chapter has been in existence since 1992 with membership including a diverse group of in-patient, out-patient, community chemotherapy nurses, Cancer Program managers and university colleagues. Among our successful strategies include obtaining grants from industry partners that allow dinners at chapter meetings and CANO chapter grants for other related educational events. The chapter has endorsed the integration of a Journal Club into chapter meetings where review of oncology nursing literature allows nurses to incorporate evidence based knowledge into their everyday practice. At least once a year an evening presentation is organized allowing all interested health care professionals to attend. Creative fundraising allows us to award travel grants to attend the Annual General CANO meeting. Our chapter has also collaborated on a number of research projects highlighting the work of our oncology nurses. We will share some of our strategies for success in this poster that we hope will inspire other CANO chapters to adopt innovative strategies to retain chapter members.

P-04: A woman's guide to sexuality post pelvic radiation therapy: the development of a patient education booklet

Amber Killam, RN, BScN, MScN(c)1, Lynne Jolicoeur, RN, MScN, CON(c)1. The University of Ottawa, Ottawa, ON, Canada, 1The Ottawa Hospital, Ottawa, ON, Canada.
The sexual morbidity associated with pelvic radiation therapy is striking, but not surprising considering the number of women who report some degree of sexual dysfunction following therapy and the lack of communication about sexuality by their health care providers. Thus, the informational needs of women are not being met. Nurses and other health professionals attribute this in part to a lack of training and available resources pertaining to sexuality. In response to this problem, a patient information booklet was developed following Bernier & Yasko’s model for elaborating and evaluating patient education materials. Patients and interprofessional experts in women’s health took part in telephone interviews or a focus group to describe the problem. The content of the booklet immerged from the stakeholder feedback. The booklet 1) outlines the major sexual side effects of pelvic radiation, 2) provides practical self-care measures, and 3) offers recommendations to guide and empower women. This poster presentation will summarize how the booklet was developed, the content of the booklet itself, and how it is being pilot tested.

Group 2
Monday, September 13, 3:45 PM - 4:15 PM, Hall B

P-05: Using patient satisfaction results to improve patient quality outcome on a Medical Radiation Oncology unit

Eleanor A. Miller, II, BScN, MAEd¹, Gerry Beaudoin, MSW², Audrey Moore-Garcia, B.Sc.N³, Nancy Siddiq, RN, BScN⁴, Barbara Jackson, B.Sc.O.T⁵, William Ford, B.A. M.Div.⁶, Anita Chakraborty, DR. MC. CCFP⁷, Nadine Walters, N/A⁸, Kate Hamer ¹

¹Sunnybrook Health Sciences Centre, Markham, ON, Canada, ²Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

Using patient satisfaction results to improve patient quality outcome on a Medical Radiation Oncology unit. Patient satisfaction and improved quality outcomes are valued by staff on a busy Medical/Radiation Oncology unit. Additionally, patients are expecting excellent care during their experience within the health care system. To meet the expectations of patients, clinicians will need to continually improve quality and patient satisfaction (Ganey & Drain et al 1998).

A year ago a study was done to assess the patients overall satisfaction with care. The purpose of this more recent study was two fold: (I) to evaluate the strategies implemented as a result of that study. (II) To continue to capture the patient’s perspective on their care experience with the intent of strengthening the areas of opportunity.

The method consists of using the existing patient satisfaction survey for comparison results. A research assistant administered the survey forty eight hours prior to the patients’ discharge.

The results identify many areas of strengths and some opportunities for improvement. Additionally, the strategies implemented from the previous study had very good results. The ultimate goal of this study was to assess patients’ perceptions of care with the intent of acknowledging and enhancing their satisfaction.

P-06: We Don’t Know How to Give Chemotherapy

Johanne Klove, RN, BScN, CON(C), Melany Leonard, RN, BScN, CON(C). McGill University Health Center, Montreal, QC, Canada.

Cancer treatment options are increasing at a staggering rate placing strain on the health care system at many levels. Patients diagnosed with cancer on medical, surgical, and neurological units may not have timely access to specialized oncology/hematology units when chemotherapy needs to be given.

Cytotoxic drugs are also prescribed for non-malignant diseases such as Multiple Sclerosis, Lupus and Osteoarthritis. Because oncology/hematology out-patient clinics are already overwhelmed, these nurses need to learn to deliver new therapies safely.

As Nursing Professional Development Educators in the Cancer Care Mission, we realized the need for a centralized, evidence-based cancer care educational activity to meet the needs of nurses working outside the specialty areas. The workshop was developed to provide focused information and practical tools to guide these nurses.

To date, 140 nurses have participated in the workshop. We include basic orientation needs for 2 in-patient units and 2 out-patient departments as well as 13 off-service units that are now delivering treatments and supportive care. This poster will highlight key processes used in developing the workshop, the educational content, feedback from nurses and the follow up support provided by the educators. We will address future directions including strategies to measure competence before administering chemotherapy. Finally, we will share additional teaching resources specifically identified by each of the units outside the specialty areas in order to further optimize outcomes for patient safety.

P-07: Improving Public Awareness of Early Detection of Head & Neck Cancer through the Production of an Evidence-based Information Pamphlet

Public knowledge pertaining to Head & Neck (H&N) cancer remains limited. H&N diagnosis and treatment significantly impact physical and psychological wellbeing and overall quality of life. It is the 5th leading cause of cancer deaths worldwide, accounting for 3.5-6% of cancers treated in Canada.

Objective: The objective of this quality improvement initiative was to develop a pamphlet that could be used within the
hospital, but more importantly in community clinics and dental offices to 1. increase public and professional awareness, 2. promote prevention and earlier detection; and 3. provide patients and their families with straightforward information on Head and Neck Cancer.

Results: The pamphlet is being disseminated to all pertinent out-patient clinics and dental offices at the Jewish General Hospital (Montreal, Quebec). As a bilingual tool (English and French), it provides information on H & N prevention, common physical location where H & N cancer may develop, signs and symptoms which can help with early detection and alert to the need to be further assessed. Feedback from users to date, has been very positive.

Conclusions: Increasing public and professional awareness of H & N cancer is expected to lead to improved early detection rates, and changes in unhealthy behaviors. The next step is to disseminate this pamphlet more broadly.

Christina MacDonald, Bachelor of Science in Nursing (BScN). Jewish General Hospital, Montreal, QC, Canada.

P-08: The Hope Experience of Male Spouses of Women With Breast Cancer

Jill M. G. Bally, PhD (student)1, Wendy Duggleby, PhD, RN, AOCN1, Roanne Thomas MacLean, PhD2, Rev. Dan Cooper, M Div, David Popkin, M.D., C.M., FrCSC, FSOGC, FACOG3, PhD Psychology7.

1University of Saskatchewan, Saskatoon, SK, Canada, 2University of Alberta, Edmonton, AB, Canada, 3University of Saskatchewan, Sociology, Saskatoon, SK, Canada, 4Regina Qu’Appelle Health Region, Regina, SK, Canada, 5Saskatchewan Cancer Agency, Saskatoon, SK, Canada, 6Saskatchewan Breast Cancer Agency, Saskatoon, SK, Canada, 7University of Regina, Regina, SK, Canada.

Background: Male spouses of women with cancer are a unique population of informal caregivers who require specialized support. Currently, little is known about their experiences and how their lives are changed because of their wife’s diagnosis of breast cancer.

Purpose: The purpose of this research was to explore the experiences of hope from the perspective of male spouses of women with breast cancer and to describe what helps and hinders their hope. To date, 10 open ended audiotaped interviews have been completed with 5 participants. The preliminary have been analyzed according to a constructivist grounded theory approach.

Findings: Preliminary findings indicate that male spouses experience emotional distress following their wives’ diagnosis of breast cancer. The participants experienced feelings of hopelessness, loss of control, and failure. Hope however was tangible and important to these participants. Hope influenced many aspects of their daily lives, as well as their ability to care for their wives. Hope gave them courage to support their wives and was influenced by their wives’ hope and courage. What helped maintain their hope was their own participation in activity, music, work life, and being able to support their wives. This information can be useful in providing individualized care and support for these male spouses, and it can assist in developing a program to help build their hope.

P-09: The Power of Patient Support Groups in Oncology

Joan Basiuk, RN. Kidney Cancer Canada, Toronto, ON, Canada.

The Power of Patient Support Groups in Oncology

Kidney Cancer Canada (KCC) is the first and only national patient-led support and advocacy group for patients with kidney cancer in Canada and was established in 2006. In 2009, KCC partnered with Ipsos Health to conduct the first Canadian Metastatic Renal Cell Carcinoma (mRCC) Patient Care Study. The main objective of the study was to uncover the emotional, physical and financial burden (barriers) that Canadian patients and caregivers face in regards to metastatic renal cell carcinoma and its treatment options. More specifically, Kidney Cancer Canada wanted to understand patients’ attitudes and knowledge of the current treatment options, understand patients’ sources of information about their disease and treatment, uncover barriers that patients face when being treated for mRCC and to address the patient’s journey with mRCC.

The research design utilized in-depth qualitative interviews, followed by structured online interviews that were each 30 minutes in length. The total sample included 84 patients/caregivers. Of this group, 40 were members of KCC and 44 were non-KCC members. Statistical analysis of responses from KCC members and non-KCC members suggests significant differences.

For example, KCC members are more likely than non-KCC members to be more proactive, knowledgeable and report an overall better quality of life. Detailed study results including patient demographics and key take-away messages will be presented.

Group 3
Tuesday, September 14, 9:45 AM - 10:15 AM, Hall B

P-10: Evidence-based care of oncology patients with DVT: standardized treatment order development and implementation by nurses in Oncology

Jan Park Dorsay, RN(EC), MN, NP-Adult, CON(C), Kristine Frandsen, RN, BScN. Hamilton Health Sciences, Hamilton, ON, Canada.

Developing standard orders for common problems (DVT) is one way that oncology nurses demonstrate leadership
and affect practice change across the cancer care continuum. Cancer patients have a 4.1 fold greater risk of developing deep vein thrombosis and chemotherapy increases that risk 6.5 fold (Lyman, 2007). In spite of the potentially life threatening and survival shortening sequela, treatment of DVT is currently not standardized. Clinical Practice Guidelines for the treatment of DVT have been developed by groups such as The Thrombosis Interest Group of Canada (2007), The National Comprehensive Cancer Network (2009), The American Society of Clinical Oncology (2007). Despite available guidelines, it's estimated that only 50% of cancer patients receive appropriate anticoagulation treatment (Khorana, 2009). Published guidelines for the treatment of DVT have not sufficiently impacted practice. Standardized orders for cancer patients with DVT help to address the challenges of providing evidence based treatment to this specialized population who receive care from multidisciplinary practitioners across multiple departments of one hospital such as ambulatory clinics, inpatient oncology, surgical, medical, rehabilitation units, and emergency. This poster describes the development of standardized orders for DVT treatment by a Nurse Practitioner and Thromboembolism Nurse Clinician. Standardized order development by oncology nurses can impact patient safety and translate knowledge about DVT treatment for people with cancer.

**P-11: Facilitating Chemotherapy Treatment Closer to Home**

Linda Phalen, RN Con(c), Wayne Enders, RN.
Alberta Health Services, Calgary, AB, Canada, Alberta Health Services, Edmonton, AB, Canada.

"Individuals living with cancer confront a myriad of challenges. Coping with these challenges can be overwhelming for patients and their family members." (Fitch, 2009, P26). Our goal as part of a provincial organization comprised of Tertiary, Associate and Community Cancer Centres is to help reduce the burden of cancer by ensuring all citizens have access to quality cancer programs and services in or as close as possible to their home communities. The benefits of a program offering chemotherapy closer to home are numerous and include, reducing the financial burden of travel, lodging and parking costs, as well as minimizing time away from work and allowing the individual to remain closer to family/friends and other already established support networks. With patients receiving treatment closer to home we are also helping to reduce the strain on treatment spaces at the tertiary centres. The challenge of this initiative is identifying all eligible patients and ensuring continuity of care from the tertiary site to the community site. A position was created within the tertiary centres to help meet this challenge. The liaison nurse role helps to identify eligible patients, facilitates the referral process, and ensures a smooth transition from urban to rural. Nationally patients and survivors have actively been advocating for a more person-centered cancer system (CPAC, 2009). This program represents one such effort to meet this goal.

**P-12: When to stop the Statins? (and other maintenance medications)**

Ildico Tettero, RN (EC) MN; Susan Clarkson, RN BSCN; Susan Davidson, BSCPm RPh, Nadia Plach, MD PhD CCFP FCFP.
Joseph Brant Memorial Hospital, Burlington, ON, Canada, Joseph Brant Memorial hospital, burlington, ON, Canada.

Symptom management is the crux of palliative care medicine. The goal is to optimize comfort and quality of life in the time that the patient may have remaining. While promoting comfort, we have to consider the “benefit versus risks” of medications. Patients with multiple comorbidities are often taking numerous medications, including antihypertensive combinations, cholesterol lowering agents and other preventative pharmaceuticals. As we add medications to relieve symptoms such as pain, nausea and dyspnea, we must consider the burden of taking multiple medications several times daily. At what point in the illness trajectory do preventative medications such as statins, low dose aspirin, etcetera, become inappropriate and possibly even harmful? The progression of life threatening illnesses, such as cancer or end stage renal failure is often associated with anorexia and weight loss. There may be a reduced need for antihypertensives, oral hypoglycemics, and other medications. The challenge becomes how and when to reduce or discontinue nonessential medications to avoid toxicity while titrating analgesics and other medications required to optimize patient comfort. What is the evidence that guides difficult, clinically relevant choices? How do you involve patients and their families in explaining these choices or recommendations? The authors will examine these issues through a comprehensive literature search and illustrate current recommendations using a clinical scenario in a poster presentation format.

**P-13: A National Strategy for the Effective Introduction of Advanced Practice Nursing Roles in Cancer Control**

Denise Bryant-Lukosius, RN PhD; Sanchia Aranda, RN PhD; Debra Bakker, RN PhD; Jessica Corner, RN PhD; Greta Cummins, RN PhD; Esther Green, RN MSc(T); Jennifer Ranford, MA; Jennifer Wiernikowski, RN(EC) MN. McMaster University and Juravinski Cancer Centre, Hamilton, ON, Canada, University of Melbourne and Peter MacCallum Cancer Centre, Melbourne, Australia, Laurentian University, Sudbury, ON, Canada, University of Southampton, Southampton, United Kingdom, University of Alberta, Edmonton, AB, Canada, Cancer Care Ontario, Toronto, ON, Canada, McMaster University, Hamilton, ON, Canada, Juravinski Cancer Centre, Hamilton, ON, Canada.

The Canadian Centre of Excellence in Oncology Advanced Practice Nursing (OAPN) is the first nursing research unit to...
be established by a cancer centre in Canada. OAPN's goal is to improve the health of individuals affected by cancer through the effective development and use of APN roles. Research demonstrates that well-designed APN roles in oncology and other specialties have a positive impact on patient, provider and health system outcomes. Despite the need for innovation to improve timely and equitable access to high quality cancer services, Canada has yet to realize the full potential of oncology APN roles. This presentation describes OAPN's plan to strengthen the contribution of Canadian APN roles in cancer care through a three-pronged approach: research, education and mentorship and knowledge translation. We will share how OAPN: a) engages and supports APNs in developing and evaluating their roles; b) demonstrates the added value of APN roles for improving patient health and their cancer experience; c) promotes the development of patient centred models of care to address patient important health needs; d) facilitates evidence-based practice among oncology APNs; and d) builds capacity to conduct APN-related research to improve cancer nursing practice. We will showcase tools and resources available to support oncology APN role implementation and evaluation and will highlight how OAPN has collaborated and partnered with key stakeholders and national and international researchers.

P-14: Étude de besoins des patients : informations et documents remis par l’ équipe d’ oncologie colorectale


L’affiche résume la démarche, les résultats du questionnaire ainsi que notre réflexion sur des pistes tangibles d’interventions informationnelles à privilégier dans notre centre hospitalier.

Group 4
Tuesday, September 14, 3:15 PM - 3:45 PM, Hall B

P-15: An Examination of Activities in a Patient Support Clinic: A Descriptive and Exploratory Study

Gwenyth Anne Hughes, RN, BSN, MN, CON(C), Maxine Alford, RN, PhD, Lorelei Newton, RN, BSN, MN, PhD candidate, Sally Kimpson, RN, BSN, MA. British Columbia Cancer Agency, Victoria, BC, Canada.

A Patient Support Clinic (PSC) was introduced into the Ambulatory Care Unit (ACU) of a provincial cancer organization in order to respond to issues identified by members of the cancer care team. A lack of designated time and space for nursing assessment and intervention, insufficient inter-professional communication about patient needs and variable practice and expectations of both nurses and physicians contributed to an environment not conducive to patient centered care. Nurses described their practice as being “invisible” and claimed that the existing system did not support them. In addition, these observations raised concerns about employee engagement and nursing retention and recruitment.

Nurses practicing within the PSC were envisioned as being enabled to address patients’ needs including symptom management, education, support and counseling, referral to resources and navigation of the cancer care system. Nurses were expected to become engaged and incorporated members of the inter-professional teams.

The purpose of this research project is to explore how nursing practice is accomplished in this setting and within the broader inter-professional setting of the ACU. This project is phase one of a multi-phase study examining knowledge translation and nursing practice.

was collected through participant observation and interviews with health care providers and patients. This poster will illustrate the findings and future initiatives that were informed by the project.

P-16: Team Huddles, Optimizing the Care Team

Bev L. Kowbel, R.N., BScN, CON(c)1, Stacey M. Virgin, R.N., BSN, CON(c)2, Renee D. Belitski, R.T.T.1, Denise Budz, R.N., BSN2. 1Saskatchewan Cancer Agency, Regina, SK, Canada, 2Saskatchewan Cancer Agency, Saskatoon, SK, Canada.

When planning the care of patients seeing different
physicians, radiation therapists, dietitians and social workers, it is often unknown by the nurse what the patient’s needs might be at today’s visit.

When it comes to optimizing the team and improving communication, football players offer health care team members a valuable lesson: a quick huddle can ensure that everyone is on the same page. Our Cancer Centre has added team huddles prior to its Radiation Therapy Review Clinics. The huddle helps to enhance communication, thereby, helping to build a well-informed and highly effective team.

A team huddle is a quick, stand-up meeting that is held prior to Radiation Therapy Treatment Review Clinics. The huddle provides time for quick questions and patient information sharing by each team member. In 15 minutes the team is given the opportunity to share information that is vital to the care of the patient. Some of the benefits derived from these huddles are:

- Patient care issues are identified and a plan is made for required interventions that each team member shares in the ownership and commitment to follow through
- Creates a culture of open/honest communication, trust, and belonging
- Fosters teamwork and shared commitment
- Early recognition and intervention preventing more severe side effects

Through the use of team huddles we are providing more efficient and thorough care to the patient receiving radiation therapy.

P-17: Well Follow-Up Breast Cancer Clinic

Margaret Forbes, RN BScn APN Intern, Mary Waddell, BSc(Hon), MD, Assistant Clinical Professor. Hamilton Health Sciences, Juravinski Cancer Centre, Hamilton, ON, Canada.

Advances in cancer screening and treatment have given way to larger numbers of individuals surviving cancer. As such, there is a need for ongoing management of long term effects from treatment, surveillance for cancer recurrence or secondary malignancies, and intervention for the psychosocial impacts of a cancer diagnosis. Several models for follow-up care for individuals with cancer are suggested in the literature, however in North America oncologist follow-up care is primarily utilized. In 2002 the breast disease site team (BDST) at the Juravinski Cancer Centre sought to find an alternative solution for follow-up care of their well breast cancer patients (completed adjuvant treatment). As such, the APN in collaboration with the BDST created the Well Follow-up Clinic for Breast Cancer. Since then the clinic has evolved to include a General Practitioner in Oncology (GPO). The pairing of expertise from these two roles is complimentary and provides seamless care for the patients seen in the clinic. Patients have the opportunity to receive continuity of care as multiple care provides are not present in the clinic. Research has demonstrated that women with breast cancer valued continuity of care more so than provider of care. The Well Follow-Up Breast Cancer Clinic provides patients with breast cancer and their oncologist/nurse team an option to continue receiving quality follow-up care within the Juravinski Cancer Centre while providing efficient, effective utilization of health care provider services.

P-18: Debunking Communication Myths: Introducing Basic Communication Research into Nursing

Sara Healing, BA MSc(candidate), Brenda J. LaPrairie, RN BSN CON (C); Janet Bavelas, PhD², Jennifer Gerwing, PhD², Christine Tomori, BA MSc(candidate)¹. ¹BCA Vancouver Island Cancer Centre, Victoria, BC, Canada, ²University of Victoria, Victoria, BC, Canada.

Communication is an essential tool in nurse interactions, yet nursing education seldom draws on state-of-the-art basic research into communication. We propose that new research evidence in contemporary communication and psycholinguistics is leading to theoretical insights that are directly relevant to nursing interactions. The poster introduces this new knowledge of communication, which has several distinct characteristics: It is derived from and supported by two decades of solid experimental research, rather than simply coming from the opinions of expert, as was true of the traditional “communication skills” approach. It focuses on communication in dialogue as collaborative, rather than emphasizing individual skills. It is descriptive rather than prescriptive; that is, research is discovering how people naturally and skilfully construct their dialogues, rather than assuming that they need to learn how to communicate. This poster will illustrate how the research contradicts some widely held communication myths. (1) Nonverbal actions are not a separate “body language” that reveals what words conceal; most nonverbal actions (facial expressions, gestures, and gaze) are closely integrated with speech. (2) Professionals do not need to learn prescribed listening techniques; people naturally know how to listen with skill and precision, and imposed techniques can disrupt the dialogue. (3) One should not “maintain eye contact”; participants in a dialogue have a coordinated natural pattern of gaze that organizes their roles in the dialogue.

P-19: The Planning and Implementation of A Supportive Care Forum to Address the Various Needs of the Interprofessional Team on an Acute Oncology/Palliative Care Unit

Karen Lock, RN, BScN, MN, CON(C), CHPCN(C), Tiffany Wichert, RN, BScN, CON(C), Kelly Clifford, RN, BScN, Virginia Clark Weir, RN, BScN, MScN, Jennifer Eccles, RN, BScN, Marsha
This poster presentation will share the experience of the planning and implementation of a palliative care forum on an acute oncology unit where there are six palliative care beds. Nurses and other interprofessional team members had indicated a need to support and nurture one another as a result of dealing with multiple losses and helping with knowledge enhancement in providing excellent palliative care. Together with the leadership team, the palliative care team conducted a needs assessment on the unit and developed a biweekly session for all team members to gather together to reflect their practice, share their experiences, review challenging deaths, and provide education to enhance the delivery of palliative care. The information gathered from the needs assessment and the preliminary results from the evaluation of the supportive forum will be discussed in this presentation. The ultimate goal of the forum is to illustrate the potential of bringing oncology nurses and other interprofessional team members together to facilitate self-care, as well as promoting professional development at the very same time.

P-20: The Change to One: The Potential of All

Darlene G. Priestman, BScN.
Trillium Health Centre, Mississauga, ON, Canada.

The Change to One: The Potential of All
The Oncology unit at the Trillium Health Centre in Mississauga provides care for approximately 950 new cancer patients a year. There have been many changes over the past two years including new nurses, new physicians and a new unit. Recognizing that its current practices could no-longer meet the needs of the patients, the oncology unit has embarked on a new philosophy of care. Previously, nurses rotated through various positions every two to three months. Nursing roles were task orientated rather than patient centered care. One nurse was assigned to two physicians, but that nurse could change on a daily basis. As a result, there was very little continuity of care, patient satisfaction or nurse autonomy.
In an effort to improve patient care the oncology clinic moved to a primary care model with one nurse to one doctor. Nurses now work with the same physician on a permanent basis. As well, primary nurses now have voice mail and pagers to be more accessible to their patients.
Change however, has come at a cost. Some nurses are not comfortable in their new role. There are also some practical issues such as prep time that still need to be addressed.
But, while change is not always easy, the potential of change together, can lead to great things.
3M Canada

3M™ Health Care offers solutions for the securement of IV catheters as well as for the prevention of skin breakdown and treatment for both chronic and acute wounds. As part of a comprehensive oncology patient care protocol, consider the following:

3M™ Cavilon™ No Sting Barrier Film is one of the most cost effective and versatile skin protection products on the market. Cavilon™ No Sting Barrier Film forms a transparent protective film between the skin and potential irritants. Cavilon™ No Sting Barrier Film is alcohol-free, thus causing no pain when applied to irritated or damaged skin.

3M™ Tegaderm™ CHG IV Securement Dressing advances IV site protection by integrating the antimicrobial power of Chlorhexidine Gluconate with an easy-to-apply transparent film dressing while allowing continuous visibility of the insertion site. In addition, the gel pad confirms to the catheter, helping to improve catheter securement.

Visit 3M at booth 303 to learn more!

Abbott Laboratories

Pioneering. Achieving. Caring. Enduring. Those are the Abbott values. They represent our core vision. They create our drive. They guide our commitment. This is why our involvement in oncology has included every level of the field, and it is why we endeavor to create a treasure zone in oncology.


Abbott Nutrition

Abbott Nutrition is behind some of the world's most trusted names in pediatric, adult and healthy living nutritional products, including Similac, Isomil, Ensure and Glucerna. Abbott Nutrition is a leader in nutritional products to help adults maintain an active, healthy lifestyle. We pioneered the market for adult nutritionals more than 30 years ago with the introduction of Ensure, a leading source of complete, balanced nutrition. In addition to these well-known consumer brands, we also offer medical foods and feeding devices for patients with special dietary needs due to food allergies or diseases that affect the body's metabolism such as cancer, respiratory conditions and gastrointestinal impairment. We focus on combining the science of nutrition with state-of-the-art technology and design to offer nutritional products that are easy to use and meet the changing nutritional needs of people at each stage of life.

Abraxis BioScience

Abraxis BioScience is a fully integrated global biotechnology company dedicated to the discovery, development and delivery of next-generation therapeutics and core technologies that offer patients safer and more effective treatments for cancer and other critical illnesses. The company's portfolio includes the world's first and only protein-bound nanoparticle chemotherapeutic compound (ABRAXANE®), which is based on the company's proprietary tumor targeting technology known as the nab® platform. The first FDA approved product to use this nab platform, ABRAXANE, was launched in Canada in 2006 for the treatment of metastatic breast cancer and is now approved in 38 countries. The company continues to expand the nab platform through a robust clinical program and deep product pipeline. Abraxis trades on the NASDAQ Global Market under the symbol ABII. For more information about the company and its products, please visit www.abraxisbio.com.

Amgen Oncology

Amgen Oncology is proud to be a platinum sponsor of the 22nd Annual CANO/ACIO Conference. Amgen has changed the practice of medicine, helping millions of people around the world in the fight against cancer and other serious illnesses. With a broad and deep pipeline of potential new medicines, Amgen remains committed to advancing science to dramatically improve people's lives. Please visit us at booth 301 to find out more about Amgen's products, patient education material, services and programs dedicated to supporting oncology nurses and patients.

AstraZeneca

AstraZeneca is a leading global pharmaceutical company with an extensive product portfolio spanning six major therapeutic areas: gastrointestinal, cardiovascular, infection, neuroscience, oncology, and respiratory. AstraZeneca's Canadian headquarters are located in Mississauga, Ontario, and its state-of-the-art drug discovery centre is based in Montréal, Québec. For more information, visit the company's web site at www.astrazeneca.ca.

Bard Canada

C. R. Bard Inc. is a leading multinational developer, manufacturer and marketer of innovative, life-enhancing medical technologies. We are the market leader in the field of vascular access devices. Our mission is to develop, manufacture and distribute medical devices and programs that have a positive impact on people's lives. For the Oncology patient, these devices and programs facilitate a wide array of practitioners in the process of gaining access to the vasculature for the purpose of detection, treatment and
management of various cancers including the of delivery of chemotherapy, blood products, antibiotics, drugs and/or nutrition.

**Bayer**

Bayer HealthCare Pharmaceuticals – Science For A Better Life

Bayer HealthCare is a business of Bayer AG (headquartered in Leverkusen, Germany), an international research-based group, and comprises Pharmaceuticals, Consumer Care, Diabetes Care and Animal Health businesses. In Canada, Bayer HealthCare is operated by Bayer Inc., the Canadian subsidiary of Bayer AG, headquartered in Toronto, ON. Bayer HealthCare Pharmaceuticals is Bayer’s Canadian pharmaceuticals business and employs approximately 450 people across the country. Bayer HealthCare is deeply committed to providing Canadians with the best medicine and continues to invest in the research and development of innovative pharmaceutical products to improve the lives of patients, and creating products that address high unmet medical needs.

**Beutlich**

Stop by Beutlich Pharmaceuticals Booth, 202 and learn more about HurriCaine Topical Anesthetics for the temporary relief of oral pain associated with oral complications due to treatment. Recommended by medical and dental professionals for over 35 years, HurriCaine is a brand you can trust, and patients will thank you for. Learn more about HurriCaine Magic Mouth Rinse recipes and receive preprinted recipe pads for your facility. For medication induced constipation, stop by our booth for more information on CEO-TWO Laxative Suppositories - NOW AVAILABLE IN CANADA! Reliable results within 30 minutes without cramping or discomfort. For more information stop by our booth or call us at 800-238-8542. www.beutlich.com

**Brain Tumour Foundation**

Brain Tumour Foundation of Canada is a national, not-for-profit organization dedicated to reaching every Canadian affected by a brain tumour through support, education, information, and research. Since 1982, more than $2.5 million has been contributed to brain tumour research through an annual Research Grant program, the William Donald Nash Brain Tumour Research Fellowship, support for the Brain Tumour Tissue Bank and the Brain Tumour Funders’ Collaborative, as well, professional awards including the Brain Tumour Foundation of Canada CANO Award. We have a variety of support services offered for survivors, families and caregivers including adult support groups, the BrainWAVE pediatric support program, a Toll Free Support Line, the Virtual Support Centre with a message board and chat opportunities. Our Information Services is for anyone affected by a brain tumour (malignant and benign as well as primary and secondary). Resources include handbooks, Children storybooks, BrainStorm Newsletter and comprehensive Health Care Professional Kits.

**Bristol-Myers Squibb**

Bristol-Myers Squibb Canada is a subsidiary of Bristol-Myers Squibb, a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. Bristol-Myers Squibb Canada is a leading provider of medicines to fight cancer, cardiovascular and metabolic disorders, infectious diseases (including HIV/AIDS), nervous system diseases and serious mental illness. For more information, visit www.bmscanada.ca

**Canadian Partnership Against Cancer**

The Canadian Partnership Against Cancer (partnershipagainstcancer.ca) is an independent organization funded by the federal government to accelerate action on cancer control for all Canadians. Bringing together cancer experts, government representatives, the Canadian Cancer Society and cancer patients, survivors and their families to implement the first pan-Canadian cancer-control strategy, the vision is to be a driving force to achieve a focused approach that will help prevent cancer, enhance the quality of life of those affected by cancer, lessen the likelihood of dying from cancer, and increase the efficiency of cancer control in Canada. The Partnership is also the driving force behind cancerview.ca, an online community linking Canadians to cancer information, services and resources.

**Calmoseptine**

Company: Calmoseptine, Inc.
Booth #: 203
Address: 16602 Burke Lane
City, State: Huntington Beach, CA
Zip-code: 92647-4536
Phone: (714) 840 – 3405
Fax: (714) 840 – 9810
Email: shows@calmoseptine.com
Website: www.calmoseptine.com

Calmoseptine Ointment is a multi-purpose moisture barrier that protects and helps heal skin irritations. Calmoseptine temporarily relieves discomfort and itching. Free samples at our booth!

**Canadian Breast Cancer Network**

The Canadian Breast Cancer Network (CBCN) is the only national survivor focused breast cancer organization in Canada. CBCN advocates for the improvement of services and access to optimal care for breast cancer patients. CBCN is the national link between all groups and individuals concerned about breast cancer. Most importantly, we are “someone to turn to” for patients and survivors at critical points in their cancer journey.
Canadian Cancer Society

The Canadian Cancer Society is committed to providing excellent cancer information and support to Canadians.

Information: people can access information in print, online, and over the phone. We provide comprehensive, tailored information about all types of cancer, treatments and potential side effects, complementary therapies, prevention and support options. Trained information specialists give people the time they need so their questions are answered clearly, in terms they understand.

Peer support: adults diagnosed with cancer and their caregivers can be matched with a trained volunteer who has been through a similar cancer experience. Volunteers provide an empathetic ear and practical coping suggestions. Matches are based on factors that are important to the individual. With over 1200 volunteers to choose from we are able to match on many variables and provide support for all types of cancer. Visit us at Booth 212 to find out more.

CANO/ACIO

The Canadian Association of Nurses in Oncology (CANO/ACIO) is the national organization that supports Canadian nurses to promote and develop excellence in oncology nursing practice, education, research and leadership. CANO/ACIO’s mission is to lead nursing excellence in cancer control for Canadians, with a vision of being an international nursing leader in cancer control. We are a member-run association that takes direction from its members in formulating activities and initiatives.

Fondée en 1984, l’Association canadienne des infirmières en oncologie (ACIO/CANO) est un organisme d’envergure qui appuie les efforts des infirmières du pays en matière de promotion et développement de l’excellence dans les soins infirmiers en oncologie et ce, aussi bien sur le plan de la pratique que sur celui de la formation, de la recherche et du leadership. La mission de l’ACIO consiste à développer l’excellence infirmière dans la domaine de la lutte contre le cancer pour le bénéfice de la population canadienne; sa vision est de devenir un leader international dans le domaine des soins infirmiers en cancérologie. Nous constituons une association dirigée pas ses membres qui suit les orientations de ces derniers lors de l’élaboration des activités et des initiatives.

Carmel Pharma

Carmel Pharma’s sole focus is on the quality of life of those people who prepare, administer and dispose of hazardous drugs. With dedicated resources toward this effort, this means our customers will receive unparalleled service and clinical support. The PhaSeal System for the safe handling of hazardous drugs is the only clinically proven closed system drug transfer device CSTD available today, with more than 20 independent peer-reviewed, published clinical studies currently available. Its airtight expansion chamber and leak proof double membrane make it the only system that meets the National Institute for Occupational Safety and Health (NIOSH) and International Society of Oncology Pharmacy Practitioners (ISOPP) definition of a CSTD. Distinguished by prominent thought leaders as the “Gold Standard” in the safe handling arena, PhaSeal also features an intuitive design that enables the retrieval of all drug from the vial.

Canadian Nurses Association

The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial nurses’ associations and colleges representing more than 139,893 registered nurses and nurse practitioners. CNA is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system. CNA is responsible for the overall management of the only national nursing specialty competency certification program. There are currently 19 nursing specialty areas and over 16,240 CNA certified nurses in Canada.

For more information about the CNA Certification Program, visit the CNA Certification web-site at http://getcertified.cna-aiic.ca

Canadian Oncology Nursing Journal (CONJ)

The Canadian Oncology Nursing is the official publication of the Canadian Association of Nurses in Oncology, and is directed to the professional nurse caring for patients with cancer. The journal supports the philosophy of the national association. The philosophy is: “The purpose of this journal is to communicate with the members of the Association. This journal currently acts as a vehicle for news related to clinical oncology practice, technology, education and research. This journal aims to publish timely papers, to promote the image of the nurse involved in cancer care, to stimulate nursing issues in oncology nursing, and to encourage nurses to publish in national media.” In addition, the journal serves as a newsletter conveying information related to the Canadian Association of Nurses in Oncology; it intends to keep Canadian oncology nurses current in the activities of their national association. Recognizing the value of nursing literature, the editorial board will collaborate with editorial boards of other journals and indexes to increase the quality and accessibility of nursing literature.

Celgene

Celgene Corporation is a global, integrated, biopharmaceutical company primarily engaged in the discovery, development and commercialization of innovative therapies designed to treat cancer and immune-inflammatory related diseases.

Celgene est une société biphasaceutique globale intégrée qui s’engage à découvrir, développer et mettre en marché des thérapies innovatrices pour traiter le cancer et des conditions inflammatoires du système immunitaire. www.celgene.com
De Souza Institute

The de Souza Institute is an innovative centre of learning dedicated to providing the best cancer care by supporting excellence in oncology nursing. Established in 2008 by the Ontario Ministry of Health and Long Term Care, the Institute provides free ongoing educational, support professional development and career counseling to Ontario nurses who care for oncology patients in any setting and phase of the cancer care journey, regardless of practice role.

The Institute's partners include Cancer Care Ontario and Princess Margaret Hospital.

For more information on the Institute's programs and services visit www.desouzanurse.ca.

Eli Lilly

Eli Lilly is a leading innovation-driven pharmaceutical corporation. We're developing best-in-class — often first-in-class — pharmaceutical products by applying the latest research from our own worldwide laboratories, by collaborating with eminent scientific organizations, by making use of the most up-to-date technological tools, and by providing exceptional customer service.

Ferring

Ferring, is a privately owned research driven biopharmaceutical company headquartered in Saint Prex, Switzerland with operations in 40 countries. Ferring researches, develops and markets pharmaceutical and biopharmaceutical drugs that span the human life cycle. Ferring has developed particular developed excellence in peptide and endocrine research. Ferring operates in five key therapy areas, fertility, obstetrics, endocrinology, urology, and gastroenterology.

The latest compound to Ferring's product development is Degarelix or Firmagon™.

Degarelix/Firmagon™ is a first in class GnRh Antagonist with a rapid, profound and sustained reduction in testosterone. There is no testosterone surge with Degarelix. Degarelix also reduces FSH levels to a greater degree than agonists. Degarelix/Firmagon™ represents a more direct and logical mechanism of action for hormone treatment of Prostate Cancer.

Degarelix/Firmagon™ was approved by Health Canada on October 29th 2009 in Canada.

Genonomic Health

Turning the promise of genomics into the practice of medicine.

GlaxoSmithKline

At the GlaxoSmithKline (GSK) booth, we will be sharing information pertaining to products in the GSK Oncology pipeline, including upcoming vaccines and breast cancer treatments and distributing patient support materials.

Health Canada

The Canada Vigilance Program is Health Canada's post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada. Post-market surveillance enables Health Canada to monitor the safety profile of health products once they are marketed to ensure that the benefits of the products continue to outweigh the risks.

ICU Medical Inc

Publicly held ICU Medical, Inc. www.icumed.com with international headquarters in San Clemente, California, is a leader in proprietary, disposable medical products for vascular care. Built on landmark safe needle and needlefree connector technologies, such as the Click Lock® and CLAVE® Connector, the company now manufactures a number of proprietary products with vast applications across health care. ICU’s commitment to better patient care and safer clinical practice is evident in its innovative devices and unique manufacturing systems that provide custom intravenous therapy products in record delivery times. The company is emerging as a global leader in health care and currently markets its products with distribution partners on every continent.

The Leukemia & Lymphoma Society of Canada

The mission of The Leukemia & Lymphoma Society of Canada is to cure leukemia, lymphoma, Hodgkin's disease and myeloma, and to improve the quality of life of patients and their families.

LLSC is part of the world's largest voluntary health organization dedicated to funding blood cancer research, providing education and patient services.

With branches and volunteers across Canada, LLSC raises funds for both basic and clinical research into funding cures for leukemia, lymphoma and myeloma and patient services to support those affected by blood cancers.

Patient Services Programs for patients, survivors, family members and healthcare professionals include: Support Groups, First Connection-a peer to peer support program, Information Resource Centre, Educational Materials, and Patient and Professional Education programs.

Through a peer-review granting procedure, the Society awards worthy Canadian scientists with research grants and post doctoral fellowships, ensuring excellence in research, treatment and care. www.lls.org/canada
Look Good Feel Better

Look good feel better is Canada's only cancer charity dedicated to empowering women to manage the effects that cancer and its treatment have on their appearance.

A free, two-hour hands-on cosmetic and hair alternatives workshop for women with cancer is at the heart of LGFB. At the workshop, women whose appearance has been affected by cancer and cancer treatment learn how to look and feel a little more like themselves again, boosting confidence and morale. The workshops, offered in over 100 hospital and cancer care facilities across Canada, are led by industry-trained cosmetic advisors and hair alternatives specialists who generously donate their time and expertise.

For more information call 1 800 914 5665 or visit lookgoodfeelbetter.ca / belleetbiendanssapeau.ca

Merck Frosst Canada Ltd.

At Merck, we believe the most important condition is the human one. That's why our mission is to protect those who mean the most to you. Today and in the future. Our merger with Schering-Plough greatly expands our ability to offer new medicines in the treatment of cancer.

Merck Frosst Canada Ltd. and Schering-Plough Canada Inc. are now operating together as Merck.

Myeloma Canada

Making Myeloma Matter

Myeloma Canada is the only national organization uniquely devoted to the Canadian myeloma community. Patient-focused and patient-driven, Myeloma Canada works with patient support groups, the Scientific Advisory Board and several cancer organizations across Canada to make myeloma matter, by promoting education, advancing research and strengthening the voice of the Canadian myeloma community.

Myeloma Canada's mission is to:

- Provide educational resources and support to patients, families and caregivers;
- Increase awareness of the disease and its effects on the lives of patients and families;
- Advocate for improved access to new therapies, treatment options, and health care resources;
- Promote research and access to new drug trials in Canada.

Novartis

Think what's possible. Breakthrough medicines that answer an unmet medical need are our priority. Novartis Oncology is dedicated to discovering, developing and making broadly available novel therapies that improve and extend the lives of patients.

Repousser les limites du possible. Les percées médicales qui répondent aux besoins des patients sont notre priorité. Novartis Oncologie est dévouée à la découverte, au développement clinique et à l’obtention de l’accès à ses traitements innovateurs afin d’aider les personnes atteintes de cancer à vivre une vie plus longue et éplus épanouissante.

Nycomed

Nycomed Canada Inc. is the Canadian subsidiary of Nycomed; a privately owned research-based pharmaceutical company. Nycomed is based in Oakville, Ontario, with more than 135 employees across the country. Through its innovative products and dedicated people, Nycomed is committed to improving the health of Canadians by providing brand name, science-based medicines that matter.

Visit www.nycomed.ca for more information

Oncology Nursing e-Mentorship Program

The Oncology Nursing e-Mentorship Program features a national inventory of intra- and inter-professional mentors, stipends to support distance mentoring, as well as new interactive website. Nurses from Ontario, who want to expand their knowledge of Oncology, can apply as mentees to the program. We welcome all those from across the country who want to share their expertise as a mentor to apply! The new password protected website includes private discussion forums for mentoring pairs, evidence-based resources, an electronic toolkit as well as access to mentoring pair profiles and the latest program newsletter. Starting in September 2010, we will also be offering a NEW Online Career Development Workshop. The program also offers in person Mentorship Training Workshops and Career Development Resources.

ONS

The Oncology Nursing Society (ONS) is a professional organization of more than 36,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. The overall mission of ONS is to promote excellence in oncology nursing and quality cancer care.
Ortho Biotech

Ortho Biotech is a leading Canadian biopharmaceutical healthcare company committed to bringing innovative treatments to Canadians in the areas of anemia, oncology, and nephrology.

Ortho Biotech est l’une des principales sociétés biopharmaceutiques au Canada, et elle s’emploie à mettre des traitements novateurs à la disposition des Canadiens dans les domaines de l’anémie, de l’oncologie et de la néphrologie.

Otsuka

The name “Otsuka” translates to “major milestone. And indeed, for over 85 years, Otsuka’s people have achieved major milestones in their quest to create new products for better health. Otsuka is hard at work investigating potential new treatments, with numerous compounds in various stages of development to treat disorders of the cardiovascular, gastrointestinal, respiratory, renal, and central nervous systems, and to treat cancer and ophthalmic disorders. We’ve funded new research, supported new clinical trials, and pursued the development of new medications... an unaltering commitment of energy and resources with one goal in mind -- to create new products for better health worldwide. For information, please visit www.otsuka-us.com.

Ovarian Cancer Canada

Ovarian Cancer Canada is a registered Canadian charitable organization whose mission is to overcome ovarian cancer, providing leadership by:

• Supporting women living with the disease and their families
• Raising awareness in the general public and with health care professionals
• Funding research to develop early detection techniques, improved treatment and, ultimately, a cure

PendoPharm

PendoPharm is the Consumer Division of Pharmascience Inc. The focus at PendoPharm is to identify and introduce products that provide consumers with ‘best-in-class’ efficacy and value. Our success has been built on bringing important over-the-counter (OTC) consumer brands to market in the analgesic, gastro-intestinal (stomach remedy), cough, cold and allergy categories, as well as trusted, effective pediatric and family planning products.

PendoPharm is also an important producer of Private Label OTC products for major retail chains. With our Head Office located in Quebec, PendoPharm is proudly Canadian.

Pfizer

Pfizer Canada Inc. is the Canadian operation of Pfizer Inc., the world’s leading biopharmaceutical company. The company is one of the largest contributors to health research in Canada. Our diversified health care portfolio includes human and animal biologic and small molecule medicines and vaccines, as well as nutritional products and many of the world’s best-known consumer products. Every day, Pfizer Canada employees work to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. We apply science and our global resources to improve the health and well-being of Canadians at every stage of life. Our commitment is reflected in everything Pfizer does, from our disease awareness initiatives to our community partnerships, to our belief that it takes more than medication to be truly healthy. To learn more about Pfizer’s More than Medication philosophy and programs, visit morethanmedication.ca. To learn more about Pfizer Canada, visit www.pfizer.ca.

Rethink Breast Cancer

Rethink Breast Cancer is the only charity in Canada focused on supporting young women with breast cancer. Rethink Breast Cancer’s mission is to continuously pioneer cutting-edge breast cancer education, support services and research that speak directly to the unique needs of young women. Rethink Breast Cancer provides age-appropriate support—both on-line and off-line—as well as practical resources for young women dealing with breast cancer. www.rethinkbreastcancer.com

Roche

Roche is recognized as a global leader in providing pharmaceutical and diagnostic solutions that make a profound difference in people’s lives. As an innovator of products and services for the early detection, prevention, diagnosis and treatment of acute and long-term diseases, Roche contributes on a broad range of fronts to improving people’s health and quality of life.

As an integral part of the health care team, oncology are respected and recognized for the extensive knowledge and value they provide in clinical practice. With a sincere commitment to, and belief in the importance of continuing education, Hoffmann-LaRoche is proud to sponsor the 22nd Annual Canadian Association of Nurses in Oncology 2010 Conference.

Sanofi Aventis

Sanofi-aventis, a leading global pharmaceutical company, discovers, develops and distributes therapeutic solutions to improve the lives of everyone. Backed by a world-class R&D organization, the company is developing leading positions in several therapeutic areas: diabetes, oncology, cardiovascular disease, thrombosis, internal medicine, central nervous disorders and vaccines.
Sanofi-aventis is represented in Canada by the pharmaceutical company sanofi-aventis Canada Inc., based in Laval, Quebec, and by the vaccines company Sanofi Pasteur Limited, based in Toronto, Ontario. Together they employ close to than 2,000 people across the country. With combined R&D investments of $181.6 million in 2009, they are leaders in Canada’s pharmaceutical/biotech sector, a critical knowledge-based industry that generates jobs, business and opportunity throughout the country.

Smiths Medical

Smiths Medical Canada Ltd. is a leading global provider of medical devices and disposables for chemotherapy, palliative care, and the treatment of infectious diseases.

Our innovative solutions include Protectiv®, Advantiv® Safety I.V. Catheters. Our line of Medfusion™ Syringe Pumps, stopcocks and administration sets has made us a market leader in fluid and drug delivery systems. The range of PORT-A-CATH® meets the ongoing needs of patients and therapists in both acute and alternate care settings.

We are now pleased to announce the evolutionary, ‘Smart Pump’ Technology CADD® SOLIS VIP pump. This new system will provide the flexibility required to meet both clinician and patient needs.

For further details visit www.smiths-medical.com

Valeant

Valeant Canada limitée est une filiale de Valeant Pharmaceuticals International, société pharmaceutique intégrée. La vision de Valeant Pharmaceuticals International est de découvrir, mettre au point, acquérir et commercialiser des produits novateurs servant à traiter des maladies présentant d’importants besoins médicaux non satisfaits, surtout dans les domaines de la neurologie et de la dermatologie.

Valeant Canada Limited is a subsidiary of Valeant Pharmaceuticals International, a global pharmaceutical company. Valeant Pharmaceuticals International’s vision is to discover, develop, acquire and commercialise innovative products for the treatment of diseases with significant unmet medical needs primarily in the areas of neurology and dermatology.

Lilly Oncology

Making science personal.

Every door opened could be a discovery made.

Lilly Oncology is a proud sponsor of CANO / ACIO Conference 2010
At Merck, we believe the most important condition is the human one. That’s why our mission is to protect those who mean the most to you. Today and in the future.

Our merger with Schering-Plough greatly expands our ability to offer new medicines in the treatment of cancer.

*Merck Frosst Canada Ltd. and Schering-Plough Canada Inc. are now operating together as Merck.*
Only ARIMIDEX offers the Harmony Program to help support your patients. Harmony’s reminder newsletters and postcards are valuable resources that let patients:

- Learn more about breast cancer-related subjects
- Read “Ask the expert” where common questions have been answered by a medical oncologist
- Draw strength from inspirational stories
- Discover new healthy and delicious recipes
- Get healthy diet and lifestyle tips to help manage side effects, maintain good health and support a positive outlook

Remind your patients to join the community of over 6,200 Canadian women already enrolled in Harmony

Women may choose to receive communications electronically or by mail. All ARIMIDEX and Harmony Program materials are free and also available in French.

ARIMIDEX (anastrozole) is indicated for the adjuvant treatment of postmenopausal women with hormone receptor positive early breast cancer. Approval is based on superior disease-free survival for ARIMIDEX in comparison to tamoxifen. However, overall survival was not significantly different between the two treatments.

Potential risk-benefit should also be carefully assessed in patients with osteoporosis or risk factors for osteoporosis (see Musculoskeletal section). Please consult the Product Monograph for warnings and precautions. When used as an adjuvant treatment in patients with early breast cancer, the most commonly reported pre-specified adverse events were: hot flushes (36%), joint pain/arthritis (36%), mood disturbances (19%) and fatigue/asthenia (19%).

AstraZeneca® and the AstraZeneca logo are trademarks of the AstraZeneca group of companies.
Think What’s Possible!
Novartis Oncology is dedicated to answering unmet medical needs. Our priority is to discover, develop and make broadly available novel therapies that may improve and extend the lives of patients.

The Truth of It showcases videos of people sharing their personal cancer experiences.

Many people feel very alone when they hear the words “It’s cancer”. But this journey has been travelled by many people—and there is much to be learned from their experiences. The series features people from across Canada. They are men and women ranging in age from 20 to 73, who come from many different backgrounds. Viewers have the option of watching individuals’ stories as well as themed videos that offer different points of view on a topic.

Listening to these stories offers those working in cancer care:
- Insight into the patient and family perspective
- A training tool for cancer care teams
- A support resource to give to patients and families

Visit www.cancerview.ca/thetruthofit to view the series and learn how it can enhance your work.
ChemoReady.ca

Get ready to start your chemotherapy journey

LEARN MORE ABOUT CHEMOTHERAPY ITS SIDE EFFECTS AND HOW TO PREPARE.

Visit

ChemoReady.ca

for information on:

• What to expect when undergoing chemotherapy
• Risks and side effects
• Managing side effects
• Questions to ask your healthcare team

ChemoReady.ca resource tools:

• Use MyChemoPlan, a personalized tutorial that provides you with a custom print out of questions you can discuss with your doctor.

• Sign up for eChemoCare, a free eNewsletter series designed to help you feel prepared and in control. It offers important information and guidance while you go through your chemo treatment.