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The Foundation for Excellence

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La clé de l’excellence

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Halifax, Nova Scotia, Canada

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Janssen is proud to feature artwork created by people affected by the illnesses and diseases we are committed to treating and preventing.

Betsy Gross, Lilies and Carp
Artwork from The Creative Center

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ONCO-1005680-0000
IF ONE OF US CAN COME UP WITH AN IDEA TO HELP OUR PATIENTS, WHAT COULD ALL OF US COME UP WITH?
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Be advised that as in previous years, CANO/ACIO has hired a photographer to document our conference. These photographs may be posted by CANO/ACIO at the closing ceremony on our website, on facebook, twitter, etc. If you do not wish to have your photograph used by CANO/ACIO, please email cano@malachite-mgmt.com.

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 23rd CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:
La 23ièmeme conférence annuelle de l’ACIO/CANO est rendue possible grâce au généreux soutien des organisations suivantes:

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Symposia/Symposium
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Focus Group/Panel de discussion
We are pleased to announce that the following companies will be presenting focus groups at our conference
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I am pleased to extend my warmest greetings to everyone attending the 23rd Annual Conference of the Canadian Association of Nurses in Oncology (CANO) taking place in Halifax, Nova Scotia.

As an organization that fosters excellence in oncology nursing practice, CANO actively promotes education, research, and leadership amongst its members. This year’s convention highlights the important role communication plays in cancer treatment and recovery, while offering a forum in which to share experiences with colleagues from across the country. I am certain that delegates will come away from this gathering with increased knowledge to enable them to continue providing patients and families with the best care and support available.

I would like to commend everyone associated with CANO for their commitment to excellence and their compassion, which make a critical difference in the lives of many Canadians coping with cancer.

On behalf of the Government of Canada, I wish you all an enjoyable and productive meeting.


OTTAWA
2011
Je suis heureux de présenter mes salutations les plus chaleureuses à l’occasion de la 23e Conférence annuelle de l’Association canadienne des infirmières en oncologie (ACIO), tenue à Halifax.

Ayant pour mission l’excellence de la pratique des soins infirmiers en oncologie, l’ACIO s’emploie activement à promouvoir l’éducation, la recherche et le leadership auprès de ses membres. La conférence de cette année met l’accent sur l’importance de la communication dans le traitement et la guérison du cancer, tout en donnant aux membres l’occasion de rencontrer des pairs de partout au pays et de faire part de leurs expériences. Il ne fait aucun doute que les participants tireront pleinement profit des nouvelles connaissances acquises au cours de cette rencontre et qu’ils seront en mesure de continuer de fournir aux patients et à leur famille les meilleurs soins et le meilleur soutien possible.

Je tiens à féliciter toutes les personnes œuvrant au sein de l’ACIO de leur engagement envers l’excellence et de la compassion dont elles font preuve, car elles contribuent ainsi à améliorer concrètement la vie de nombreux Canadiens souffrant du cancer.

Au nom du gouvernement du Canada, je vous souhaite une réunion agréable et fructueuse.

Le très honorable Stephen Harper, c.p., député

OTTAWA
2011
Dear Colleagues and Guests;

On behalf of the Board of Directors I am very excited to welcome you to the 23rd Annual National Conference of the Canadian Association of Nurses in Oncology in beautiful Halifax, Nova Scotia. Here in Atlantic Canada, in one of our most magical cities, oncology nurses from across Canada will meet again to learn, to share and to focus on one of the most important domains of our professional and personal lives, communication.

I am especially pleased that the Conference Planning Steering Committee has chosen the theme, “The Art of Communication; The Foundation for Excellence” in order to build a program that is powerful, unique, and relevant to oncology nurses in a wide variety or settings. We know that communication is an important part of our practice as professional nurses, perhaps one of the most important aspects of our work. Sometimes skillful communication comes naturally to great effect and other times it can prove to be the most difficult undertaking of the day leaving us feeling frustrated believing that it could have gone so much better. No amount of experience can ensure that those tough encounters are forever behind us but with new knowledge and tools we can all come away from this years conference with renewed confidence in our ability to communicate effectively with patients, families, co-workers, and even loved ones.

The Council of Chapters meeting is 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 2012. Don’t miss the Social Event! I know Halifax loves to play host to fun and food so you can be sure the evening will be a memorable one. The social event is a wonderful way to connect. I hope you will join us!

Finally, I would like to close by thanking the Conference Planning Steering Committee, the Local Planning Committee led by Karen Woodworth and the Scientific Program Committee led by Donna Grant for the many hours spent preparing, planning, visioning, and problem solving. The success of each conference is the result of enormous hard work and leadership by so many individuals. We are so very fortunate to have had this strong group of nurse leaders at the helm of the ship. As we dock in Halifax I would like to extend my personal thanks to each of them for volunteering their time to ensure the annual conference is a success.

Welcome to Halifax! I hope the next four days will enrich your learning, impact your practice and renew your energy for oncology nursing. As my time on the board of directors draws quickly to an end I would like to express my sincere thanks to the board for their tireless work on behalf of oncology nursing in Canada and the tremendous support they have given me over the past two years.

Sincerely,

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

Il me fait grand plaisir, au nom du conseil d'administration (CA) de l'Association canadienne des infirmières en oncologie, de vous accueillir à sa 23ème conférence nationale annuelle dans la belle ville d'Halifax, Nouvelle-Écosse. C'est dans une des villes les plus magiques du Canada atlantique que les infirmières en oncologie d'un peu partout au pays vont se rassembler une nouvelle fois afin d'apprendre, de partager et de porter leur attention sur une des plus importantes facettes de leur vie professionnelle et personnelle, la communication.

Je suis particulièrement ravie de voir que le comité organisateur de la conférence a choisi le thème « L'art de la communication – La clé de l'excellence » autour duquel élaborer un programme à la fois percutant, original et pertinent pour les infirmières en oncologie ouvrant dans tout un éventail de contextes. Nous savons que la communication représente une part importante de notre pratique professionnelle et peut-être même un des aspects les plus importants de notre travail. Parfois, nous obtenons naturellement de merveilleux résultats en communiquant judicieusement tandis que d'autres fois la communication s'avère être l'entrepre la plus pénible de la journée qui provoque bien de la frustration et nous amène à penser que les choses auraient pu mieux se passer. Aucun degré d'expérience ne peut nous garantir que ces interactions difficiles sont pour toujours consignées au passé, mais, armées des nouvelles connaissances et des nouveaux outils que nous acquerrons à la conférence de cette année, nous en repartirons avec une confiance renouvelée envers notre aptitude à communiquer efficacement avec les patients, leur proches, nos collègues de travail et même avec les êtres qui nous sont chers.

Le comité organisateur de la conférence, coprésidé par Jeanne Robertson et Barbara Hues, a supervisé l'organisation et la planification d'un superbe programme. Les conférencières et conférenciers plénières sauront donner vie au thème de la communication en explorant diverses perspectives en vue d'enrichir notre pratique. Nous continuerons de faire preuve d'innovation en ce qui concerne la conférence et examinons constamment votre rétroaction afin que son contenu et son format répondent à vos besoins à titre de délégués et de participants. Des présentations formelles de résultats de recherche infirmière aux affiches, tables rondes et débats de spécialistes, chacun et chacune y trouvera quelque chose à son goût.

Nous vous encourageons à trouver le temps d’assister à l’assemblée générale annuelle qui aura lieu le mardi 13 septembre à 8h45. Nous vous y mettrons au courant de tout ce qui a été accompli en votre nom cette année. Nous y passerons en revue le plan stratégique de notre organisation et les initiatives mises en œuvre par le CA afin de nous aider à réaliser nos objectifs à court et à long terme. C’est le seul moment de l’année où le CA et les membres ont l’occasion de se rencontrer en personne, de discuter du travail du CA et de veiller à ce que ce travail corresponde aux vœux des membres.

La période retenue pour la réunion du Conseil des sections a été judicieusement choisie afin d’éviter les conflits d’horaire pour les participants. Il n’y a pas que les présidentes de section qui sont invitées à participer à cette réunion; venez donc y apprendre comment l’ACIO/CANO appuie ses nombreuses sections et nous aider à sélectionner le thème de la Journée des soins infirmiers en oncologie 2012. Ne manquez pas non plus la soirée sociale! Je sais qu’Halifax met volontiers l’accent sur la nourriture et les divertissements lorsqu’elle reçoit et vous pouvez donc vous attendre à une soirée des plus mémorables. C’est une merveilleuse occasion d’entrer en contact avec autrui et j’espère que vous serez des nôtres.

J’aimerais terminer en remerciant le comité organisateur de la conférence, le comité de planification locale dirigé par Karen Woodworth ainsi que le comité de planification scientifique mené par Donna Grant pour les nombreuses heures de travail consacrées à la préparation, à la planification, à l'établissement de la vision et à la résolution de problèmes. Le succès de chaque édition de la conférence nationale est dû au travail acharné et au leadership d’un grand nombre de personnes. Nous avons beaucoup de chance d’avoir à la barre un tel groupe de chefs de file des soins infirmiers. Alors que nous arrivons à bon port à Halifax, je tiens à adresser mes remerciements personnels à tous et toutes les bénévoles qui ont donné de leur temps pour que la conférence annuelle soit une réussite.

Bienvenue à Halifax! J’espère que les quatre prochaines journées vous permettront de développer vos connaissances, auront une incidence sur votre pratique et produiront chez vous un regain d’énergie envers les soins infirmiers en oncologie. Comme mon mandat au CA tire rapidement à sa fin, je voudrais exprimer mes sincères remerciements aux membres du CA pour leur travail inlassable au nom des soins infirmiers en oncologie canadiens et pour le formidable soutien qu’ils m’ont fourni ces deux dernières années.

Bien à vous,

Jennifer Wiernikowski, inf. (cat. spéc.), M.Sc.inf., CSIO(C)
Présidente
Association canadienne des infirmières en oncologie
Welcome to Halifax!

The Local Planning Committee of the Nova Scotia Chapter of CANO/ACIO is thrilled to be hosting the 23rd Annual CANO/ACIO conference in the beautiful port city of Halifax. This will be the third time the Nova Scotia Chapter has had the privilege of hosting this conference.

The Art of Communication - The Foundation for Excellence is the theme of the conference. Understanding the profound power of communication, the conference will explore how the art of communication provides the foundation to achieve excellence in oncology nursing. The keynote speakers will bring a diverse perspective on this theme highlighting how essential communication is and how it can transform relationships professionally and personally.

The first keynote speaker, Basia Solarz, will explore how building conflict resolution competency through collaboration can contribute to the skillful resolution of the major conflicts facing oncology nurses everyday. This will be followed by our second keynote address delivered by Dr. Nuala Kenny, who will explore the health care encounter as a place of moral meaning. On Wednesday, our third keynote address will be delivered by Mary Campbell who will focus on the meaning of illness personally and professionally and how that enriches practice.

The Scientific Programming Committee (SPC), chaired by Donna Grant, is pleased to present a comprehensive conference program. The SPC worked hard to ensure a diverse program selecting exceptional abstracts for workshop, oral, and poster presentation.

The social event, always a highlight of the conference, will be an evening filled with east coast fun and entertainment. We hope many of you join us for this “Down East Kitchen Party”.

As with other CANO/ACIO conferences, we hope you will leave energized, informed and renewed in your passion for oncology nursing. This is a great opportunity to network with colleagues and meet many new friends.

We look forward to hosting you in Halifax at the 23rd Annual CANO/ACIO conference being held at the World Trade and Convention Centre, Halifax, NS.

Karen Woodworth, RN, BN, CON(C)
Conference Chair
Canadian Association of Nurses in Oncology
Bienvenue à Halifax!

Le comité de planification local de la section de la Nouvelle-Écosse de l’ACIO-CANO est ravi d’accueillir la 23ème conférence annuelle de l’ACIO-CANO dans la très belle ville portuaire d’Halifax. Cela marquera la troisième fois que notre section provinciale a le privilège d’accueillir cette conférence d’envergure nationale.

La conférence a pour thème L’art de la communication – La clé de l’excellence. Conscients de l’immense pouvoir de la communication, les conférenciers et conférencières exploreront la manière dont l’art de la communication constitue l’assise sur laquelle repose l’excellence en soins infirmiers en oncologie. Leurs présentations examineront le thème depuis diverses perspectives et souligneront le caractère essentiel de la communication et la façon dont elle peut transformer les relations, à la fois professionnelles et personnelles.

La première conférencière principale, Basia Solarz, explorera comment le développement des compétences de résolution de conflits par le biais de la collaboration peut déboucher sur le règlement judicieux des principaux conflits caractérisant la vie quotidienne des infirmières en oncologie. Elle cédera la place à la Dre Nuala Kenny dont la présentation explorera les interactions soignant-soigné en tant que lieu de signification. Le mercredi, notre troisième conférence plénière sera donnée par Mary Campbell qui se penchera sur la signification de la maladie des points de vue personnel et professionnel et sur l’enrichissement résultant pour la pratique.

Le comité de programmation scientifique, présidé par Donna Grant, a le plaisir de présenter pour la conférence un programme fort bien conçu. Le comité a fourni tous les efforts possibles afin d’élaborer un programme varié en sélectionnant des abrégés exceptionnels pour les présentations en atelier, par affiches et orales.

L’événement social, qui ne manque jamais d’être un des moments-phares de la conférence, sera une soirée remplie de divertissements à la mode de la côte atlantique. Nous espérons que vous vous joindrez à nous en grand nombre à l’occasion de cette Down East Kitchen Party, c.-à-d. un party de cuisine de la côte Est.

Comme lors des conférences précédentes de l’ACIO-CANO, nous espérons que vous en repartirez avec un regain d’énergie, une mine d’informations et une passion redoublée pour les soins infirmiers en oncologie. C’est une occasion en or de faire du réseautage avec des collègues et de nouer tout plein de nouvelles amitiés.

Nous nous réjouissons d’avance de vous accueillir à la 23ème conférence annuelle de l’ACIO-CANO qui aura lieu au World Trade and Convention Centre d’Halifax.

Karen Woodworth, RN, BN, CON(C)
Présidente de la conférence
Association canadienne des infirmières en oncologie
General Conference Information
L’information générale de conférence

Registration/Inscription

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

Accommodation/Logement

Delta Halifax
1990 Barrington St. | Phone: 902-425-6700

Delta Barrington
1875 Barrington St. | Phone: 902-429-7410

For the convenience of conference attendees CANO/ACIO has made arrangements for a hotel room block at the Conference hotels, the Delta Halifax and Delta Barrington at the rate of $189 for the traditional Double/ King, $212 for the Premier room and $227 for the deluxe Double/King.

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 and joint CANO/ACIO ONS Symposium will be presented with simultaneous translation.

Reservations are subject to the availability of rooms at the hotels and may not be guaranteed at the conference rate after August 5, 2011.

Pour vous inscrire à la conférence, allez sur le site internet à www.cano-acio.ca et cliquez sur « Événements/Conférences » et suivez les liens fournis pour vous inscrire en ligne.


Scents/Odeurs

Please note that the CANO/ACIO 2011 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 Management 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
Committee Listing/Liste des membres des comités

Local Planning Committee/Comité de planification local

Karen Woodworth, RN, BN, CON(C) (Chair)
Donna Grant, NP, MN, CON(C)
Joy Tarasuk, RN, BScN, CON(C)
Joan Hamilton, RN, MSc (A) N
Leslie McLean, RN, BA, BScN, MN
Jo-Anne Edwards, NP, MN, CON(C)
Annette Penney, RN, MN
Laura Carmichael, RN, BN
Patti MacDougall, RN
Ramona MacAskill, RN, CON(C)
Vivienne Hudson, RN, BSN, CON(C)

Scientific Program Committee/Comité du programme scientifique

Donna Grant, NP, MN CON(C ) (Chair)
Gail Macartney, RN(EC), MSc(A), CON(C)
Patti MacDougall, RN
Patricia McCarthy, RN(EC), MSc(A)
Annette Penney, RN, MN

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Incoming Vice-President
Corsita Lewis-Garraway, RN(EC), MScN, CON(C), CHPCN(C)
Incoming Director-at-Large—Membership
Christine Zywina, RN, MSN, ACNP(C)
Incoming Director-at-Large—External Relations

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

Jeanne Robertson, RN, BSc, BA, MBA, (Co-Chair)
Barbara Hues, RN, MSN, CON(C), (Co-Chair)
Karen Woodworth, RN, BN, CON(C)
Donna Grant, NP, MN, CON(C)
Heather Perkins, RN, BScN, CON(C), CPON
Patricia McCarthy, RN(EC), MSc(A)
About Halifax

Halifax, Nova Scotia is a diverse destination; however we do have a few specialties that bring travelers from far and wide.

From comedy clubs to pubs playing traditional Maritime music, to major festivals like the TD Halifax Jazz Festival and the Royal Nova Scotia International Tattoo, Halifax entertainment delivers on lively options year-round.

Home to one of the oldest Art colleges in North America, Halifax’s arts and culture scene is rich and alive. From art galleries, to live theatre, to the many cultural Halifax festivals, including the International Busker Festival and the Atlantic Film Festival, Halifax has got the scene covered.

Halifax offers outdoor activities to suit everyone—sea kayaking, rock climbing, snow shoeing, kilometers of hiking, sailing, surfing, skiing, and golf, just to name a few. Or if running is more your style, the Scotiabank Blue Nose Marathon is the biggest annual race weekend in Atlantic Canada.

In some cities, art is hung on a wall. In Halifax, Nova Scotia, it arrives on a plate. Halifax restaurants offer not only culinary adventures but also bring visitors closer to what Nova Scotia is all about. The Halifax seafood experience is unmatched—from Digby Scallops to Nova Scotia lobster. You’ll find restaurants in Halifax preparing traditional dishes just as often as you’ll find fine dining with a cosmopolitan edge. Halifax dining is flavourful local ingredients paired with robust Nova Scotia wine; international flair mingled with down-to-earth charm; and Maritime music setting the scene for memorable meals.

Come and experience Halifax!
Au sujet d’Halifax

Halifax, Nouvelle-Écosse, est une destination étonnamment diverse; elle a cependant plusieurs spécialités qui attirent les voyageurs des quatre coins du monde.

Depuis ses clubs de comédie jusqu’à ses brasseries qui jouent de la musique traditionnelle des Maritimes en passant par de grands festivals tels que le Festival de Jazz TD d’Halifax et le Royal Nova Scotia International Tattoo, Halifax ne cesse de fournir à longueur d’année d’alléchantes options en matière de divertissement.

Abritant l’une des plus anciennes écoles des beaux-arts d’Amérique du Nord, Halifax possède un milieu artistique et culturel à la fois riche et animé. Depuis ses galeries d’art jusqu’à ses pièces de théâtre de participation, sans oublier ses nombreux festivals culturels, dont le Festival international des bateleurs et le Festival du film de l’Atlantique, Halifax est pleine d’entrain.

Halifax offre des activités de plein air pour tous les goûts – kayak de mer, escalade, raquette, randonnée, voile, surf, ski et golf, pour n’en nommer que quelques-unes. Si la course à pied est ce qui vous plaît, le marathon Blue Nose de la Banque Scotia est la course annuelle qui attire le plus de participants dans tout le Canada atlantique.

Dans certaines villes, les œuvres artistiques sont suspendues aux murs. À Halifax, Nouvelle-Écosse, elles sont servies dans les assiettes. Ici, les restaurants proposent non seulement des aventures culinaires mais encore ils permettent aux visiteurs de découvrir l’authentique nature de la Nouvelle-Écosse. La dégustation des fruits de mer d’Halifax – des pétoncles de Digby aux homards de Nouvelle-Écosse – est une expérience sans pareille. Vous trouverez à Halifax aussi bien des restaurants qui préparent des mets traditionnels que des établissements tournés vers le reste du monde. À Halifax, les repas gastronomiques mettent en valeur les succulents ingrédients locaux et les vins régionaux corsés; le flair international entremêlé du charme du terroir; avec, en plus, la musique des Maritimes, toutes les conditions sont réunies pour des repas fort mémorables.

Venez savourer Halifax!
Oncology Nurses: Advocates by Profession

Les infirmières en oncologie : l’intervention, ça les connaît

The Westin Hotel
Ottawa, Ontario, Canada

October 11-14, 2012
11 au 14 octobre 2012
The Best of Halifax - All Linked Together
Conference Centre Floor Plan
Plan du Convention Centre

Level 1

Level 2

Level 3
Exhibitor Floor Plan and Listing
Plan et liste des exposants

Level 1
Room 100
CANO
Sunday Sept. 11 -
Wed. Sept. 14, 2011

-48 Booths
-18 DBL Sided
Posterboards

Storage

Suite 101

Fire Exit
Level 100 Escalators

Company | Booth
---|---
Abbott Laboratories | 4
Abbott Nutrition | 5
Accreditation Canada | 30
Alberta Health Services | 42
Ammen | 2
Bard Canada | 18
Bristol-Myers Squibb | 10-11
Boehringer Ingelheim | 13
CNA | 14
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Committee Meeting Schedule
Horaire des réunions de comités

Saturday, September 10
2:30 PM - 4:30 PM
Canadian Oncology Nursing Journal AGM, Room 201

Sunday, September 11
6:00 PM - 7:00 PM
Advanced Practice Nursing Special Interest Group, Room 301
Education Committee Meeting, Room 302
Radiation Special Interest Group, Room 303
Palliative Care Special Interest Group, Room 304
Surgical Oncology Special Interest Group, Room 305

Monday, September 12
6:00 PM - 7:00 PM
Council of Chapters Meeting, Room 202

7:00 PM - 8:00 PM
Complementary medicine Special Interest Group, Room 301
Hematology Special Interest Group, Room 302
Leadership Special Interest Group, Room 303
Gynecologic Special Interest Group, Room 304

Tuesday, September 13
8:45 AM - 10:00 AM
CANO/ACIO Annual General Meeting, Room 200
National Strategy for Chemotherapy Administration Poster

In September of 2010 CANO/ACIO released a new national position statement on cancer chemotherapy administration and care. This position statement was one component of the ongoing National Strategy for Chemotherapy Administration (NSCA), which aims to develop, implement and evaluate national standards, competencies, and educational resources specific to chemotherapy administration and care for Registered Nurses across Canada. The new position statement indicated that cancer chemotherapy treatment and care is highly complex and high risk, and as such, the care and administration should be provided by a Registered Nurse. Additionally, the position statement addressed the competency requirements for nurses proving chemotherapy care. This position statement was evaluated by the membership in 2010 via a consensus survey and received high endorsement. Since the release of the position statement and its endorsement, CANO/ACIO members have had the opportunity to advocate for and implement it in practice. This poster describes one organization’s implementation success story of how the position statement shaped practice. Strategies used to implement the position statement in the organization will be shared, including the approach for dissemination and inter-disciplinary collaboration, as well as lessons learned.

CANO/ACIO Booth

We invite you to visit the CANO/ACIO booth (number 35 and 36 in the exhibit hall)! You will find information on the association and our journal at this booth. For a full description of the association, please read through the exhibitor listing or visit www.cano-acio.ca. If you sign up to be a member during the conference we will enter you in a draw to win a membership for 2012. Members, we encourage you to help us increase our numbers! If you successfully encourage a non-member to join the association, we will enter you in a draw to win a free 2012 membership.

Facebook and Twitter at the Conference!

Our DAL Communications, Jennifer, will be busy providing you with the latest news, gossip, events and social happenings. Want to hear that a lecture is almost full? Our tweets and facebook updates will start on September 11 until the end of the conference. Join us on twitter and facebook:

Twitter: http://twitter.com/CANO_ACIO
Facebook: search for the “Canadian Association of Nurses in Oncology”
Email: cano@malachite-mgmt.com

Member Survey

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. This 4th membership survey will serve to evaluate the work that your Board of Directors has done and assist in developing the strategic plan that will span from 2013 to 2016. Be part of the plan and help the organization live its mission of being a member-driven organization. Complete this survey at the Conference or online and receive a chance to win a FREE REGISTRATION to the Annual CANO/ACIO Conference in Ottawa in 2012. To access the survey, visit http://cano-acio.ca/survey.
# Conference Program at-a-Glance

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

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>6:30 am - 7:00 pm</td>
<td>Registration open (Registration Desk - Level 1)</td>
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<tr>
<td>7:00 am - 7:15 am</td>
<td>Novartis Breakfast Symposium (Room 200)</td>
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<tr>
<td>8:30 am - 9:15 am</td>
<td>Opening Ceremony (Room 200)</td>
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<tr>
<td>9:15 am - 9:30 am</td>
<td>Health Break (In front of Room 200)</td>
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<tr>
<td>9:30 am - 11:00 am</td>
<td>Concurrent Session I-01 (Room 202)         Concurrent Session I-02 (Room 203)         Workshop Session I-03 (Room 204)         Concurrent Session I-04 (Room 205)         Orientation to Halifax &amp; Conference (Room 200)</td>
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<tr>
<td>11:00 am - 12:00 pm</td>
<td>Helen Hudson Lecture and Award Presentation (Room 200) sponsored by Amgen</td>
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<tr>
<td>12:15 pm - 2:00 pm</td>
<td>Amgen Lunch Symposium (Room 200)</td>
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<tr>
<td>2:15 pm - 4:45 pm</td>
<td>Workshop Session II-01 (Room 202) (End at 5:45 pm)                   Workshop Session II-02 (Room 203)</td>
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<tr>
<td>6:00 pm - 7:00 pm</td>
<td>Advanced Practice Nursing SIG (Room 301)                             Education Committee (Room 302)       Radiation SIG (Room 303)             Palliative Care SIG (Room 304)       Surgical Oncology SIG (Room 305)</td>
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<tr>
<td>7:00 pm - 8:00 pm</td>
<td>Keynote Presentation I: Basia Solarz (Room 200) sponsored by Amgen Oncology</td>
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<tr>
<td>8:00 pm - 10:00 pm</td>
<td>Welcome Reception (Room 100) sponsored by Roche</td>
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## DAY TWO / JOUR DEUX : Monday, 12 September, 2011 / Lundi 12 Septembre 2011

<table>
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<tr>
<th>Time</th>
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<tr>
<td>6:30 am - 5:00 pm</td>
<td>Registration open (Registration Desk - Level 1)</td>
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<tr>
<td>7:00 am - 8:30 am</td>
<td>Celgene Breakfast Symposium (Room 200)</td>
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<tr>
<td>9:00 am - 10:00 am</td>
<td>Keynote Address II: Sister Nuala Patricia Kenny (Room 200) sponsored by Cancer Care Nova Scotia</td>
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<tr>
<td>10:00 am - 10:30 am</td>
<td>Health Break (Room 100) sponsored by Roche, Group 1 Poster Presentations</td>
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<tr>
<td>10:30 am - 11:30 am</td>
<td>CANO/ACIO – ONS Symposium (Room 200)</td>
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<tr>
<td>12:00 pm - 1:30 pm</td>
<td>Roche Lunch Symposium (Room 200)</td>
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<tr>
<td>1:45 pm - 3:15 pm</td>
<td>Concurrent Session III-01 (Room 200)       Concurrent Session III-02 (Room 202)      Concurrent Session III-03 (Room 203)     Concurrent Session III-04 (Room 204)     Concurrent Session III-05 (Room 205)</td>
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<tr>
<td>3:15 pm - 3:45 pm</td>
<td>Health Break (Room 100) sponsored by Janssen, Group Two Poster Presentations</td>
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<tr>
<td>3:45 pm - 4:30 pm</td>
<td>Concurrent Session IV-01 (Room 200)       Concurrent Session IV-02 (Room 202)      Concurrent Session IV-03 (Room 203)     Concurrent Session IV-04 (Room 204)     Concurrent Session IV-05 (Room 205)</td>
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<tr>
<td>4:45 pm - 5:45 pm</td>
<td>Merck Lecture and Award Presentation (Room 200)</td>
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<tr>
<td>6:00 pm - 7:00 pm</td>
<td>Council of Chapters Meeting (Room 202)</td>
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<tr>
<td>7:00 pm - 8:00 pm</td>
<td>Complementary Medicine SIG (Room 301). Hematology SIG (Room 302). Leadership SIG (Room 303) Gynaecologic SIG (Room 304). NSCA Meeting (Room 305).</td>
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<tr>
<td>7:30 pm - 9:00 pm</td>
<td>Roche Dinner Symposium (Room 200)</td>
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### DAY THREE / JOUR TROIS: Tuesday, 13 September, 2011 / Mardi 13 Septembre 2011

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<th>Time</th>
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<td>Registration open (Registration Desk - Level 1)</td>
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<td>7:00 am – 8:30 am</td>
<td>Merck Breakfast Symposium (Room 200)</td>
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<td>8:45 am – 10:00 am</td>
<td>CANO/ACIO AGM (Room 200)</td>
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<td>10:00 am – 10:30 am</td>
<td>CANO/ACIO Awards Ceremony (Room 200)</td>
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<td>10:30 am – 11:00 am</td>
<td>Health Break (Room 100) sponsored by Amgen, Group 3 Poster Presentations</td>
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<tr>
<td>11:00 am – 12:30 pm</td>
<td>Concurrent Session V-01 (Room 200)</td>
<td>Concurrent Session V-02 (Room 202)</td>
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<tr>
<td>12:30 pm – 2:00 pm</td>
<td>Janssen Lunch Symposium (Room 200)</td>
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<tr>
<td>2:15 pm – 3:45 pm</td>
<td>Concurrent Session VI-01 (Room 200)</td>
<td>Concurrent Session VI-02 (Room 202)</td>
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<tr>
<td>3:45 pm – 4:15 pm</td>
<td>Health Break (Room 100) sponsored by Valeant, Group 4 Poster Presentations</td>
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<tr>
<td>4:15 pm – 5:30 pm</td>
<td>Nycomed Focus Group (Room 301)</td>
<td>Janssen Focus Group (Room 302)</td>
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<td>5:30 pm onward</td>
<td>Travel to Social Event (in front of Delta Halifax hotel)</td>
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<tr>
<td>7:00 pm</td>
<td>Social Event</td>
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### DAY FOUR / JOUR QUATRE: Wednesday, 14 September, 2011 / Mercredi 14 Septembre 2011

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<thead>
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<th>Time</th>
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<tr>
<td>7:00 am – 3:00 pm</td>
<td>Registration open (Registration Desk - Level 1)</td>
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<tr>
<td>7:15 am – 8:45 am</td>
<td>GlaxoSmithKline Breakfast Symposium (Room 200)</td>
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<tr>
<td>9:00 am – 10:00 am</td>
<td>Keynote Address III: Mary Campbell (Room 200)</td>
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<tr>
<td>10:00 am – 10:30 am</td>
<td>Health Break (Room 100)</td>
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<tr>
<td>10:30 am – 12:00 pm</td>
<td>Concurrent Session VII-01 (Room 200)</td>
<td>Workshop Session VII-02 (Room 202)</td>
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<td>12:15 pm – 1:45 pm</td>
<td>Janssen Lunch Symposium</td>
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<td>2:00 pm – 3:30 pm</td>
<td>Concurrent Session VIII-01 (Room 200)</td>
<td>Concurrent Session VIII-02 (Room 202)</td>
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<tr>
<td>3:30 pm – 4:00 pm</td>
<td>Closing Ceremony and Award Presentation (Room 200)</td>
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Day One/Jour Un
Sunday, September 11, 2011 / Dimanche, 11 Septembre

Novartis Corporate Presentation
7:00 AM - 8:15 AM, Room 200

The Expanding Role of Nurses in Advocating for their Patients

Objectives:
- To undertake a horizon scan of new cancer agents and approaches to cancer care over the next few years and how they will change our practice
- To understand unique challenges in accessing costly new therapies
- To understand the critical role of nurses as patient advocates, and how to effectively advocate for new cancer therapies

Chairperson:
Nancy Pringle, RN, Princess Margaret Hospital, Toronto

Speakers:
Dr. Sandeep Sehdev, Medical Oncologist, William Osler Health Centre, Asst Professor McMaster University, Director, Cancer Advocacy Coalition of Canada
Joan Basiuk, RN, Director of Medical Relations, Kidney Cancer Canada

Opening Ceremony
8:30 AM - 9:15 AM, Room 200

Concurrent Session I-02
9:30 AM - 11:00 AM, Room 203

A: Élaboration et validation d’une procédure d’évaluation infirmière des besoins biopsychosociaux des patients à la fin des traitements pour un cancer

Marie-Claude Fortin, B.Sc.inf., infirmière pivot en oncologie, Nathalie Gravel, B.Sc.inf, CSIO(C), infirmière pivot en oncologie, Sophie Paquet, B.Sc.inf, infirmière pivot oncologie, Marie de Serres, M.Sc.inf., infirmière clinicienne en oncologie, Stephanie Duguay, B.Sc.inf. CSIO(C), CHUQ, Québec, QC

B: Intervention éducative pour les femmes en attente de chirurgie d’un cancer du sein à risque de lymphoédème : effets sur le sentiment d’autoefficacité, sur l’anxiété et les retombées sur la pratique clinique

Louise Handfield, RN, MSN¹, Sylvie Dubois, RN, PhD⁴, Andréeanne Saucier, RN, MN, CON(C)², Danielle Fleury, RN, MSN, Raynard Pineault, MD³, 1. Centre Hospitalier de l’Université de Montréal (CHUM), Montréal, QC, 2. McGill University Health Centre (MUHC), Montréal, QC, 3. Université de Montréal, Montréal, QC, 4. Université de Montréal & Centre Hospitalier de l’Université de Montréal, Montréal, QC

Workshop Session I-03
9:30 AM - 11:00 AM, Room 204

Onco Emergencies: A Collaborative Nursing Workshop

Jennifer M. Stephens, RN, BSN, MA, OCN, University of British Columbia, Vancouver, BC
A: The Interprofessional Psychosocial Oncology Distance Education (IPODE) Project: Three Years of Nurse Participant Outcomes

Deborah L. McLeod, RN, PhD1, Brenda Sabo, RN, MA, PhD2, Janet Curan, RN, PhD3, Maureen Watt, RN, MN4, 1. QEII Health Sciences Centre / Dalhousie University, Halifax, NS, 2. Dalhousie University, Halifax, NS, 3. Ottawa Hospital Research Institute, Ottawa, ON

B: Fostering Excellence in Oncology Nursing Practice: The One System

Tracey L DasGupta, RN BSc MN CON(C), Arlene Court, RN BSc CON(C), Angela Leahey, RN BSc MN, M. Fitch, RN PhD, Sunnybrook Odette Cancer Centre, Toronto ON

C: Technology to Enhance Nursing Communication Decreases Non-Elective Oncology Length of Stay by Half: A UK Service Development Project

Megan Stowe, RN, BSc, MSN, BC Cancer Agency, Surrey, BC

Orientation to Halifax and Conference

9:30 AM – 10:30 AM, Room 200

Helen Hudson Amgen Lectureship

11:00 AM - 12:00 PM

Lived Experiences of Nurses as Family Caregivers in Advanced Cancer

Lisa Cicchelli, RN BScN MN, IWK Health Centre.

Lisa Cicchelli has been a Registered Nurse for 18 years, working in a variety of health care areas, such as medical/surgical, pediatrics, patient, and health care professional education. She has also worked in various aspects of cancer care. Lisa holds a Bachelor of Science in Nursing from the University of Ottawa. She holds a certificate in Adult Education and very recently completed her Masters of Nursing from Dalhousie University. Lisa has a strong interest in healthy lifestyle and exercise and enjoys physical fitness activities, such as running and yoga.

Abstract

Research regarding the experiences of nurses who care for family members with a cancer diagnosis is limited. To address this gap, a hermeneutic phenomenology approach was used to explore the lived experiences of nurses caring for family members living with advanced cancer. Five registered nurses participated in individual interviews designed to explore the experience of being a caregiver and a registered nurse.

At the heart of the caregiving experience for the nurses in this study, was a sense of being caught in a conflicting web of expectations. Expectations of care arose from several sources. These included the expectations and anticipation the nurses had of the illness trajectory itself, expectations from family, including the ill family member, expectations from other health care providers, and the expectations from the nurse caregiver of themselves regarding various aspects of care. The conflicts in expectations between the participants’ professional and personal lives were experienced as the most challenging.

The understanding gained from this study provides a beginning foundation for workplace programs to support nurse caregivers, which may help to ameliorate poor quality of worklife, enhance the health of nurses and positively impact retention. This study raises further questions about the ways in which other health professionals experience caregiving in the context of cancer as well as other chronic, debilitating illnesses.

Le vécu des infirmières à titre d’aidantes naturelles de personnes atteintes de cancer avancé


Biographie de l’auteure

Lisa Cicchelli est infirmière depuis 18 ans; elle a œuvré dans divers domaines des soins tels que médecine/chirurgie, pédiatrie, éducation des patients et des professionnels de la santé. De plus, son travail se rapportait à divers aspects des soins aux personnes atteintes de cancer. Mme Cicchelli a obtenu son baccalauréat en sciences infirmières auprès de l’Université d’Ottawa. Elle détient également un certificat en éducation des adultes et a récemment terminé sa maîtrise en sciences infirmières à l’Université Dalhousie. Elle s’intéresse vivement aux modes de vie sains et à l’exercice physique et s’adonne à des activités de conditionnement telles que la course à pied et le yoga.

Abrégé

Il existe peu de recherches sur le vécu des infirmières qui prennent soin de membres de leur famille ayant reçu un diagnostic de cancer. On a utilisé une démarche phénoménologique de type herméneutique en vue de combler cette lacune et d’explorer le vécu des infirmières s’occupant de proches atteints d’un cancer avancé. Cinq infirmières ont participé à des entrevues individuelles conçues pour faciliter l’exploration de leur double vécu d’aidante naturelle et d’infirmière.
Pour les infirmières de cette étude, leur vécu de la prestation des soins à leurs proches se caractérisait par le sentiment d’être prisonnières d’une toile faite d’attentes contradictoires. Les attentes relatives aux soins provenaient de plusieurs sources. Elles incluaient les attentes et l’anticipation qui animaient les infirmières relativement à la trajectoire de la maladie, les attentes de la famille dont celles du proche malade, les attentes des autres prestataires de soins de santé ainsi que les attentes que les infirmières avaient vis-à-vis d’elles-mêmes en tant qu’aidantes naturelles et ce, relativement à divers aspects des soins. Les conflits sur le plan des attentes entre la vie professionnelle et la vie personnelle des participantes étaient ceux qui leur posaient les plus grands défts.

La compréhension acquise grâce à cette étude fournit un premier fondement à l’élaboration de programmes en milieu de travail visant à soutenir les infirmières jouant un rôle d’aidantes naturelles, ce qui pourrait améliorer la qualité de vie professionnelle, rehausser la santé des infirmières et avoir une incidence positive sur la conservation de l’effectif. Cette étude soulève de nouvelles questions sur les façons dont d’autres professionnels de la santé abordent la prestation des soins informels dans le contexte du cancer et d’altres maladies chroniques et débilitantes.

**Amgen Lunch Corporate Presentation**

12:15 PM - 2:00 PM, Room 200

**Advanced Cancer and Bone Health**

Significant developments in bone-targeted therapy are impacting the current management of bone metastases in the advanced cancer setting. Through an informative presentation and an interactive case study, Amgen Canada’s luncheon symposium will provide an overview of the clinical considerations faced by oncology healthcare teams in managing cancer-related bone complications in the continuum of care for patients with advanced cancers.

**Workshop II-01**

2:15 PM - 4:45 PM, Room 200

**CANO/ACIO National Chemotherapy Administration and Care Strategy: Implementing the Vision in Canada**

Laura L. Rashleigh, RN, MSCh, CON(C); Barb Hues, RN, MSN, CON(C); Brenda Sabo, RN, MA, PhD; Jennifer Wiermiowski, RN(EC), MN, NP-Adult, CON(C); Brenda Ross, RN, BScN, Tracy Truant, RN, MSN; 1. de Souza Institute, Toronto, ON, 2. BC Cancer Agency, Vancouver, BC, 3. Cancer Care Manitoba, Winnipeg, MB, 4. Dalhousie University School of Nursing, Halifax, NS, 5. Juravinski Cancer Hospital, Hamilton, ON, 6. University of British Columbia, Vancouver, BC

**Workshop II-02**

2:15 PM - 4:45 PM, Room 203

**Exploring Complementary Medicine (CAM) to Promote Health, Wellness and Self-Care for Oncology Nurses**

Tracy L. Truant, RN MSN, Lynda G. Balneaves, RN PhD; Brenda C Ross, RN BSN, Margurite E Wong, RN BSN, Joanne Crawford, RN MSN CON(C); Soma Persaud, RN BSN, Andrea M. Laizner, RN PhD, Antony J. Porcino, BSc, PhD(c), 1. University of British Columbia School of Nursing, Vancouver, BC, 2. British Columbia Cancer Agency, Vancouver, BC, 3. de Souza Institute, Toronto, ON, 4. McGill University Health Centre, Montreal, QC, 5. York Central Hospital, Richmond Hill, ON

**Workshop II-03**

2:15 PM - 4:45 PM, Room 204

**When Helping Hurts: Understanding Compassion Fatigue**

Leslie E. McLean, RN, MSN, Capital Health, Halifax, NS

**Workshop II-04**

2:15 PM - 4:45 PM, Room 205

**Disenfranchised Grief: An Intervention Based Approach to Nurses Recognizing, Owning and Working through Loss**

Rita J. DiBiase, MSN, NP-ADULT, AOCNS, Windsor Regional Hospital, Windsor, ON

**Concurrent Session II-05**

2:15 PM - 4:45 PM, Room 200

A: **Electronic Networking: Empowering Nurse to Nurse Communication**

Katherine Winters, RN CON(C), Tara Peters, RN CON(C), Mario DaPonte, RN, BScN, The Ottawa Hospital, Ottawa, ON

B: **The Foundation of Excellence: Improving the Breast Reconstruction Journey**

Lori A. Santoro, R.N. CON(C), CancerCare Manitoba Breast Cancer Centre of Hope, Winnipeg, MB

C: **Breast Cancer and Pregnancy: When Two Worlds Collide**
Stephanie Burlein-Hall, RN, BScN, MEd, CON(C), Christel Helwig, RN, BScN, Sunnybrook Health Science Centre - Odette Cancer Centre, Toronto, ON

D: What Information Needs/Questions do Postmenopausal Early Stage Breast Cancer Patients have regarding Endocrine Treatment?

Melissa L. Touw, RN, BSc, MSc, CON(C), Joan Tranmer, RN, PhD, Deb Feldman-Stewart, PhD, Yolanda Madarnas, MD, Marianne Lamb, RN, PhD, 1. Queen’s University, Kingston, ON, 2. Cancer Centre of Southeastern Ontario at KGH, Kingston, ON

Committee and SIG Meetings
6:00 PM - 7:00 PM, Room 301 to 305

Keynote Presentation
Address I — Basia Solarz
7:00 PM - 8:00 PM

Basia Solarz is a conflict transformation specialist working at Capital Health in Halifax, Nova Scotia. Conflict is a natural and normal part of the workplace. The way we handle conflict can affect how well we do our jobs. Increased joy in the workplace has been reported by people who work through conflict. Ms. Solarz’ keynote address will explore how building conflict resolution competency through collaboration can contribute to the skillful resolution of the major conflicts facing oncology nurses everyday.

Skilled conflict resolution will improve the oncology nurses’ effectiveness when dealing with co-workers and the patient/family dynamic, ultimately leading to more positive patient care outcomes.

Basia Solarz, Spécialiste en résolution de conflits

Basia Solarz travaille chez Capital Health, en Nouvelle-Écosse, à titre de spécialiste en résolution de conflits. Le conflit est un élément naturel et normal dans nos milieux de travail. Cependant, la façon dont nous le gérons peut nuire à la qualité de notre travail. Selon les enquêtes, les personnes qui surmontent les situations de conflit sont plus heureuses au travail. La présentation de Mme Solarz explora la façon dont le renforcement des capacités de résolution de conflits par la collaboration peut contribuer à la résolution adroite des conflits importants auxquels les infirmières en oncologie font face au quotidien. Ces compétences de résolution de conflits amélioreront l’efficacité des infirmières en oncologie dans leurs rapports avec leurs collègues et les patients/familles, ce qui entraînera de meilleurs résultats en matière de soins aux patients.the patient/family dynamic, ultimately leading to more positive patient care outcomes

Welcome Reception
8:00 PM - 10:00 PM, Room 100

Day Two/Jour Deux
Monday, September 12, 2011 / Lundi, 12 Septembre

Celgene Breakfast Corporate Presentation
7:00 AM - 8:15 AM, Room 200

Intention vs. Impact in Patient Communication: Strategies That Lead to Better Outcomes in Hematological Malignancies

An interactive case study analysis of common challenges in patient education and consultation with an expert in neuro linguistics

At the conclusion of this symposium, participants will be able to:
1. Identify strategies for incorporating an individualized approach to counselling of patients with multiple myeloma and myelodysplastic syndromes
2. Discuss practical tips for effectively managing patients expectations, including:
   - Duration of therapy
   - Expected and manageable adverse events
   - When to report signs and symptoms

Keynote Presentation
Address II— Sister Nuala Patricia Kenny, OC, BA, MD, FRCP(C)
9:00 AM - 10:00 AM

Dr. Nuala Patricia Kenny was born in New York and entered the Sisters of Charity of Halifax in 1962. She received an MD from Dalhousie University in 1972. She has received five Honorary Doctorates and in 1999 was appointed an Officer of the Order of Canada for her contributions to child health and medical education. She was a founding member of the Governing Council of the Canadian Institutes of Health Research (CIHR), the Health Council of Canada and Canadian Doctors for Medicare. In 1995, she became the founding Chair of the Department of Bioethics at Dalhousie Faculty of Medicine. Author of over one hundred papers and two books, Dr. Kenny is nationally recognized as an educator and physician ethicist. In 2009 she turned formally to faith-based ethics and is now Professor Emeritus Dalhousie University Department of Bioethics, Health
Policy Advisor to the Catholic Health Alliance of Canada and on the Board of Covenant Health, Alberta. Dr. Kenny’s keynote address will explore the health care encounter as a place of moral meaning.

La Dre Nuala Patricia Kenny est née à New York et s’est jointe aux Soeurs de la Charité de Halifax en 1962. Elle a obtenu son diplôme de médecine à l’Université Dalhousie en 1972. On lui a décerné cinq doctorats honorifiques et, en 1999, elle a été nommée Officière de l’Ordre du Canada à titre de reconnaissance pour ses contributions à la santé infantile et à l’éducation médicale. Elle est un des membres fondateurs du conseil exécutif des Instituts de recherche en santé du Canada (IRSC) et est membre du Conseil canadien de la santé et de Médecins québécois pour le régime public. En 1995, elle fut la présidente fondatrice du département de bioéthique de la Faculté de médecine de l’Université Dalhousie. La Dre Kenny a publié deux livres et plus de cent articles scientifiques, et elle est connue à l’échelle nationale pour son travail en tant qu’éducatrice et médecin éthicienne. En 2009, elle s’est officiellement tournée vers l’éthique basée sur la foi et elle est maintenant professeure émérite au département de bioéthique de l’Université Dalhousie. La présentation de la Dre Kenny examinera les consultations avec les patients en tant que lieux de signification morale.

Sponsored by Cancer Care Nova Scotia

Health Break Sponsored by Roche 10:00 AM - 10:30 AM, Room 100

A Joint Symposium of CANO/ACIO and ONS: Talking about Complementary Medicine in Cancer Care: A North American Agenda

Lynda G. Balneaves, RN, PhD1, Judith M. Fouladbakhsh, PhD, APRN, BC, AHN-BC, CHTP1, Tracy L. Truant, RN, MSN1, 1. University of British Columbia School of Nursing, Vancouver, BC, 2. Wayne State University, College of Nursing, Detroit, MI

Across North America up to 80% of cancer patients use complementary medicine (CAM), yet most make decisions about the integration of these therapies into their treatment and care without knowledge or support from their oncology health professionals, including nurses. While many CAM therapies are safe, some may pose health risks for select individuals. Oncology nurses can play a key role in opening the dialogue with patients and families about their use of CAM, thereby enhancing safety and uptake of evidence-based CAM therapies that acknowledge individuals’ autonomy and belief systems, and consider the social and cultural context of CAM use.

Oncology nurses are optimally situated to create a context for open, non-judgmental communication about CAM, and to lead the health care system towards the integration of CAM into everyday cancer care. This panel presentation by oncology nurse leaders from across North America will provide an opportunity to discuss the current state and future possibilities for CAM and cancer, including the synergies and partnerships developing across and between Canada and the USA that will enhance integration of CAM.

This session will assist delegates to appreciate the importance of opening the dialogue about CAM and cancer with patients and families, articulate key national initiatives currently underway to foster integration of CAM, and identify strategies that each nurse can enact in their own clinical setting to ensure open, non-judgmental communication about CAM and cancer.

Roche Lunch Corporate Presentation 12:00 PM - 1:30 PM, Room 200

A Collaborative Approach to Optimizing Patient Outcomes and Managing Safety

Over the past 60 years, cancer therapy has evolved from emergence and development of traditional chemotherapies to an era of targeted therapies and personalized medicine. These advances have provided new and ever-changing treatment strategies that strive to improve efficacy and safety outcomes for patients with cancer. However challenges still remain to fully optimizing outcomes for the patients in clinical practice. In this symposium Dr. Sandeep Sehdev (medical oncologist), Scott Edwards (oncology pharmacist) and Inara Karrei (oncology nurse) discuss a collaborative approach to choosing the optimal therapy for a patient and then ensuring it is optimized through adherence and adverse event management.

Concurrent Session III-01

A: Bubbles and Back Massage: A Systematic Review of Multi-Symptom Management in Pediatric Oncology

Gail M. Macartney, RN(EC), BScH, MScA, CON(C)1, Dawn Stacey, RN, PHD, CON(C)1, Margaret B. Harrison, RN, PhD1, 1. Children’s Hospital of Eastern Ontario, Ottawa, ON, 2. Queen’s University, School of Nursing, Kingston, ON, 3. University of Ottawa, School of Nursing, Ottawa, ON

B: A New Beginning: The Creation of a Long Term Follow-Up Survivorship Clinic

Elizabeth F. Cooper, RN, MN, Annette M Penney, RN,MN, IWK Health Centre, Halifax, NS
C: Update on Pediatric Brain Tumor Survivors: Symptom Experience and Health-Related Quality of Life

Gail M. Macartney, RN(EC), BScH, MSc(A), CON(C), Children’s Hospital of Eastern Ontario, Ottawa, ON

Concurrent Session III-02
1:45 PM - 3:15 PM, Room 202

A: Invent the Future; a Systematic Follow-Up of Patients Receiving Oral Chemotherapy

Maryse Carignan, MSN, CON(C); Yvette Chouinard, BSc, 1. Hôpital de la Cité- de -la -Santé, CSSS de Laval, Laval, QC, 2. Hôpital de la Cité-de-la-Santé, CSSS de Laval, Laval, QC

B: Oral Chemotherapy: Not Just a Pretty Coloured Pill

Terry M. MacKenzie, RN, CON(C), Karen Hubert, RN, BSc, Regional Cancer Program of the Sudbury Regional Hospital, Sudbury, ON

C: Intravenous Chemotherapy At Home: Keeping Patients In Their ‘Natural Habitat’

Nicole Crisp, MN, NP-Adult, University of Alberta Hospital, Edmonton, AB

Concurrent Session III-03
1:45 PM - 3:15 PM, Room 203

A: The Art of Communication: Normalizing Advance Care Planning in the Neurooncology Population

Catriona J. Leckie, RN MN NP-Adult CNN(c), Bert Enns, BA, Spiritual Care Specialist, Tom Baker Cancer Center, Alberta Health Services, Calgary, AB

B: Breathe Easy: A Dyspnea Management Program for Individuals Living with Lung Cancer

Tracey L. DasGupta, RN BScN MN CON(C), Magdelene Winterhoff, MSW RSW, Lida Ahmad, RN CON(C), Yee Ung, MD FRCPC, Alison F McAndrew, BA RAP, Sunnybrook Odette Cancer Centre, Toronto, ON

C: Canadian Survey of Oncology Nurses’ Experience with Breakthrough Cancer Pain

Margaret I. Fitch, RN, PhD; Mary Lisa Sheridan, BSc, 1. Sunnybrook Odette Cancer Centre, Toronto, ON, 2. Nycomed Canada, Oakville, ON

Concurrent Session III-04
1:45 PM - 3:15 PM, Room 204

A: Thanatology and Conversations with The Living-Dying: Communicating with Patients about Dying, Death and Grieving

Julia A. ROCK, RN, MN, OCN, CHPC(C); Maria A Lippa, BScN, MN, 1. Princess Margaret Hospital, University Health Network, Toronto, ON, 2. Toronto Western Hospital, University Health network, Toronto, ON

B: The Art of Communication: Key to Effective Community Partnerships and Continuing Care

Janice Dirksen, RN, BSc; Susan Balfour-Hunt, RN, BScN, CHPCN(C); Elizabeth Beddard-Huber, RN, MSN; Karen A. Janes, RN, MSN; Mary Flaherty, RN, BScN, MSc(A), MA; Suzanne Butler, PT, BSR; Ketul Patel, RN, BScN; Arlyn Heywood, RN, BScN; Keith Gingerich, RN; 1. BC Cancer Agency, Vancouver Centre, Vancouver, BC, 2. BC Cancer Agency, Vancouver, BC, 3. BC Cancer Agency, Vancouver Centre, Vancouver, BC, 4. Transition Services Team, Vancouver Coastal Health Authority, Vancouver, BC, 5. Vancouver Palliative Access Line, Vancouver Coastal Health Authority, Vancouver, BC

Concurrent Session III-05
1:45 PM - 3:15 PM, Room 205

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

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

B: Our Future Is Now

Barbara Fitzgerald, RN, MScN, Janice Stewart, RN, BScN, MHS, Kathy Davison, RN, BAS, MHS, Princess Margaret Hospital, Toronto, ON
C: Nursing Roles in Enhancing the Communication Environment

Sally Thorne, RN, PhD, University of British Columbia School of Nursing, Vancouver, BC

Health Break Sponsored by Janssen
3:15 PM - 3:45 PM, Room 100

Concurrent Session IV-01
3:45 PM - 4:30 PM, Room 200

What's The Evidence? The Top 10 Complementary Medicine (CAM) Therapies Used by Patients with Cancer

Lynda G. Balneaves, RN, PhD1, Tracy L. Truant, RN, MSN1, Brenda C. Ross, RN, BSN1, Margurite E. Wong, RN, BSN1, Antony J. Porcinio, BSc PhD(c)1, Marja J. Verhoef, PhD1, 1. University of British Columbia School of Nursing, Vancouver, BC, 2. British Columbia Cancer Agency, Vancouver, BC, 3. University of Calgary Department of Community Health Sciences, Calgary, AB

Concurrent Session IV-02
3:45 PM - 4:30 PM, Room 202

Oral Mucositis and Xerostomia: An Evidenced Based Nursing Approach to Troublesome Symptoms

Carlton G. Brown, RN, PhD, AOCN, University of Delaware School of Nursing & President, ONS, Newark, NJ

Concurrent Session IV-03
3:45 PM - 4:30 PM, Room 203

Cancer Patients in Two Emergency Departments: A Quality Assurance Audit

Nancy Lee Brown, RN, MSc, CON(C), Andréanne Saucier, MScN, CON(C), McGill University Health Centre, Montreal, QC

Concurrent Session IV-04
3:45 PM - 4:30 PM, Room 204

Developing and Integrating Research into your Advanced Practice Nursing Role: Strategies, Impact and Lessons Learned from a Centre for Excellence

Denise Bryant-Lukosius, RN, CON(C), BScN, MScN, PhD1, Lorraine Martelli-Reid, RN(EC), BScN, MN, NP-Adult1, Margaret Forbes, RN, BScN, CON(C)1, Lynne Jolicoeur, RN, MScN, CON(C)1, Edith Pituskin, BSc, MSc1, Anita Mehta, RN, PhD1, 1. McMaster University and Juravinski Cancer Centre, Hamilton, ON, 2. Juravinski Hospital and Cancer Centre, Hamilton, ON, 3. McGill University Health Centre and The Montreal General Hospital, Montreal, QC, 4. The Ottawa Hospital, Ottawa, ON, 5. University of Alberta and Cross Cancer Institute, Edmonton, AB

Concurrent Session IV-05
3:45 PM - 4:30 PM, Room 205

Understanding Brain Metastases: An Overview of Treatment Options and Care Guidelines

Hellen L. Jung, RN, MSN, CON(C), Tom Baker Cancer Centre, Calgary, AB

Merck Lectureship and Award Presentation
4:45 PM - 5:45 PM, Room 200

Communication: The Key to Improving the Prostate Cancer Patient Experience

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

Heather Lloyd Easy works in the Cancer Assessment Clinic at The Ottawa Hospital. She is currently a member of the Prostate Diagnostic team, prior to that she participated in the lung and colorectal teams. Heather is a member of the local CANO/ACIO chapter, and holds the position of Co-Chair of Education, and a member of the Local Conference Planning Committee 2012. She is also a member of the Prostate Cancer Disease Pathway Management Team for Cancer Care Ontario. Heather received her BScN from the University of Ottawa. She is certified in Oncology and is currently working on her MN with a focus in education at Charles Sturt University, Australia. Heather has 12 years experience in oncology having worked in both
Communication is defined as “to make known, to exchange information or opinions”. Nursing is the critical link for this exchange of information which is patient-centered, collaborative and relevant. The focus of this presentation will highlight the development and implementation of nurse lead initiatives within our program to improve the prostate cancer patient experience. These initiatives include: a patient information guide, prostate biopsy pre and post care, surgery education session and implementation of a decision aid. Communication is the key.

La communication : la clé de l’amélioration du vécu des patients ayant le cancer de la prostate

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Biochirurgie des conférencières

Marian Waldie has worked in the Prostate Cancer Assessment Clinic (CAC) of The Ottawa Hospital since it opened in May 2008. The Prostate CAC receives men for an evaluation of a possible prostate cancer. Since this time Marian has played an integral role in the development and implementation of strategies and processes to improve the prostate cancer patient and family experience. Marian completed her Nursing diploma at the Toronto General Hospital and her Bachelor of Science in Nursing at the University of Ottawa. In 2009 she completed the Oncology Nursing Distance Education Course (ONDEC) with the Cross Cancer Institute and has also obtained her CNA certification in Oncology Nursing. Currently Marian is a member of the Prostate Cancer Disease Pathway Management Team for Cancer Care Ontario.

Jennifer Smylie is the Clinical Manager of the Cancer Assessment Clinic and Women’s Breast Health Centre at The Ottawa Hospital. She completed a Bachelor in Nursing from the University of New Brunswick and a Master’s in Health Services Management from Sturt University in Australia. Jennifer has had managerial experience in both inpatient and outpatient settings, including the development, implementation and evaluation of clinical pathways, quality improvement initiatives and new programs. Her present position, and past experience, has contributed to her understanding of the importance of knowledge, process improvement, and leadership in improving cancer care delivery.

Abstract

In 2010 an estimated 24,600 Canadian men were diagnosed with prostate cancer (Canadian Cancer Society). Since 1980 there has been an upward trend in the incidence rate of prostate cancer and it is expected to continue to climb. Upon diagnosis men and their family members begin an arduous journey of information gathering surrounding prostate cancer and its various forms of treatment. Men have to consider the impact a treatment may potentially have on their quality of life, and frequently they experience decisional conflict and require support.

In May 2008 the Prostate Cancer Assessment Clinic opened to receive men for an evaluation of a possible prostate cancer. Our inter-professional model of care provides support, guidance and education to our patients from consultation to diagnosis and treatment planning. A major goal of our diagnostic assessment unit has been to improve the patient experience.

Abrégé

En 2010, on estime que 24 600 Canadiens ont été diagnostiqués du cancer de la prostate (Société canadienne du cancer). Depuis 1980, on a constaté une évolution à la hausse du taux d’incidence du cancer de la prostate et on s’attend à ce qu’elle se poursuive. Lors du diagnostic, ces hommes et leurs proches s’embarquent dans la dure épreuve qu’est la collecte de l’information relative au cancer prostatique et à ses diverses formes de traitement. Les hommes doivent examiner l’incidence éventuelle des divers traitements sur leur qualité de vie et il arrive souvent qu’ils éprouvent des conflits décisionnels et nécessitent du soutien à ce propos.


La communication est définie comme étant « le fait de faire savoir, d’échanger de l’information ou des opinions ». Les soins infirmiers constituent le lien critique pour cet échange d’information qui est axé sur le patient, la collaboration et la pertinence. Cette présentation concentrera l’attention sur le développement et la mise en œuvre, au sein de notre programme, d’initiatives menées par des infirmières en vue d’améliorer le vécu des patients ayant le cancer de la prostate. Ces initiatives comprennent entre autres un guide d’information à l’intention des patients, les soins avant ou après une biopsie de la prostate, une séance d’éducation concernant la chirurgie et la mise en œuvre d’un outil d’aide à la prise de décision. La communication est bel et bien la clé.

Council of Chapters Meeting
6:00 PM – 7:00 PM, Room 202

Committee and SIG Meetings
7:00 PM – 8:00 PM, see listing page 26

Roche Dinner Corporate Presentation
7:30 PM - 9:00 PM, Room 200

Murder on the Thrombotic Express

You’re all alone in the darkened halls on your unit or in your client’s home. Unbeknownst to you, there is an intruder lurking—you can’t see it but it’s at your catheter’s door and it’s here to wreak havoc on you and your patient. Can you solve the mystery of the Thrombotic Express? Join us for an entertaining evening and explore the causes of catheter occlusions, enhance your understanding of the management of these catheters and learn a few new twists in handling their complications.

Speaker:
Daphne Broadhurst is a Clinical Specialist with Desjardins Pharmacy in Ottawa. Having served as a PICC nurse and home parenteral nutrition coordinator for 7 years, within her current portfolio, Daphne acts a resource for community and long-term care nurses, supporting the delivery of best practice in infusion therapy. Daphne has authored journal articles and was recently the recipient of the Canadian Vascular Access Association Editorial Award, and speaks to nurses across the country on infusion therapy-related issues. Daphne is also a consultant for Roche Canada, helping clinicians address catheter occlusion issues.
Day Three/Jour Trois
Tuesday, September 13, 2011 / Mardi, 13 Septembre

Merck Breakfast Corporate Presentation
7:00 AM – 8:30 AM, Room 200
CINV in 2011; Whose Problem is it Anyway?
The symposium will examine the roles of various HCP's and the patient in prevention and treatment of Chemotherapy Induced Nausea and Vomiting, and will look at the true costs of CINV when it does develop. 3 speakers from across Canada will present on this topic.

CANO / ACIO AGM
8:45 AM – 10:00 AM, Room 200

CANO/ACIO Awards Ceremony
10:00 AM – 10:30 AM, Room 200

Health Break Sponsored by Amgen
10:30 AM – 11:00 AM, Room 100

Concurrent Session V-01
11:00 AM – 12:30 PM, Room 200
A: Sharing Lessons Learned in the Development, Implementation and Evaluation of an Outpatient Breast Oncology Program
Colleen S Sherriff, RN1, Savitri Singh-Carlson, BSN, PHN, PhD2, Lorna Roe, MSc, BSc (hons), RN1, Frances Wong, MD, FRCPE2, 1. BC Cancer Agency, Fraser Valley Centre, Surrey, BC, 2. BC Cancer Agency, Fraser Valley and Abbotsford Centres, Surrey, BC, 3. BC Cancer Agency, Fraser Valley and Abbotsford Centres, Surrey, BC, 4. California State University, , Long Beach, California, BC
B: The Breast Health Nurse Coordinator: Improving The Breast Cancer Experience
Lisa Cicchelli, RN BScN MN, Margaret R Devries, RN BScN CPN (C), IWK Health Centre, Halifax, NS

Concurrent Session V-02
11:00 AM – 12:30 PM, Room 202
A: Nurse Led Clinics–Innovations in Oncology
Heidi Thomas, RN, CON (C)1, Janet Giroux, RN, MScN, CCN(C), CON(C)2, Lynne Joilcoeur, RN, MScN, CON(c)4, Joanne Power, RN, MScN, CON(C)2, 1. Juravinski Cancer Centre, Hamilton, ON, 2. Kingston General Hospital & Cancer Clinic, Kingston, ON, 3. McGill University Health Centre, Montreal, QC, 4. Ottawa Hospital, Ottawa, ON
B: Tobacco Dependence Treatment within Hospitals: Revisiting and Reframing the Practice Reality
Annette S.H. Schultz, PhD RN, Faculty of Nursing, University of Manitoba, Winnipeg, MB
C: International Use of Oncology Advanced Practice Nursing (APN) Roles in Cancer Control; Characteristics of Roles and Services Leading to Improved Access and Quality of Care
Denise Bryant-Lukosius, RN, CON(C), BScN, MScN, PhD1, Sanchia Aranda, RN PHD2, Debra Bakker, RN, BNSc, MSc, PhD3, Jessica Corner, RN PhD4, Greta Cummings, RN PhD3, Esther Green, RN MSc(T)5, Jennifer Wiernikowski, RN (EC) MN6, 1. McMaster university and Juravinski Cancer Centre, Hamilton, ON, 2. Cancer Care Ontario, Toronto, ON, 3. Juravinski Hospital and Cancer Centre, Hamilton, ON, 4. Laurentian University, Sudbury, ON, 5. University of Alberta, Edmonton, AB, 6. University of Melbourne and Peter MacCallum Cancer Centre, Melbourne, Australia, 7. University of Southampton, Southhampton, United Kingdom

Concurrent Session V-03
11:00 AM – 12:30 PM, Room 203
A: Understanding Treatment Impact on Child Development in Early Pediatric Cancer Survivorship
Gail M. Macartney, RN(EC), BScH, MSc(A), CON(C)1, Dawn Stacey, RN, PhD, CON(C)2, Margaret B Harrison, RN, PhD3, 1. Children’s Hospital of Eastern Ontario, Ottawa, ON, 2. Queen’s University, School of Nursing, Kingston, ON, 3. University of Ottawa, School of Nursing, Ottawa, ON
B: The Role of Art in Creating Meaning: The Experiences of Two Breast Cancer Survivors

Brenda M. Sabo, RN, Ph.D., Catherine Thibeault, RN, Ph.D., Dalhousie University School of Nursing, Halifax, NS

C: Cancer Survivors Speak About Second Cancer Risk Through Photographs (A Preliminary Analysis)

Krista L. Wilkins, PhD, RN, University of New Brunswick, Fredericton, NB

Concurrent Session V-04
11:00 AM – 12:30 PM, Room 204

A: Delivering Person-Centered Cancer Care: Integrating Distress, the 6th Vital Sign into Nursing Assessments

Linda C Watson, RN, PhD(c), CON(c), Vivian Collacutt, BSc(Ed), MSW, RSW, Daena Lamoureux, MSc, RD, Jennifer Anderson, RN, MN, Community Oncology, Alberta Health Services, Cancer Care, Calgary, AB

B: Development and Validation of Evidence-Informed Protocols for Remote Symptom Assessment, Triage and Support: the Costars Project

Dawn Stacey, RN, PhD CON(C), Katie Nichol, RN, BScN, Meg Carley, BScN, Gail Macartney, RN, MScN, Debra Bakker, RN, BNSc, MSc, PhD, Kim Chapman, RN, MScN, Dauna Crooks, RN, PhD, Greta Cummings, RN, PhD, Esther Green, RN, MScN, Doris Howell, RN, PhD, Craig Kuziemsky, PhD, Brenda Sabo, RN, MA, PhD, Myriam Skrutkowski, RN, MScN, CON(C), Ann Syme, RN, PhD candidate, Carolyn Taylor, RN, BN, MSA, CON(C), Tracy Truant, RN, MScN, Margaret Harrison, RN, PhD, 1. University of Ottawa, Ottawa, ON, 2. BC Cancer Agency, Vancouver, BC, 3. Cancer Care Ontario, Toronto, ON, 4. Dalhousie University, Halifax, NS, 5. Fraser Health, Surrey, BC, 6. Lawrence University, Sudbury, ON, 7. McGill University Health Centre, Montreal, QC, 8. Princess Margaret Hospital and University of Toronto, Toronto, ON, 9. Queen’s University, Kingston, ON, 10. River Valley Health, Fredericton, NB, 11. University of Alberta, Edmonton, AB, 12. University of British Columbia, Vancouver, ON, 13. University of Manitoba, Winnipeg, MB.

C: If We Don’t Ask, They Won’t Tell: How to Promote Open Communication about Complementary Medicine

Brenda C. Ross, RN BScN, Lynda G Balneaves, RN PhD, Tracy O Truant, RN MSN, Marguerite E Wong, RN MSN, Antony J Porcino, BScPhD(c), Alison Brazier, PhD, Marja Verhoef, PhD, 1. BC Cancer Agency, Vancouver, BC, 2. UBC School of Nursing, Vancouver, BC, 3. University of Calgary, Department of Community Health Services, Calgary, AB

Concurrent Session V-05
11:00 AM – 12:30 PM, Room 205

A: Development of a Psychosocial Risk Screening Tool for Genetic Testing

Mary Jane Esplen, RN, PhD, Mario Cappelli, PhD, Jiahui Wong, PhD, Joan Botterill, PhD, Nicole Charlemagne, MSW, Brenda Wilson, PhD, Jon Hunter, PhD, June Carroll, MD, Michel Dorval, PhD, Kara Semotiuk, MSc, Judith Allanson, PhD, Melyssa Aronson, MSs, Tara Power, PhD, Louise Bordeleau, MD, 1. University Health Network, Toronto General Hospital, Toronto, ON, 2. Alberta Health Services, Calgary, AB, 3. Children’s Hospital of Eastern Ontario, Ottawa, ON, 4. de Souza Institute, Toronto, ON, 5. Juravinski Cancer Centre, Hamilton, ON, 6. Laval University, Quebec, QC, 7. Mount Sinai Hospital, Toronto, ON, 8. UBC Okanagan, Kelowna, BC, 9. University of Ottawa, Ottawa, ON

B: Cancer Risk Assessment Begins With You: Are You Comfortable Communicating Hereditary Non Polyposis Colon Cancer (HNPPC) Risk To Your Patients?

Margaux Lachance, RN (CON), Sudbury Genetic Counselling Services, Sudbury, ON

C: Promoting and Empowering Aboriginal Health through the Development of Regional Partnerships

Lesley A MacInnis, BSc, MPH, Carole Beals, RN, MN, CON(C), Simcoe Muskoka Regional Cancer Program, Royal Victoria Hospital, Barrie, ON

Janssen Lunch Symposium
12:30 PM – 2:00 PM

Optimizing Castrate Resistant Prostate Cancer (CRPC) Outcomes Post Docetaxel: Innovations in Treatment
Scott is considered an outstanding teacher who was recently awarded the 3M National Teaching Fellowship for 2011. His dynamic teaching style makes difficult topics easy to understand. Scott's passion is to improve patient outcomes and understands the importance of team approach in managing cancer patients.

**Moderator:** Daphne Willan, RN, CCRP, Cross Cancer Institute, Edmonton AB

### Concurrent Session VI-01

*2:15 PM – 3:45 PM, Room 200*

**A: Using a Decision Aid to Help Men with Localized Prostate Cancer Communicate their Preferences: A Wide-Scale Implementation Study**

Dawn Stacey, RN, PhD CON(C), Jennifer Smylie, RN, Marian Woldie, RN, Jennifer Kryworuchko, RN, PhD(C), Robin Morash, RN, MScN, Salome Shin, BSc, Anton Saarimaki, BSc, Rajiv Samant, MD, 1. University of Ottawa, Ottawa, ON, 2. Ottawa Hospital Research Institute, Ottawa, ON, 3. The Ottawa Hospital, Ottawa, ON, 4. University of Saskatchewan, Saskatoon, SK

**B: Understanding Discharge Process from the Patients' Perspective**

Mary Glavassevich, RN, BA, MN, Elaine Avila, RN, BScN, Raslen Samonte, RN, BScN, Mark Iacovelli, RN, BScN, CON (c), Nancy Wolf, RN, Sunnybrook Health Sciences Centre, Toronto, ON

**C: Development of a Treatment Decision Aid: Assessing Information and Treatment Decision-Making Needs for Patients with Locally Recurrent Prostate Cancer.**

Gladys K. Mokaya, RN, BScN, MSN, Denise Bryant-Lukosius, RN PhD CON(C), Carolyn Ingram, RN, DNSc, CON(C), Margaret Black, RN, PhD, Jan Doyles, MD, MSc, FRCP(C), Dilip D Parijwani, MD, MRCPI, FRCP(C), 1. McMaster University, Hamilton, ON, 2. Grand River Regional Cancer Centre, Kitchener, ON, 3. McMaster University and Juravinski Cancer Centre, Hamilton, ON

### Concurrent Session VI-02

*2:15 PM – 3:45 PM, Room 202*

**A: Improving Inter-Professional Communication and Access for Oncology Patients with Malignant Ascites: Report on a Pilot Project**

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Lorraine Cake, RN, BScN, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON

**B: A Collaborative Nurse-Physician Initiative to Support Palliative Metastatic Patients after Whole Brain Radiotherapy**

Erin Dykstra, RN, BSN, Kam Dosanjh, 1. Abbotsford Cancer Center, 2. Fraser Valley Cancer Center, Surrey, BC

**C: Striving For Excellence: The Implementation of a Breathlessness Program for Lung Cancer Patients**

Catherine A. Kiteley, RN, BScN, MScN, CON(C), CHPCN(C), Shelina Alarakhia, R.N, BScN, CHPCN(C), Credit Valley Hospital, Peel Regional Cancer Centre, Mississauga, ON

### Concurrent Session VI-03

*2:15 PM – 3:45 PM, Room 203*

**A: Promoting Chemotherapy and Biotherapy Competency Maintenance through a Standardized Program**

Laura L. Rashleigh, RN, MScN, CON(C), Liat Brudnoy, BA, MA, Jiahui Wong, PhD, Thomas Graham, BA, Tracy Soong, BSc(Cand), Mary Jane Esplen, RN PhD, Esther Green, RN, BScN, MSc(T), 1. de Souza Institute, Toronto, ON, 2. Cancer Care Ontario, Toronto, ON

**B: New National Accreditation Standards for Ambulatory Systemic Cancer Therapy Care Services**

Stephanie Carpenter, MA, Margaret Keresteci, Other, 1. Accreditation Canada, Ottawa, ON, 2. Canadian Partnership Against Cancer, Toronto, ON

**C: The Development of a Safe Handling Policy: Overcoming Barriers to Best Practice**

Maureen A. Watt-Smit, RN, BScN, CON(c), Grand River Hospital/Grand River Regional Cancer Centre, Kitchener, ON
Concurrent Session VI-04
2:15 PM – 3:45 PM, Room 204

A: Promoting Partnerships to Communicate the Care and Needs of Patients Receiving Radiotherapy

Myriam Skrutkowski, RN, M.Sc., CONC(C), Freda Colquhoun, RN, BA (Specialized community nursing), CONC(C), Helene Sicotte, Radiation Therapist, McGill University Health Centre, Montreal, QC

B: Couples Coping with Breast Cancer: A Pilot Study of an Online Health Promotion Intervention

Deborah L. McLeod, RN, PhD, Karen Fergus, C.Psych., PhD, 1. QEII Health Sciences Centre / Dalhousie University, Halifax, NS, 2. York University & Sunnybrook Odette Cancer Centre, Toronto, ON

C: Using an Electronic Document Library to Facilitate Intradisciplinary Communication among Transplant Team Members

Andrew Winter, RN BSc, Michelle Dougan, RN BSc, Denis Aus, RN BSc MN, Princess Margaret Hospital, Toronto, ON

Concurrent Session VI-05
2:15 PM – 3:45 PM, Room 205

A: Outpatient Insertion of Percutaneous Endoscopic Gastrostomy Tubes (Peg Tubes) Can Reduce Hospital Admissions in Patients with Head and Neck Cancers

Deborah A. Lucier, RN, CGN(C), Patricia A Marin, RN, CGN (C), Julia Young, RN, Sunnybrook Health Sciences Centre, Toronto, ON

B: Teaching as an Art: A New Multidisciplinary Teaching Class for Head and Neck Cancer Patients

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

C: Setting the Stage: A Novel Approach to Developing Trans-Disciplinary, Patient and System-Oriented Nutrition Therapy Guidelines for Cancers of the Head, Neck and Esophagus

Adam J Henley, RN, BScN, Karin L. Olson, RN, PhD, CHPCN(C), Leah M. Gramlich, MD, FRCPC, Vickie E Baracos, PhD, Lisa Martin, RD, MSc, C. Alberda, RD, MSc, University of Alberta, Edmonton, AB

Health Break
Sponsored by Valeant
3:45 PM – 4:15 PM, Room 200

Nycomed Focus Group
4:15 PM – 5:30 PM, Room 301

Opportunities and Challenges in Breakthrough Cancer Pain

This interactive focus group meeting will discuss key breakthrough cancer pain/supportive care issues to gain a better understanding of care gaps and nurse-to-patient educational needs on breakthrough cancer pain management. Join us to discuss new opportunities for improved patient education and management for cancer pain. Space is limited.

Janssen Focus Group
4:15 PM – 5:30 PM, Room 302

New administration options for Multiple Myeloma patients: Assessing the impact on oncology nurses

This interactive session will review the latest administration option for treating Multiple Myeloma patients. The goal is to gain insights on oncology nurses’ experience with subcutaneous administration, share any knowledge nurses have previously gained by switching from IV to subcutaneous delivery and assess the potential impact subcutaneous administration may have on nurses including time management, workflow and chemo suite organization among others.

Janssen Focus Group
4:15 PM – 5:30 PM, Room 303

Do you manage Metastatic Prostate Cancer Patients?

Case Base discussion on symptom management approaches for CRPC Patient
Kidney Cancer Canada
Focus Group
4:15 PM – 5:30 PM, Room 304/305

Kidney Cancer Canada Nurses Network
Join us for an interactive demonstration as we celebrate the launch of the Kidney Cancer Canada Nurses Network.

The vision for the Kidney Cancer Canada Nurses Network (KCCNN) is to connect, educate, support and facilitate collaboration between nurses practicing in the field of kidney cancer across Canada. Our ultimate objective is to improve outcomes for patients with kidney cancer.

Through the use of a secure web-portal, the KCCNN will:
• Connect renal oncology nurses across Canada and provide an opportunity for online collaboration with the ultimate goal of promoting high-quality, patient-centred care for patients and families diagnosed with kidney cancer;
• Provide educational resources to enrich each nurse’s professional growth and development; and
• Support clinical care, education, research and access to kidney cancer resources for nurses across Canada.

Come and learn about our new virtual network and the many ways that it will help you in your nursing practice.

Travel to Social Event
5:30 PM onward, In front of the Delta Halifax Hotel

Social Event
7:00 PM onward

Day Four/Jour Quatre
Wednesday, September 14, 2011 / Mercredi, 14 Septembre

GlaxoSmithKline Breakfast Corporate Presentation
7:15 AM - 8:45 AM, Room 200

Management of Adverse Events with Oral Therapies in Advanced Breast Cancer
As new oral therapeutics are approved for the treatment of malignancies, optimizing patient adherence and side effect management is critical to ensure maximum benefit. Lapatinib, a dual tyrosine kinase inhibitor targeting EgrR1 and EgrR2 (HER2), has demonstrated efficacy in advanced breast cancer.

This symposium will provide an in-depth analysis of the mechanism of lapatinib-associated side effects and practical management strategies to optimize adherence.

Overall Objectives:
Discuss methods for increasing adherence and compliance to oral cancer therapies

Speaker:
Scott Edwards, BSc, (Pharm), PharmD
Clinical Assistant Professor Oncology (Pharmaceutical Sciences) Memorial University
Clinical Oncology Pharmacy Specialist
Dr H. Bliss Murphy Cancer Centre, St. John’s, NF

Moderator:
Inara H. Karrei, RN, BScN, MEd, CON(C)
Nurse Educator
The Ottawa Hospital Cancer Centre, Ottawa, ON

Keynote III – Mary Campbell, RN, MSN, CNS-BC
9:00 AM - 10:00 AM, Room 200

Mary Campbell is a psychiatric mental health Clinical Nurse Specialist in the Capital District Mental Health Program and adjunct faculty at Dalhousie University in Halifax, Nova Scotia. Mary’s clinical work includes providing psychiatric mental health consultation for patients and families experiencing major medical illness and assisting multidisciplinary staff in working with challenging patient care situations. She is a member of the Psychosocial Oncology team and co-investigator of a research study on family nursing practice in cancer care. Mary has extensive experience teaching mindfulness within a health care context and authored the chapter on mindfulness for the nursing text Psychiatric Mental Health Nursing: The Craft of Caring. Mary’s keynote presentation will focus on the meaning of illness personally and professionally and how that enriches practice. She will explore how to incorporate ones understanding and insight in such a way that it enhances communication with colleagues and the people one cares for, fueling passion for practice and providing protection against burn out.

Mary Campbell est une infirmière clinicienne spécialisée en psychiatrie et santé mentale. Elle travaille au sein du Capital District Mental Health Program et elle est professeure auxiliaire à l’Université Dalhousie, à Halifax, en Nouvelle-Écosse. Dans le cadre de son travail clinique, elle offre des consultations en santé mentale / psychiatrique aux patients et familles qui vivent avec de graves maladies médicales et elle appuie le personnel multidisciplinaire qui aborde de difficiles situations de soins aux patients. Elle est membre de l’équipe d’oncologie psychosociale et cochercheuse dans une étude sur les pratiques infirmières aux familles touchées par le cancer. Elle possède une vaste expérience
en enseignement de la pleine conscience dans le contexte des soins de santé et elle a rédigé le chapitre sur la pleine conscience dans le manuel de soins infirmiers psychiatriques intitulé Mental Health Nursing: The Craft of Caring. La présentation de Mme Campbell portera sur la signification de la maladie sur les plans personnel et professionnel et sur la manière dont cela enrichit la pratique. Elle explorera des façons dont nous pouvons intégrer nos connaissances et nos idées afin d'enrichir la communication avec les collègues et les patients, d'alimenter la passion pour la pratique et de fournir une protection contre l'épuisement professionnel.

Health Break
10:00 AM - 10:30 AM, Room 100

Concurrent Session VII-01
10:30 AM - 12:00 PM, Room 200

A: Designing and Implementing a Provincial Ambulatory Oncology Nursing Peer Preceptorship Program Using Grounded Theory: Combining Research and Evidence to Change Practice

Linda C Watson, RN, PhD(c), CON(c), Darlene Whyte, RN, MN3, Amy Melnick, RN, MN3, Linda Phalen, RN, CON(c), Chelsea Shuman, RN, BScN, MN3, Shelley Raffin-Bouchal, RN, PhD2, 1. Community Oncology, Alberta Health Services, Cancer Care, Calgary, AB, 2. Faculty of Nursing, University of Calgary, Calgary, AB, 3. Tom Baker Cancer Centre, Alberta Health Services, Cancer Care, Calgary, AB

B: The Alberta Cancer Line, a 1-800 Line for Professionals

Janice Chobanuk, RN, BScN, MN, CON(C), HPCN(C). Janet Kluthe, BScN, RN, MPH, CHE, Wayne Enders, RN, Linda Phalen, RN, CON(C), Pam Barnaby, RN, BScN, Allison Cann, CHIM, Community Oncology, AHS Cancer Care, Edmonton AB

C: Connecting For Support

Evelyn M. De Grave, RN, Megan McLeod, MSW, CancerCare Manitoba, Winnipeg, MB

Workshop Session VII-02
10:30 AM - 11:30 AM, Room 202

The CONJ and the Art of Communication

Heather B. Porter & Editors, BScN, PhD, HB Porter & Associates, Waterloo, ON

Concurrent Session VII-03
10:30 AM - 12:00 PM, Room 203

A: Redesigning Ambulatory Cancer Care Delivery: Early Successes and Future Plans

Sherrol D. Palmer-Wickham, RN, BScN, CON(C), Margaret I. Fitch, RN, PhD, Debbie A. Miller, RN, BScN, MN, CETN(C), Angela K. Leahey, RN, BScN, MN, Holly Krol, RN, CON(C), Anne Garland, RN, Yvette Matyas, Masters of Nursing (Applied), Sunnybrook Odette Cancer Centre, Toronto, ON

B: Collaborative Communication Creates Positive Change in Wait Times

Donna Van Allen, RN BHScN CON(C), Anne Schmidt, RN, Grand River Hospital/Regional Cancer Centre, Kitchener, ON

C: Redesigning Ambulatory Cancer Care Delivery: The Odette Cancer Centre Experience So Far

Margaret I. Fitch, RN, PhD, Sherrol D. Palmer-Wickham, RN, BScN, CON(C), Holly Krol, RN, CON(C), Yvette Matyas, Masters of Nursing (Applied), Anne Garland, RN, Debbie A. Miller, RN, BScN, MN, CETN(C), Angela K. Leahey, RN, BScN, MN, Sunnybrook Odette Cancer Centre, Toronto, ON

Concurrent Session VII-04
10:30 AM - 12:00 PM, Room 204

A: An Ambulatory Febrile Neutropenia Protocol; a Multidisciplinary Initiative of Patient’s Follow-Up

Maryse Carignan, MSN, CON(C), Manon Mayrand, BSc, Hôpital de la Cité-de-la-Santé, CSSS de Laval, Laval, QC

B: The Dish - No Salads on This Diet: Debating Neutropenic Diet Restrictions

Nanette Cox-Kennett, MN, Natalie Klawitter, BSCN(c), Cross Cancer Institute, Edmonton, AB

C: Examining the Safe Application of Therapeutic Heat in Oncology Clinical Environments
Gwenyth A. Hughes, RN BSN MN CON(C), Michelle Moore, RN BSN CON (C), British Columbia Cancer Agency, Victoria, BC

Concurrent Session VII-05
10:30 AM – 12:00 PM, Room 205

A: Promoting Consultation Recording Use in Oncology: Determination of Patient Benefit and Evaluation of Implementation Strategies

Thomas Hack, Professor¹, Lorna Weir, Radiation Oncologist¹, Dean Ruether, Medical Oncologist¹, Debjani Grenier, Medical Oncologist¹, Lesley Degner, Professor¹, 1. Faculty of Nursing, University of Manitoba, Winnipeg, MB, 2. British Columbia Cancer Agency, Vancouver, BC, 3. CancerCare Manitoba, Winnipeg, MB, 4. Tom Baker Cancer Centre, Calgary, AB

B: To Say or Not To Say: Effective Communication with Chinese-Speaking Cancer Patients

Margurite E Wong, RN BA BSN¹, Lynda G Balneaves, RN PhD², Lynda G Balneaves, RN PhD², Marja J Verhoef, PhD³, Brenda C Ross, RN BSN⁴, Tracy O Truant, RN MSN⁵, Tracy O Truant, RN MSN⁵, Antony Porcino, BSc PhD(c)⁶, Antony Porcino, BSc PhD(c)⁶, 1. BC Cancer Agency, Vancouver, BC, 2. University of British Columbia, Vancouver, BC, 3. University of British Columbia, Vancouver, BC, 4. University of Calgary, Calgary, AB

C: Explorations in the Application of Keyword Analysis to Conversational Interviews with Cancer Patients

Sally Thorne, RN, PhD, John L Oliffe, RN, PhD, Kim Taylor, BA, MA, University of British Columbia School of Nursing, Vancouver, BC

Janssen Lunch Corporate Presentation
12:15 PM – 1:45 PM, Room 200

Optimizing Multiple Myeloma patient outcomes through individualized treatment approaches

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

Kathleen Colson 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.

Moderator: Nan Cox-Kennett, MN
Cross Cancer Institute, Edmonton AB

Concurrent Session VIII-01
2:00 PM – 3:30 PM, Room 200

A: A Model for Excellence in Dyspnea Management: Patient-Centred Inter-Professional Communication

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Lorraine Cake, RN, BScN, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON

B: Establishing a Support Group for Lung Cancer Patients and Families

Hellen L Jung, RN, MSN, CON(C), Lisa Lamont, MSW, RSW, Tom Baker Cancer Centre, Calgary, AB

Concurrent Session VIII-02
2:00 PM – 3:30 PM, Room 202

A: Development and Implementation of Preceptorship Program on Inpatient Hematopoietic Stem Cell Transplant Units

Cheryl A. Liverpool, RN, BScN, CON(C), University Health Network - Princess Margaret Hospital, Toronto, ON

B: Bridging the Gaps: Using Technology in Nursing Education

Ashleigh Pugh-Clarke, RN, BScN, MN, CON(C), Rebecca Skinner, Hon. B.A., de Souza Institute, Toronto, ON

C: Oncology Nursing Intranet: A Tool to Facilitate Communication and Excellence in Care

Jane E. Delaney, RN CON(C), Arlene Court, RN BSc CON(C), Tracey L DasGupta, RN BSc MN CON(C), Vicky H Harris, RN, CON(C), Catherine E Doyle, RN, BScN, CON(C), Sunnybrook Odette Cancer Centre, Toronto, ON
Concurrent Session VIII-03
2:00 PM – 3:30 PM, Room 203

A: Development and Assessment of a Patient Classification System and Workload Measurement Tool for Inpatient Oncology

Janette S. Klaver, RN BScN, Yvonne L. Zettel, RN, CON(C), Hannah L. Stracey, RN, BScN, Kristen L. Bast, RN, BScN, CON(C), Grand River Hospital, Kitchener, ON

B: Improving Patient Care, Reducing Patient Safety Risk: Implementation of CPOE (Computer Provider Order Entry) and OPIS (Oncology Patient Information System) at NYGH In-Patient Unit

Yvette M. Barnes, RN, Shehnaz Bandali, RN, Cherri Sunga, RN, Donna Joggon, RN, Hope Powell, RN, Martha Hinds, RPN, North York General Hospital, North York, ON.

Concurrent Session VIII-04
2:00 PM – 3:30 PM, Room 204

A: Focus Group Successes Result in Significant Communication Improvements

Cynthia A. McLennan, RN MBA CON(C), The Ottawa Hospital Cancer Centre, Ottawa, ON

B: Comparison of Occupational Stress: Nurses, Radiation Therapists, and Rapid Response Radiotherapy Program

Tracey L. DasGupta, RN BSc MN CON(C), Lisa Di Prospero, MRT(T) BSc, MSch, Liang Zeng, BSc(C), Lijing Zhang, PhD, Mary LS Vachon, RN PhD, Lori Holden, BSc MRT(T) CCRP, Florecia Jon, BSc MRT(T), Edward Chow, MBBS PhD FRCPc, 1. Sunnybrook Odette Cancer Centre, Toronto, ON, 2. Psychotherapist in Private Practice; Department of Psychiatry and Dalla Lana School of Public Health, University of Toronto, Wellspring, Toronto, Toronto, ON

C: Using the Art of Communication to Support Each Other in a Time of Change

Cindy S. Murray, MN, NP-adult, Valarie Ali, RN, BN, Shannon Nixon, BScN, RN, Princess Margaret Hospital, Toronto, ON

Concurrent Session VIII-05
2:00 PM – 3:30 PM, Room 205


Brenda Menezes, R.N., Andrea Sandhu, RN, BScN, MScN (c), Jennifer Deering, RN - EC, Catherine Purcell, RN, Terri Vanderkooy, RN, Renee Grant, RN, Nicole Sommerville, RN, Nancy Gregorio, RN, Bev Burnett, RN, Sabrina Bennett, RN, Judith Filman, RN, Irene Cilla, RN, Princess Margaret Hospital, Toronto, ON

B: Communicating When it Matters Most: Improving Nursing Participation in Inter-Professional Rounds to Address Patient Needs in Real Time

Shawne P Gray, RN, BScN, CON(C), Smita Casper-DeSouza, RN, MScN, CHE, Adiam Haile, RN, BScN, Cathleen Harmer, RN, Elizabeth Clivio, RN, BScN, Elaine Avila, RN, BScN, Anita Long, RN, BScN, MN, Odette Cancer Centre, Toronto, ON

C: Interdisciplinary Communication: The Key to Success in Development and Implementation of Registered Nurse Initiated Activities

Andrea N Knox, RN BSc, Elizabeth A Cooper, RN BSc CON (C), Karen A Janes, RN MSc, Elena Serrano, RN, BSN, MA, 1. BC Cancer Agency, Centre for the Southern Interior, Kelowna, BC, 2. BC Cancer Agency, Fraser Valley Centre, Surrey, BC, 3. BC Cancer Agency, Vancouver Centre, Vancouver, BC

Closing Ceremony & Award Presentation
3:30 PM – 4:00 PM, Room 200

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A: Evaluating Transfer of Knowledge and Self-Care about Febrile Neutropenia in Patients Receiving Chemotherapy Treatment

Barbara Ballantyne, RN BNSc MScN CON(C). Debra Bakker, RN BNSc MSc PhD1, Melissa K. Guimond, BScN Student1, Mike Conlon, BSc MSc PhD1, Lissa Gagnon, RN BNSc MScN1, Denise Chaumont, RN CON(C) CVAA1, 1. HRSRH, Sudbury, ON, 2. Laurentian University, Sudbury, ON.

Febrile neutropenia is a potential complication of chemotherapy treatment associated with significant morbidity and mortality. Fever has been shown to be the most common symptom indicative of infection in this patient population. Thus educating patients to monitor for fever during chemotherapy treatment is particularly important when neutropenia is a potential risk. Anecdotal reports indicating that the message about temperature monitoring may not be consistently relayed to chemotherapy patients and that many patients do not own thermometers stimulated a project to evaluate patient education strategies aimed at empowering patients to recognize episodes of fever.

The specific purpose of our research study was to determine the differences in knowledge about febrile neutropenia and demonstration of therapeutic self-care practices in chemotherapy patients who receive enhanced structured patient education compared with chemotherapy patients who receive the usual standard patient education. The study employed a nonequivalent control group pre-test/post-test research design. All chemotherapy naïve patients, 18 years of age or older, starting their first line of treatment, regardless of disease site or chemotherapy regime were eligible for the study. The control and intervention groups were run sequentially. For both groups, the study outcomes (patient knowledge and therapeutic self-care) were measured prior to patients attending their patient education session and at three different points during their chemotherapy treatment. This presentation will describe the study findings and their implications for oncology nursing practice, education, policy and research.

B: Addressing Anxiety for Colorectal Surgical Oncology Patients through Improved Communication and Assessment

Marlene M. Mackey, RN, MHSM. Lorraine L. Degrace, RN BScN, The Ottawa Hospital, Ottawa, ON.

Anxiety is often a consequence for patients diagnosed with colorectal cancer. This type of cancer is commonly diagnosed and is the second leading cause of cancer deaths. Patients have multiple questions and concerns about treatment, outcome and mortality. Once diagnosed, patients are referred to a surgical oncology assessment clinic where they are assessed and followed by an integrated health team involving nurses, social work, surgeons and oncologists. Through this collaborative practice, patients receive comprehensive care as they navigate their treatment.

Effective communication is key when dealing with overwhelmed patients trying to cope with the barrage of information given to them during their first consultation. Due to patients’ anxiety about the diagnosis, they often do not remember what information was given or know what questions to ask. If patients’ anxiety is not addressed, it may result in poor quality outcomes during their treatment.

Using validated tools, the Edmonton Symptom Assessment Scale (ESAS) and the Hospital Anxiety and Depression Scale (HADS) a quality improvement pilot project was undertaken to assess the impact of nursing care on patient anxiety. Patients completed the ESAS and HADS during the consult and post-op visit. Anxiety levels were compared from the first to last visit to identify if addressing patients’ needs reduced anxiety. Barriers and facilitators involved in conducting the project will be shared including findings related to the impact on quality of life and patient outcomes.

C: Screening for Physical and Emotional Distress: An Important Role for Oncology Nurses

Margaret I. Fitch, RN, PhD, Stephanie M. Burlein-Hall, RN, BScN, MEd, CON(C), Tracey L. DasGupta, RN, BScN, MN, CON(C), Jeff Myers, MD, MScEd, CCFP, Tammy Lilien, BA, Arlene R. Court, RN, BScN, CON(C), Angela K. Leahey, RN, BScN, MN, Sunnybrook Odette Cancer Centre, Toronto, ON.

Patient satisfaction surveys and needs assessments results have revealed that patients experience a rather large number of unmet supportive care needs. Additionally, each individual copes in different ways with their cancer and may benefit from different interventions. However, in busy ambulatory settings, concrete structures and processes are necessary to ensure needs are identified, appropriate dialogue occurs, and follow-up care is tailored to the patient.

At our centre, we implemented a programmatic approach to screening for physical and emotional distress using a standardized self report tool. The patient completes the tool at a computer kiosk while awaiting their clinic appointment. The screening or triage step is followed by individualized conversation between the patient and the specialized oncology nurse. The nurse then follows through with further assessment, intervention as required, and referral as necessary. Our programmatic approach includes clearly defined guidelines and evidence based algorithms for assessment and intervention by the oncology nurse.

Implementing this program has seen improvements in how we use patient perspectives as the basis for care and how the specialized oncology nurse provides leadership in the planning of patient care. We have learned a great deal about how such an implementation can be successful and the nature of the resources required to reach the desired outcomes. The presentation will highlight our progress to date and provide key learnings that will be of relevance to other cancer centres.
I-02

A : Élaboration et validation d’une procédure d’évaluation infirmière des besoins biopsychosociaux des patients à la fin des traitements pour un cancer

Marie-Claude Fortin, B.Sc.inf., infirmière pivot en oncologie, Nathalie Paquet, B.Sc.inf., infirmière pivot en oncologie, Sophie Paquet, B.Sc.inf., infirmière pivot oncologie, Marie de Serres, M.Sc.inf., infirmière clinicienne en oncologie, Stéphanie Duguay, B.Sc.inf, CSIO(C), CHUQ, Québec, QC.

Selon l’INCC, de plus en plus de patients vivent avec le cancer et vivent plus longtemps. La survie au cancer entraîne des conséquences physiques, psychologiques, spirituelles et organisationnelles. Dans notre milieu, aucune évaluation des besoins ni intervention spécifique n’étaient appliquées systématiquement à la fin des traitements. L’infirmière étant un acteur privilégié dans la mise en place de services adaptés aux survivants (McCabe & Jacobs, 2008; Rowland, 2008), nous avons développé une procédure standardisée d’évaluation des besoins des patients à la fin des traitements. Les résultats visés sont des interventions infirmières et interdisciplinaires plus appropriées pour faciliter le retour à la « vie normale ».

Le projet s’appuie sur les données probantes et les recommandations d’organismes à l’effet que la détresse des patients doit être évaluée à divers moments de la trajectoire, dont la fin des traitements (NCCN, Partenariat canadien contre le cancer). Notre procédure inclut un dépistage de la détresse et une évaluation approfondie de besoins reconnus prioritaires pour les survivants : la fatigue, la crainte de la récidive et le retour au travail (Jacobsen, 2009; Ganz, 2009; Menhart, 2010).

L’utilisation d’outils standardisés peut favoriser une meilleure communication avec le patient et l’équipe interdisciplinaire. Nous présenterons les étapes du développement et de la réalisation du projet ainsi que les résultats obtenus à ce jour. Des pistes d’intervention dans cette période de transition vous seront aussi proposées.

B : Intervention éducative pour les femmes en attente de chirurgie d’un cancer du sein à risque de lymphoédème : effets sur le sentiment d’autoefficacité, sur l’anxiété et les retombées sur la pratique clinique.

Louise Handfield, RN, MSN, Sylvie Dubois, RN, PhD², Andréanne Saucier, RN, MSN, CON(C), Danielle Fleury, RN, MSN, Raynald Pineault, MD², 1. Centre Hospitalier de l’Université de Montréal (CHUM), Montréal, QC, 2. McGill University Health Centre (MUHC), Montréal, QC, 3. Université de Montréal, Montréal, QC, 4. Université de Montréal & Centre Hospitalier de l’Université de Montréal, Montréal, QC.

La chirurgie mammaire en mode ambulatoire est documentée comme un traitement de choix pour les femmes atteintes de cancer du sein. Néanmoins, on estime que de 15 à 20% des femmes qui subissent une chirurgie avec lymphadénectomie seraient à risque de développer un lymphoédème. Le développement d’interventions infirmières pour soutenir ces patientes à risque permettraient de favoriser le sentiment d’autoefficacité et le bien-être psychologique. Le but de ce projet est donc d’évaluer les effets d’une intervention infirmière éducative structurée, en préadmission, sur le sentiment d’autoefficacité et l’anxiété des femmes atteintes d’un cancer du sein et ayant subi une chirurgie. Un devis comparatif de type préréalisation est utilisé auprès de ces femmes, le groupe intervention (n=56) étant comparé au groupe recevant les soins usuels (n=57). L’intervention consiste en une séance de formation de 90 minutes (incluant information, manipulation de matériel et période de questions). Des questionnaires sont complétés au moment de l’annonce de la chirurgie, après l’enseignement et lors du premier suivi postopératoire. Même si les résultats indiquent une réduction du stress ainsi que de l’anxiété, il n’y a pas eu d’effet significatif de l’intervention. Par contre, des modifications importantes au niveau clinique ont pu être apportées et seront présentées. Les éléments facilitants et contraignants rencontrés seront également discutés.

I-03

Oncology Emergencies: A Collaborative Nursing Workshop

Jennifer M. Stephens, RN, BSN, MA, OCN, University of British Columbia, Vancouver, BC.

Oncology emergencies confront nurses working with oncology patients in a wide variety of areas, from in-patient acute care settings to day clinics and home health settings. At different stages of disease and treatment, oncology patients are at risk for sudden changes in their condition that require quick and appropriate action by the healthcare team. Oncology emergencies often include metabolic changes such as tumour lysis syndrome (TLS), hyperkalemia or hypercalcaemia. Hematologic changes can manifest through alterations in coagulopathy, such as disseminated intravascular coagulation (DIC). Infections can precipitate emergencies like febrile neutropenia, typhilitis, pancreatitis, and sepsis. Cardiovascular involvement can result dangerous conditions like cardiac tamponade and superior vena cava syndrome. As a nurse, the ability and responsibility to assess a patient’s status and to manage care accordingly is a critical skill requiring education, practice, and more practice. In this facilitated workshop we will work together to survey oncology emergencies. Using case studies and collaborative activities, participants will engage in the learning process and develop strategies for remembering key pathophysiology, diagnostics and nursing interventions.
A: The Interprofessional Psychosocial Oncology Distance Education (IPODE) Project: Three Years of Nurse Participant Outcomes

Deborah L. McLeod, RN, PhD; Brenda Sabo, RN, MA, PhD; Janet Curan, RN, PhD; Maureen Watt, RN, MN; 1. QEII Health Sciences Centre / Dalhousie University, Halifax, NS, 2. Dalhousie University, Halifax, NS, 3. Ottawa Hospital Research Institute, Ottawa, ON.

Aims: To address gaps in psychosocial oncology education, the Canadian Association of Psychosocial Oncology (CAPO) launched a pan Canadian education initiative in 2006. The aim of the IPODE project was to create web-based, interprofessional learning opportunities for practicing health professionals and graduate students. We report the nurse related outcomes in this presentation.

Procedure: was developed and received approval from 11 Canadian universities. A total of 293 health professionals and students completed the first IPODE course titled “Interprofessional Psychosocial Oncology: Introduction to Theory and Practices” between 2008 and 2010. Of these, 54% were nurses (158). Sixty-five percent (n=103) completed pre-course surveys in the academic (n=19; 18%) and CE (n=84; 82%) sections of the course between January 2008 and December 2010. Pre (T1) and post course surveys (T2) were completed. A non-parametric Wilcoxon Signed Rank test was used to compare changes in pre and post course knowledge and attitudes. Narrative data were thematically analysed.

Results: Analyses of the 53 pre-post surveys completed (49%) revealed the course was effective and significantly improved knowledge, confidence, and satisfaction with interprofessional collaboration and with psychosocial oncology practice. Implications for oncology nurses with regard to retention and compassion fatigue were identified.

Conclusions: Web-based learning is a viable alternative for interprofessional psychosocial oncology education and offers certain advantages over face-to-face education in speciality health professional education. Online interprofessional learning can benefit post-licensure as well as undergraduate students.

B: Fostering Excellence in Oncology Nursing Practice: The One System

Tracey L. DasGupta, RN BSc MN CON(C), Arlene Court, RN BSc CON(C), Angela Leahey, RN BSc MN, Margaret Fitch, RN PhD, Sunnybrook Odette Cancer Centre, Toronto, ON.

The delivery of cancer care today is a challenging proposition. Patient numbers are escalating, treatment approaches are increasingly complex, and financial resources are constrained. As specialized practitioners, oncology nurses must possess in-depth knowledge and a robust set of relevant clinical skills. However, much of the preparation and support for this specialized practice must occur within clinical institutions. These settings are extremely busy and without a focused, intentional approach to continuing education and professional development nursing staff may not gain the necessary knowledge and skill to perform well in a modern oncology environment. We have designed and implemented a systematic approach to foster cancer nursing excellence though orientation, preparation, and support of the specialized oncology nurse. The approach is entitled, the Oncology Nursing Excellence (ONE) System. This system guides the professional development of specialized oncology nurses along the novice to expert continuum. It promotes excellence in practice by defining practice standards and role expectations, outlining educational requirements, providing opportunity for self reflection and assessment, defining methods and timelines for evaluation of learning and performance, and explores challenges to meeting performance expectations. This presentation will provide an overview of the ONE System framework, the supporting documents, and a description of the integration of the ONE System into professional practice at our ambulatory cancer centre.

C: Technology to Enhance Nursing Communication Decreases Non-Elective Oncology Length of Stay by Half: A UK Service Development Project

Megan Stowe, RN, BSc, MSN, BC Cancer Agency, Surrey, BC

Background: In the UK, a recent national call to decrease non-elective length of stay for cancer patients resulted in new and creative ways to address the needs of this population. Historically, cancer patients were ‘lost in the system’ or emergency needs were not being addressed. Oncology emergencies were being missed in the emergency room and palliative patients were receiving inappropriate treatment. A local decision to pilot and utilize new technology to ‘alert’ cancer nurses that a non-elective attendance to Emergency was funded and introduced into hospital working.

Purpose: To introduce, develop the response and spread an automated alert system which notifies a nurse that a cancer patient has attended ER.

Methods: During a sixteen week introductory period 155 alerts were received by eight nurses representing nine different tumour sites. During which time two focus groups were held with the alert responders. A patient case study was also completed.

Results: The alert system demonstrated a decrease in mean length of stay for those patients admitted by half. The focus group results demonstrated that the alert system was integrated into the working lives of the nurses.
**Implications:** Our recommendations include measures to embed the alert system into hospital working as well new and innovative uses for the technology. National exposure via the media and nursing and healthcare awards has enabled spread to other specialties and hospitals.

**II-01**

**CANO/ACIO National Chemotherapy Administration and Care Strategy: Implementing the Vision in Canada**

Laura L. Rashleigh, RN; MScN; CON(C); Barb Hues, RN, MSN, CON(C); Brenda Sabo, RN, MA, PhD; Jennifer Wiernikowski, RN(EC), MN, NP-Adult, CON(C); Brenda Ross, RN, BScN; Tracy Truant, RN, MSN; 1. Connors Cancer Institute, Toronto, ON, 2. BC Cancer Agency, Vancouver, BC, 3. Cancer Care Manitoba, Winnipeg, MB, 4. Dalhousie University School of Nursing, Halifax, NS, 5. Juravinski Cancer Hospital, Hamilton, ON, 6. University of British Columbia, Vancouver, BC.

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 and care by Registered Nurses in Canada. The final phases of the NSCA will be completed in 2011 with the release of the standards and competencies for cancer chemotherapy nursing, developed through consensus building and piloted across Canada. Additionally, an implementation toolkit and evaluation plan will be developed to aid in the dissemination of the standards and competencies. During this workshop the final results of the standards and competencies consensus building process will be shared, as well as the outcomes from the pilot settings. Participants will explore how the new standards and competencies for cancer chemotherapy nursing can be used to optimize care of persons receiving cancer chemotherapy treatment. Dissemination strategies will be explored using a variety of strategies, including clinical scenarios, small group work, and critical reflective exercises. Educational resources and evaluation tools will be introduced to support nurses in Canada to meet the new standards and competencies. Long term evaluation strategies will be explored. Outcomes of this workshop include strategies to promote effective and wide dissemination and uptake of the standards and competencies, thereby enhancing nurses’ ability, regardless of geography or care setting, to meet the needs of patients receiving chemotherapy treatment and care.

**II-02**

**Exploring Complementary Medicine (CAM) to Promote Health, Wellness and Self-Care for Oncology Nurses**

Tracy L. Truant, RN MSN; Lynda G. Balneaves, RN PhD;

Oncology nurses work within challenging environments while caring for patients and families with complex needs. Without conscious attention to self-care, nurses’ effectiveness and health may suffer. This workshop will explore self-care strategies, including complementary medicine (CAM), to promote health and wellness.

Complementary medicine (CAM) is an important aspect of most Canadians’ wellness regime, including those living with cancer. Oncology nurses attending this workshop will gain insight into the potential for CAM therapies to address their own wellbeing and health. This knowledge will assist in the exploration of personal biases related to CAM and will promote an open, respectful approach to supporting patients and families in exploring the potential role of CAM within their cancer experience.

This workshop will provide a unique opportunity for delegates to explore a variety of CAM therapies and lifestyle behaviors relevant to health, wellness and cancer prevention. Through strategies such as reflection, didactic lecture, lifestyle self-assessment and hands-on experiential opportunities to participate in select CAM therapies, delegates will develop an awareness of their own attitudes towards CAM, increase knowledge about lifestyle interventions and select CAM therapies, describe tips on being a savvy consumer of CAM, and create a personalized wellness plan to address health, wellness and cancer prevention goals. Through workshop participation, delegates will increase their CAM “language” to effectively communicate with patients and families about CAM and cancer.

**II-03**

**When Helping Hurts: Understanding Compassion Fatigue**

Leslie E. McLean, RN, MSN, Capital Health, Halifax, NS

Compassion fatigue is a term first coined by Carla Joinson (1992) to describe a unique form of burnout affecting only people in care-giving professions. By definition, compassion fatigue refers to an emotional state with negative psychological and physical consequences that emanate from acute or prolonged care-giving of people experiencing intense trauma, suffering, or misfortune (Bush, 2009). Compassion fatigue occurs when emotional boundaries become blurred and the caregiver unconsciously absorbs the distress, anxiety, fears, and trauma of the patient. It is characterized by deep physical and emotional exhaustion and a pronounced change in the caregiver’s ability to feel empathy for their patients and eventually, if left unattended, can transform
into depression, secondary traumatic stress and stress-related illnesses (Figley, 1999). Cancer caregivers are particularly susceptible to compassion fatigue and secondary trauma because of prolonged exposure to trauma and loss (Bush, 2009; Hill, 1991; Vachon, 2001). This interactive 2.5 hour workshop will incorporate a combination of individual, small-group and whole-group activities in an effort to enhance the participants understanding of compassion fatigue and the practical strategies that can be employed to address it. By the conclusion of the workshop participants will be able to:

- Define compassion fatigue
- Understand the signs and symptoms
- Identify triggers
- Target areas to address
- Evaluate self-care
- Develop a personalized strategy for identifying and managing compassion fatigue

The maximum number of participants is 20.

II-04

Disenfranchised Grief: An Intervention Based Approach to Nurses Recognizing, Owning and Working through Loss

Rita J. DiBiase, MSN, NP-ADULT, AOCNS, Windsor Regional Hospital, Windsor, ON

Disenfranchised grief, developed by Dr. Kenneth Doka, is ‘grief experienced when one incurs a loss that is not or cannot be openly acknowledged, publicly mourned and/or socially supported’. Societies have sets of ‘grieving rules’ specifying when, where, how, how long and for whom people should grieve. Oncology nurses are at high risk for disenfranchised grief since they constantly witness loss, pain and grief. They spend more time with patients and families than other disciplines and meaningful relationships form, making them the survivors of many losses which may not be validated by society. When nurses don’t work through their grief there is potential for ineffective coping, burnout, harmful addictions and self-destructive behaviors. Understanding disenfranchised grief can guard against nursing burnout, help maintain therapeutic presence, and improve patient care.

Many believe nurses are educated regarding the needs of the dying and their families; however few nursing programs address such topics. This leaves nurses without knowledge and coping skills required to deal with patients and families in end of life situations.

Following the presentation, interactive small group exercises will allow participants to examine scenarios and effective interventions, and present their perspectives on how individuals are affected by life-altering events to the larger group. In conclusion, photographs and phrases will inspire participants to reflect on career choice or ‘calling’, rewards gained and the powerful impact they have on those whose lives they touch.

II-05

A: Electronic Networking: Empowering Nurse to Nurse Communication

Katherine Winters, RN CON(C), Tara Peters, RN CON(C), Mario DaPonte, RN, BScN, The Ottawa Hospital, Ottawa, ON

In today’s world, social networking is a common communication practice, becoming the norm. Our new hospital website has facebook, Youtube and twitter. In our intergenerational workforce, many nurses actively use social media. We questioned if there was a role for electronic networking as a tool to enhance sharing of information necessary for the effective and efficient operation of a busy medical oncology unit.

Knowledge translation and transfer within a nursing team is an ongoing challenge. With the advent of our hospital infonet site and access for every nurse, an opportunity arose to leverage technology and enhance nursing communication. Although electronic transfer of information was available, privacy and access issues initially created barriers to implementation.

This presentation will describe the steps taken to establish a secure, remotely accessible drive on our hospital network. We will discuss various clinical uses of this electronic network including posting of educational videos, photos, and teaching tools. As this site has evolved, it has improved team cohesiveness by providing a site for posting of team information, minutes and personal sharing. It has also reduced work environment clutter. We will outline the key barriers encountered and the relevant factors to successful staff engagement and ongoing site development. We hope our information sharing empowers the oncology nurses in our audience to discuss other applications of such networking within a clinical setting.

B: The Foundation of Excellence: Improving the Breast Reconstruction Journey

Lori A. Santoro, R.N. CON(C), CancerCare Manitoba Breast Cancer Centre of Hope, Winnipeg, MB

Some women have shared that they could have been better prepared for what follows breast reconstructive surgery. For most; the basic surgical technique is well understood. Women know the surgeon will take tissue from here and move it to there to make a new “breast”. What they were not prepared for was the recovery process and what their new “breast” would look and feel like.

Women who have had breast reconstruction were surveyed to find out what they needed to know and what would have
been nice to know prior to surgery. An educational session was developed to fill in these information gaps as well as reinforce the reconstruction basics. Women get to hear from a nurse educator, a social worker, a physiotherapist and a peer who underwent reconstruction surgery.

This presentation highlights the steps involved to create an educational session; what key pieces of information that women felt was necessary to know; participant feedback immediately following the session; after surgery follow up evaluation results and future plans for modification.

It is the responsibility of the health care team to provide the necessary education to women undergoing breast reconstruction. This ensures informed consent and more importantly can improve the reconstructive journey for women.

C: Breast Cancer and Pregnancy: When Two Worlds Collide

Stephanie Burlein-Hall, RN, BScN, MEd, CON(C), Christel Helwig, RN, BScN, Sunnybrook Health Science Centre - Odette Cancer Centre, Toronto, ON

In 2010, the Canadian Cancer Society estimated 23,200 women would be diagnosed with breast cancer. Approximately 8% of these breast cancers will be in women under the age of 40 who are of childbearing age. In the past 30 years, the age of first live birth for women in Canada has increased. As more women delay childbearing into their late 30’s and early 40’s, it is conceivable that of the young women diagnosed with breast cancer, many will have a ‘pregnancy associated breast cancer’. Smith et al stated that “when cancer is diagnosed in women under 30 year of age, 10-20% are detected during pregnancy or in the first year postpartum.” (Am J Obstet Gynecol. 2001)

In a two year period, a comprehensive cancer centre in a major urban centre, provided treatment to nineteen young women with pregnancy associated breast cancer. Challenges related to the diagnosis, treatments and provision of psychosocial care for this unique subset of women with breast cancer will be highlighted and case studies presented. Lessons learned and future directions will provide participants with ideas on how to create collaborative partnerships within their own communities, in order to maximize favourable oncology and obstetrical outcomes for these young women.

D: What Information Needs/Questions do Postmenopausal Early Stage Breast Cancer Patients have regarding Endocrine Treatment?

Melissa L. Touw, RN, BSc, MSc, CON(C), Joan Tranmer, RN, PhD, Deb Feldman-Stewart, PhD, Yolanda Madarnas, MD, Marianne Lamb, RN, PhD, 1. Queen’s University, Kingston, ON, 2. Cancer Centre of Southeastern Ontario at KGH, Kingston, ON

Women with estrogen responsive breast cancer who have completed curative treatment are often presented with options in regard to endocrine therapy as adjuvant treatment; options with little difference in overall survival. The purpose of this study was to determine the information needs or questions that early stage breast cancer patients may have in regard to treatment decisions about endocrine therapy and to synthesize this information into a comprehensive list of potential questions. In a qualitative descriptive study, 17 post-menopausal women with early stage breast cancer were interviewed over the telephone. Women described information needs with regard to decisions about their endocrine treatment. Four healthcare practitioners were interviewed in person and asked about breast cancer patients perceived information needs with regards to endocrine therapy. Interviews were transcribed and coded individually by two independent coders. A list of 91 questions emerged from the interviews. Women who were presented with options regarding endocrine therapy reported information needed related to side effects, drug characteristics, financial cost, and survival/recurrence. While each woman identified their unique questions, commonalities amongst questions emerged. Women should be informed of therapeutic choices and be offered relevant, timely, and appropriate information that meets common needs, and be provided opportunities to address individual questions or concerns. Healthcare professionals need to be aware of the common and individual information needs, to best support and involve women in treatment and care decisions.

III-01

A: Bubbles and Back Massage: A Systematic Review of Multi-Symptom Management in Pediatric Oncology

Gail M. Macartney, RN(EC), BScH, MSc(A), CON(C), Dawn Stacey, RN, PhD, CON(C), Margaret B. Harrison, RN, PhD, 1. Children’s Hospital of Eastern Ontario, Ottawa, ON, 2. Queen’s University, School of Nursing, Kingston, ON, 3. University of Ottawa, School of Nursing, Ottawa, ON.

Symptoms rarely occur in isolation and newer constructs such as symptom clusters are emerging as useful conceptualizations for studying multiple symptoms and their management in children with cancer. Symptom management research is an emerging field in pediatric oncology. The purpose of this study is to systematically review the effectiveness of nursing interventions designed to manage multiple symptoms in this population. A systematic review identified 10 studies. Interventions evaluated included use of complementary therapies such as massage therapy or distraction techniques such as blowing bubbles or listening to music. Outcomes measured included improvement in physical symptoms such as pain, mood alterations such as anxiety or distress and coping. Only one study explored the link between nursing symptom assessment, evidence-based clinical practice and symptom improvement. Modest improvements were noted with some interventions. There is an emerging research base for
studying multiple symptom management in pediatric oncology but to date studies are small and lack methodological rigour thus, the quality of evidence remains weak. In particular, interventional studies to address the effectiveness of nursing intervention by exploring the link between nursing role functions and patient outcomes would add to the field. Interventions showing promise include studies that explicitly link nursing assessment to evidence-informed guidelines.

B: A New Beginning: The Creation of a Long Term Follow-Up Survivorship Clinic

Elizabeth F. Cooper, RN, MN, Annette M. Penney, RN,MN, IWK Health Centre, Halifax, NS.

Our Pediatric Oncology Service was established over thirty years ago and since that time has grown to be the only tertiary pediatric oncology service for the Maritime Provinces of Canada. Our ambulatory day treatment area has usually seen the long term follow-up patients within the active; active follow-up and palliative care clinic schedule. In September 2009 we held our first long term follow survivorship clinic. The goals of this clinic are to provide comprehensive risk based screening; health counseling; promote healthy lifestyles; and provide guidance regarding the risk of disease prevention such as obesity and cardiovascular disease.

We have held monthly clinics and have followed up with those who attended the clinics by phone. The phone calls have been made by the Clinical Nurse Specialist who has not been involved with the follow up visit and so has no knowledge of what discussions took place during the time spent at the clinic. The phone calls lasted between 15-30 minutes. Eighty-two patients were seen in clinic and seventy were contacted for feedback. Ten patients were unable to be contacted despite several attempts and two patients agreed to call back but never did. This presentation will report on both the positive and negative feedback from patients and from staff involved in the clinic, our challenges as we continue this journey and our plans and hopes for the development of this clinic.

C: Update on Pediatric Brain Tumor Survivors: Symptom Experience and Health-Related Quality of Life

Gail M. Macartney, RN(EC), BSCH, MSc(A), CON(C), Children’s Hospital of Eastern Ontario, Ottawa, ON.

Brain tumors are a challenging group of divergent diseases. Primary pediatric brain tumors are the second most common cancer and the most common solid neoplasms of childhood, representing about 20% of all pediatric tumors. With surgical resection, craniospinal irradiation and chemotherapy, cure rates as high as 85% are achieved with average-risk disease. These remarkable improvements in survival are achieved; however, at high cost to quality of life. Health-related quality of life (HRQL) is defined as a multidisciplinary construct, consisting at the minimum of physical, psychological and social health dimension. HRQL has emerged as the most appropriate term for quality of life dimensions that are within the scope of health care services. HRQL has been defined as an indicator of adjustment to the consequences of childhood. Pediatric cancer survivors experience many symptoms following definitive treatment for their disease. Symptoms rarely occur in isolation. Symptom management research is an emerging field in pediatric oncology. The purpose of this presentation is to provide an overview of pediatric brain tumors with a focus on the symptom experience and HRQL outcomes during early survivorship. It is important for nurses to understand the complexity of symptom experience and HRQL in this challenging patient population in order to highlight clinical practice and research priorities, and effectively plan care.

III-02

A: Invent the Future; a Systematic Follow-Up of Patients Receiving Oral Chemotherapy

Maryse Carignan, MSN, CON(C), Yvette Chouinard, BSc’, 1. Hôpital de la Cité- de-la-Santé, CSSS de Laval, Laval, QC, 2. Hôpital de la Cité- de-la-Santé, CSSS de Laval, Laval, QC

In the next several years, the use of oral chemotherapy is expected to more than double. Almost 25% of the cancer chemotherapy agents currently in developments are oral medications (Moody, 2010). Despite some advantages for the patients including obviated need to have a venous access, and less visits to clinics, this route of treatment presents many challenges to clinicians, including oncology nurses. Patient’s compliance, toxicity management and security are some of them. Patients taking oral chemotherapy are at risk of adverse effects as much as patients receiving IV chemotherapy. Nurses have a role in ensuring safe management, educating patients and contributing in monitoring patient’s compliance. At this time, no nursing standards models exist to guide the care of patients receiving oral chemotherapy (Moody, 2010).

At Hôpital de la Cité-de-la-Santé de Laval, a regional hospital in the suburbs of Montreal, Quebec, members of the oncology health care team developed and implemented a systematic follow-up of patients for whom the oncologist prescribed an oral chemotherapy agent. The main objective is to ensure security and quality of care of these patients.

This presentation will discuss the process to implement such a project, the tools being used or developed and the teaching required to ensure competencies of the nurses responsible of the follow up. Finally, we will discuss the difficulties encountered.
B: Oral Chemotherapy: Not Just a Pretty Coloured Pill

Terry M. MacKenzie, RN, CON(C), Karen Hubert, RN, BSc, Regional Cancer Program of the Sudbury Regional Hospital, Sudbury, ON

Oral cytotoxics account for approximately one-quarter of the new anticancer agents being developed (Simchowitz et al., 2010). Oral cytotoxics have a narrow therapeutic index, which increases the risk of harmful side effects (Griffin, 2003). In comparison to intravenous chemotherapy, where the drug is administered in a supervised setting, oral cytotoxics are self-administered by patients who may or may not be aware of the risks/responsibilities involved. In addition, many of the safety features inherent to prescribing intravenous chemotherapy are not in place for prescribing oral cytotoxics. There is increased risk of error due to patient, system and prescribing variables. At one Regional Cancer Program, a multidisciplinary committee was formed in order to examine prescribing practices for oral cytotoxics. A critical analysis of processes was undertaken to identify areas needing improvement. Key issues identified were: need for improved infrastructure to support prescribing safety, underdeveloped patient education regarding the handling and administration of medication and poor tracking of medication adherence. Recommendations of the group included an electronically generated prescription, medication-specific treatment diaries, enhanced patient teaching tools, retail pharmacy education and a nursing process checklist. This presentation will further detail the enhanced system which has been incorporated into daily patient care to produce a more robust and safer system for patients receiving this treatment modality.

C: Intravenous Chemotherapy at Home: Keeping Patients in their ‘Natural Habitat’

Nicole Crisp, MN, NP-Adult, University of Alberta Hospital, Edmonton, AB.

Escalating cancer rates and an increase in the complexity and duration of chemotherapy regimens have brought the issue of cancer treatment at home to the forefront. For the participants of this study, home chemotherapy was offered as a potential treatment choice. Chemotherapeutics such as Gemcitabine, Irinotecan, 5-Fluorouracil, and biological agents such as Herceptin were given intravenously in the patients’ homes by experienced oncology nurses. Ten patients who accepted cancer treatment at home were interviewed using the methodology of Interpretive Description. The specific aim of the research was:

- To explore and describe the perspectives of cancer patients receiving active treatment who chose to receive home chemotherapy

Secondary objectives were:

- To identify perceived strengths and areas for concern in the administration of chemotherapy at home

Patients shared their experiences and identified home as being a “natural habitat” in which they were better able to adapt to their circumstances. They were able to redistribute their resources including time, energy, and finances in ways that were meaningful to them. They felt the care provided was enhanced and they were more receptive to teaching. Lastly, participants viewed themselves as being less ill and were better able to cope with their treatments. Given the results of this study and other research available, intravenous chemotherapy at home should be considered an option for some patients with cancer.

III-03


Catriona J. Leckie, RN MN NP-Adult CON(c), Bert Enns, BA, Spiritual Care Specialist, Tom Baker Cancer Center, Alberta Health Services, Calgary, AB

High grade gliomas (HGG) are the most common type of primary brain tumours in adults with a median survival ranging from 6 months to 3 years. The diagnosis of HGG brings a period of rapid change for patients and their caregivers. Generally, treatments aim to increase survival time and quality of life, rather than to cure. This time is particularly stressful as the prognosis is dire, life expectancy is short, and cognitive changes are experienced. Given these realities, it is extremely important for patients and their caregivers to understand the illness and treatment options. It is equally important that healthcare providers understand how the patient’s values, beliefs, and wishes inform their decision-making regarding future care.

Advance care planning (ACP) processes enhance communication and ensure that healthcare decisions are based on a shared understanding of benefits and burdens of treatments, as well as the patient’s goals and wishes. Unfortunately, these conversations often take place late, when urgent end-of-life decisions are being made, rather than at the time of diagnosis. By incorporating ACP into clinic routines earlier and regularly, it normalizes the process and better ensures every patient an opportunity to contribute.

This presentation will identify the elements of ACP, the benefits of ACP, potential barriers to ACP, and our experience with the normalization of this process within our Neurooncology clinics.

B: Breathe Easy: a Dyspnea Management Program for Individuals Living with Lung Cancer

Tracey L. DasGupta, RN BScN MN RN CON(C), Magdalene Winterhoff, MSW RSW, Lida Ahmadi, RN CON(C), Yee Ung, MD FRCPC, Alison F. McAndrew, BA RAP, Sunnybrook Odette
Dyspnea is a distressing symptom occurring in 60-70% of lung cancer patients. To address this issue, an interprofessional pilot project was implemented to evaluate a new dyspnea management program. All patients presenting to the lung clinic with any rating of dyspnea identified by the Edmonton Symptom Assessment Scale (ESAS) are offered the opportunity to attend a ‘Breathe Easy’ Patient Education Class. This class provides patients with the strategies and resources to improve their breathing. Patients who present with an ESAS dyspnea rating of ≥ 4 are further assessed by a specialized oncology nurse. Appropriate care is provided for medically treatable causes of dyspnea. Nursing intervention includes individualized ‘Breathe Easy Education’ which is comprised of written education materials, tailored breathing exercises, and discussion of practical strategies for daily living such as positioning, energy conservation, and relaxation. Program evaluation consists of completion of the EORTC-QLQ-C30 questionnaire, ESAS, and Canadian Problem Checklist pre and post dyspnea management intervention. A smaller subset of patients will also be asked to participate in a telephone interview to collect a detailed description of their experience. To date, 12 patients have enrolled in the program and satisfaction ratings have been encouraging. The program hopes to enhance the care of lung cancer patients with consistent dyspnea screening and appropriate intervention to improve quality of life and minimize symptom distress.

C: Canadian Survey of Oncology Nurses’ Experience with Breakthrough Cancer Pain

Margaret I. Fitch, RN, PhD1, Mary Lisa Sheridan, BSc1, 1.
Sunnybrook Odette Cancer Centre, Toronto, ON, 2. Nycomed Canada, Oakville, ON

Patients report that Breakthrough Cancer Pain (BTCP) remains challenging for them. Not only is the pain experience troublesome but there is impact on their capacity to function at an optimal level.

Oncology nurses have an important role in identifying and managing Breakthrough Cancer Pain (BTCP) and in collaborating with other inter-professional team members concerning complex patient situations. However, it is not clear what the current nursing practice is across Canada regarding BTCP and whether there are sufficient resources to support this clinical practice.

The Breakthrough Cancer Pain Survey will provide an understanding of the prevalence and general experience with Breakthrough Cancer Pain amongst oncology nurses, their confidence in treating these episodes, examples of best practice as well as gaps in current practice, and nurses’ perspective on the impact of BTCP on patient’s quality of life (QoL). The survey will provide information about knowledge gaps and whether there is a need for further education including materials that could be developed to help the nursing community improve the outcomes of Breakthrough Cancer Pain management.

The survey will be disseminated to oncology nurses across Canada during the spring of 2011 and data will be available for presentation in September. Results will be compared to a similar survey conducted in Europe with oncology nurses. The presentation will explore the implications for oncology nursing practice and education as well as preparation of patients.

III-04

A: Thanatology and Conversations with the Living-Dying: Communicating with Patients about Dying, Death And Grieving

Julia A. ROCK, RN, MN, OCN, CHPC(C)1, Maria A. Lippa, BScN, MN2, 1. Princess Margaret Hospital, University Health Network, Toronto, ON, 2. Toronto Western Hospital, University Health Network, Toronto, ON

The aim of this presentation is to provide front-line oncology nurses with information and strategies that will help to build a nurse’s comfort level and confidence when communicating with a patient at any stage of the cancer journey. Often, nurses encounter situations where they are either ill prepared for an interaction with a patient or are uncomfortable with broaching the subject of what the patient is experiencing. This session will provide you with a background of Thanatology, the science which explores dying, death and grieving and how this information is always in the fore-ground of conversing with patients at any stage of their cancer journey but especially those in the dying phase. Furthermore, a review of 3 case studies will illuminate many of the aspects of Thanatology which can contribute to more caring, compassionate conversations in a way that is respectful and maintains the dignity of the individual. Characteristics for quality conversations and strategies to enhance nursing skills and comfort when communicating with a dying patient will be introduced.

B: The Art of Communication: Key to Effective Community Partnerships and Continuing Care

Janice Dirksen, RN, BSc1, Susan Balfour-Hunt, RN, BScN, CHPCN(C)1, Elizabeth Beddard-Huber, RN, MSN1, Karen A. Janes, RN, MSN1, Mary Flaherty, RN, BScN, MSc(A), MA1, Suzanne Butler, PT, BSR1, Ketu Patel, RN, BSN1, Arlyn Hegwood, RN, BSN1, Keith Gingerich, RN1, 1. BC Cancer Agency, Vancouver Centre, Vancouver , BC, 2. BC Cancer Agency, Vancouver , BC, 3. BC Cancer Agency, Vancouver Centre, Vancouver , BC, 4. Transition Services Team, Vancouver Coastal Health Authority, Vancouver, BC, 5. Vancouver Palliative Access Line, Vancouver Coastal Health Authority, Vancouver, BC

Seamless transition of patients from one care setting to another is sometimes more of a goal than a reality. This presentation describes a collaborative partnership between the inpatient unit
of a major cancer centre and community, home and continuing care to streamline communication, strengthen discharge planning, and enhance the quality and continuity of care across settings. The interagency and interprofessional working group had previously achieved success in improving the communication and referral processes between ambulatory and home and community care. The next challenge was to do the same for an inpatient population with increasing acuity and complexity of care.

The working group focused on three goals: identify process steps in planning discharges with care requirements from simple to complex; clarify responsibilities and accountabilities for each step; and obtain and transmit the right information to the right team members.

Using “Lean” methodology (Poksinska, 2010), the group completed a value stream mapping process to identify current and future states. This work led to the creation of a model that outlines acuity levels and anticipated care requirements, a discharge planning support tool, and a documentation flow sheet. This presentation will report on the testing of the resources developed, the outcomes achieved, and further plans for continuing and extending this work to other jurisdictions.

III-05

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

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

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: Our Future Is Now

Barbara Fitzgerald, RN, MScN. Janice Stewart, RN, BScN, MHS, Kathy Davison, RN, BAS, MHS, Princess Margaret Hospital, Toronto, ON

Background: The delivery of care in the ambulatory setting has not evolved to reflect the new realities of complex cancer treatment and survival. In 2009, a large urban cancer centre initiated a transformative change that focused on accommodating the increased demand of care while improving the patient experience.

Purpose: This presentation will explore the complexity of transformative change that requires a shift of culture, behavior, and mindset. The critical role of nursing as leaders of change will be explored through the art of communication and story telling. We will describe failures that are cautionary and successes that are inspiring.

Methods: The Robert Wood Johnson Foundation and the Institute of Medicine report on “The Future of Nursing: Leading Change, Advancing Health” was used as a reference for how nursing could transcend itself into a more powerful resource within the interprofessional team. The principles of the redesign initiative helped nurses engage with physicians and other health care professionals to deliver efficient and effective care and assume leadership roles. Communication strategies were established to support the interdisciplinary team to effectively deal with change.

Results: Roles and responsibilities of all the team members are transforming to demonstrate the value of each profession’s contribution to improving the patient experience. Nurses have key roles to play as team members and leaders for a reformed and better-integrated, patient-centered health care system.

C: Nursing Roles in Enhancing the Communication Environment

Sally Thorne, RN, PhD. University of British Columbia School of Nursing, Vancouver, BC

Research into what constitutes helpful and unhelpful communication in cancer care from the patient perspective reveals the powerful impact negative clinical interactions have on illness experience and psychosocial outcomes. Despite increasing attention to the importance of communication across the care system, many patients report difficult and sometimes devastating communication encounters with those who are centrally involved in their care processes. Although nurses may not represent the primary point of such communication breakdown, they are often aware of the sources of difficulty. Drawing on the insights generated by patients in a longitudinal qualitative cancer patient cohort study, we will reflect on ways in which nurses can strengthen their capacity to support the communication
What’s The Evidence? The Top 10 Complementary Medicine (CAM) Therapies Used by Patients with Cancer

Lynda G. Balneaves, RN, PhD, Tracy L. Truant, RN, MSN, Brenda C. Ross, RN, BSN, Margurite E. Wong, RN, BSN, Antony J. Porcinio, BSc PhD(c), Marja J. Verhoef, PhD, 1. University of British Columbia School of Nursing, Vancouver, BC, 2. British Columbia Cancer Agency, Vancouver, BC, 3. University of Calgary Department of Community Health Sciences, Calgary, AB.

In Canada, most cancer patients use CAM therapies at some point during their cancer experience. In a survey of patients attending a Canadian regional cancer centre, just over half reported using CAM therapies since diagnosis and an additional 16% reported considering using CAM therapies. Despite widespread use of CAM, most health care professionals (HCPs) feel unprepared to communicate with patients about CAM and to support evidence-informed decision making about CAM and cancer. This presentation will provide an overview of the 10 most popular CAM therapies used by patients living with cancer, including underlying mechanisms, the current state of evidence, ongoing clinical trials, as well as clinical implications and monitoring suggestions to safely care for patients using or considering these therapies.

The therapies to be reviewed in this presentation have been identified based on the frequency of questions about specific CAM therapies by patients within one CAM information and decision support program in Canada. These top 10 therapies are acupuncture, vitamin D, intravenous vitamin C, omega-3 oils, reishi mushroom, co-enzyme Q10, Essiac®, FlorEssence®, DCA (dichloroacetic acid), cloud mushroom, and mistletoe/Iscador®. Credible sources of information about these and other popular CAM therapies will also be provided. It is anticipated that participants will gain essential knowledge and confidence to open the dialogue with patients to provide evidence-informed information and decision support related to popular CAM therapies.

Oral Mucositis and Xerostomia: An Evidenced Based Nursing Approach to Troublesome Symptoms

Carlton G. Brown, RN, PhD, AOCN, University of Delaware School of Nursing & President, ONS, Newark, AB.

Oral mucositis (OM) is a debilitating symptom often associated with cancer therapies of chemotherapy and radiation treatment. Xerostomia, or the subjective complaint of a dry mouth related to lack of saliva, is another significant problem for patients, especially those receiving radiation therapy to the head and neck. The objectives of this presentation will be to: 1) Provide an overview about cancer treatment-related oral mucositis and xerostomia including incidence, severity, pathophysiology, and risk factors, 2) Review the importance of oral assessment during cancer treatment, focusing specifically on appropriate tools and techniques, 3) Present evidence-based prophylactic and therapeutic interventions for oral mucositis and xerostomia to include qualitative and quantitative research conducted by the oncology nurse researcher submitting this abstract, 4) Introduce two evidence-based practice guidelines (MASCC/ONS PEP) and discuss how nurses can utilize them in practice. The goal of this presentation is to present a dynamic, interactive overview and evidence-based practice update on oral mucositis and xerostomia, with a specific focus for all levels of oncology nursing. Selected research studies will be presented in a user-friendly manner (e.g., with understandable graphs and simple explanations) to help even the most novice nurses understand the importance of implementing research results into their practice. This program will use lecture, case scenarios, and question/answer format to provide a broad-spectrum approach to these debilitating and troublesome symptoms.

Cancer Patients in Two Emergency Departments: A Quality Assurance Audit

Nancy Lee Brown, RN, MSc, CON(C), Andréanne Saucier, MScN, CON(C), McGill University Health Centre, Montreal, QC.

Cancer patients presenting to over-crowded Emergency Departments (ED) to gain access to acute tertiary care is a phenomenon receiving more attention in Canada and worldwide. For cancer patients and their families, an ED visit can be lengthy, frustrating, draining, and distressing. Additionally, health care professionals working in the ED often experience their own set of frustrations and beliefs regarding cancer patients. In order to separate belief from fact, and to then strategize ways to improve care to this population, this review examined ED admissions of cancer patients in two teaching hospitals over 122 data collection days. Indicators examined included diagnosis and stage of illness, reason for ED visit, time of most recent medical or nursing follow-
IV-04

Developing and Integrating Research into your Advanced Practice Nursing Role: Strategies, Impact and Lessons Learned from a Centre for Excellence

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McMaster University and Juravinski Cancer Centre, Hamilton, ON, 1. McMaster University and Juravinski Hospital and Cancer Centre, Hamilton, ON, 2. Juravinski Hospital and Cancer Centre, Hamilton, ON, 3. McGill University Health Centre and The Montreal General Hospital, Montreal, QC, 4. The Ottawa Hospital, Ottawa, ON, 5. University of Alberta and Cross Cancer Institute, Edmonton, AB

Research is consistently reported as the most underdeveloped and underutilized dimension of advanced practice nursing (APN) roles. This is a concern as it is the integration of research and related evidence-based practice activities that classifies these roles “advanced”. APN involvement in research is critical for the future development and sustainability of these roles and is a pre-requisite for building the scientific basis for advanced nursing practice. Multiple factors hinder APNs from actively engaging in research including the lack of expertise, time constraints, insufficient resources, and lack of administrative support.

This presentation describes the development and impact of a national Centre of Excellence for strengthening APN capacity to inform, engage, lead and participate in research activities relevant to their clinical roles. The Canadian Centre of Excellence in Oncology APN (OAPN) leads a comprehensive, integrated program of leading-edge research to support the effective use of nursing roles in cancer control. Key research, education, mentorship, interprofessional and knowledge translation strategies used to support the development of APN research skills and to assist APNs in developing their own programs of research are outlined. Case examples of APNs and their successful use of OAPN resources to enhance their research capacity are provided. Finally, implications for the development of the APN research role in cancer control are provided along with strategies to support APN’s in reaching their full research potential.

IV-05

Understanding Brain Metastases: An Overview of Treatment Options and Care Guidelines

Hellen L. Jung, RN, MSN, CON(C)
Tom Baker Cancer Centre, Calgary, BC

Brain metastases are the most common intracranial tumours in adults, occurring in 20-40% of cancer patients. The incidence of brain metastases is rising, likely as a result of an aging population, improved diagnostic imaging and more effective systemic treatments leading to patients living longer with cancer. It is common for oncology nurses to care for patients as they are impacted by the diagnosis of brain metastases during their cancer journey.

The presence of brain metastases is associated with a variety of neurological symptoms which contribute to significant morbidity, decreased quality of life and reduced life expectancy. Unfortunately, the prognosis for these patients is poor. Without treatment, estimated survival is approximately one month and with treatment, median survival is extended by 4-5 months.

Over time, treatment for brain metastases have evolved with advancing technology and increased understanding of prognostic factors leading to more appropriate patient selection. Current treatment options for patients include neurosurgery, steroids, whole brain or stereotactic radiotherapy, and/or supportive care. The goals of these treatments are to provide localized disease control, improve symptoms, maintain functional status and optimize quality of life.

This presentation will provide an overview of brain metastases, and discuss current treatment options that are available for patients. The evidence supporting appropriate treatment selection and approaches to care for patients will be reviewed to further understanding of the complex management and care needs of this patient population.

V-01

A: Sharing Lessons Learned in the Development, Implementation and Evaluation of an Outpatient Breast Oncology Program

Colleen S. Sherriff, RN, Savitri Singh-Carlson, BSN, PHN, PhD
Lorna Roe, MSc, BSc (hons), RN
Frances Wong, MD, FRCP(C)
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This paper will discuss challenges experienced by oncology nurses as they implemented an innovative program at an interdisciplinary clinic for locally advanced breast cancer patients. Development
of a new project is challenging from the time of inspiration and identification of a healthcare problem. Most of us envision the demanding work is accomplished, after months to years of dedicated effort and countless meetings to achieve the approval for a new program. However, equally dedicated effort is needed to develop, implement, and sustain the vision. There were constant challenges as oncology nurses implemented the program within the constraints of the organization, practice policies and guidelines in this setting. The breast cancer nurse/coordinate has been involved in this project from the very beginning. Multiple processes to ensure successful implementation included: developing procedures and protocols; organizing and supplying workspace; identifying, communicating with and education of support services within and outside of the organization and end users of the program; promotion of the program within the community and support organizations; maintenance of database for reference and research; and design and implement program satisfaction assessments. New programs can improve care of our patients, and help us to deliver care in a more efficient manner. It also can improve the quality of job satisfaction for nurses, especially if nurses are directly involved in the development, implementation and day to day operation of the clinic.

**B: The Breast Health Nurse Coordinator:**
Improving the Breast Cancer Experience

Lisa Cicchelli, RN BScN MN, Margaret R. Devries, RN BScN CPN (C), IWK Health Centre, Halifax, NS

The Breast Health Nurse Coordinator in Nova Scotia has positively impacted the experience of the patient with breast cancer and their family. The role was developed in partnership between two healthcare facilities ensuring coordination of care and response to patients’ verbalized needs to have seamless coordinated care throughout the breast cancer experience. The nurses’ role is multi-dimensional, as it requires clinical expertise and assessment along with coordination, navigation, and advocacy to meet the specific needs of the patient and family. Education and psychosocial support are fundamental in caring for the patient and family during their experience. The nurse coordinator has a pivotal role in bringing together the multidisciplinary healthcare providers and community partners involved in supporting the patient and family. The Breast Health Nurse Coordinators serve as a resource for other members of the health care team, providing both education and consultation. Case studies will be used to demonstrate the diverse needs of the patient, uniqueness of the role and benefit of having a nurse coordinator as described by the patient and family. The presentation will highlight the challenges and successes that have been encountered since the Breast Health Clinic began in March 2008 and the inception of the role. The presentation will conclude with discussion regarding future role expansion that could further enhance the breast cancer experience across the continuum of care from prevention to palliation and survivorship.

**V-02**

A: Nurse Led Clinics - Innovations in Oncology

Heidi Thomas, RN, CON (C), Janet Giroux, RN, MScN, CCN(C), CON(CF), Lynne Jolicoeur, RN, MScN, CON(C), Joanne Power, RN, MScN, CON(C), 1. Juravinski Cancer Centre, Hamilton, ON, 2. Kingston General Hospital & Cancer Clinic, Kingston, ON, 3. McGill University Health Centre, Montreal, QC, 4. Ottawa Hospital, Ottawa, ON.

As cancer incidence is projected to increase over the next 20 years correlated to the aging population, routine follow up care provided by oncologists will be exceedingly difficult to maintain. The pressures of managing current wait time initiatives finds institutions looking for alternative, cost effective ways to deliver care. Traditional discharge to General Practitioners (GP’s) may not be ideal for cancer patients as GP’s are not familiar with potential long term treatment induced side effects and subsequently order unnecessary tests which can significantly increase patient anxiety. Patients prefer oncology follow up, however; often find that all of their needs may not be adequately met. Physicians feel torn between stressors of seeing new patients, managing ill patients on active treatment and spending adequate time on the needs of well follow up patients. The intermediary step would be to implement nurse led clinics for certain patient populations to decrease workload for oncologists while optimizing care for oncology patients through the development of survivorship care plans to facilitate seamless discharge to primary care giver. Nurse led clinics provides an excellent opportunity to focus on holistic care of patients rather than the current medical model of symptom management and recurrence screening. A review of current literature as well as examples of how nurse led clinics have a role in survivorship care will be reviewed.

B: Tobacco Dependence Treatment within Hospitals: Revisiting and Reframing the Practice Reality

Annette S. Schultz, PhD RN, Faculty of Nursing, University of Manitoba, Winnipeg, MB

Treating tobacco dependence (TD) is a health priority for the 45% to 75% of individuals with a cancer diagnosis who also use tobacco products. Addressing these individuals’ TD would positively influence a variety of health outcomes: survival rates, treatment complications, management of physical symptoms, and quality of life. TD practice guidelines have been available since the mid-1990s and evidence suggests nurses can effectively address TD. Yet, most patients, at best, will be asked if they use tobacco and receive the advice to stop. Beyond this their health care experience will include minimal to no support for abstinence or cessation efforts. Conversely, caring for oncology patients that continue to smoke can evoke moral dilemmas for health professionals. Everyday health care practice
appears to be a paradoxical arena concerning tobacco. In this presentation, findings from a qualitative investigation of tobacco use management at two Western Canadian tertiary hospitals with implemented policies prohibiting smoking on hospital grounds are presented. Four adult inpatient units from each study site participated. Data sources include focus groups (n=16) with health providers (n=81) and collection of non-confidential patient documents from study units. Key themes to be discussed are: health provider theories about smoking, TD treatment experiences, presence of TD within collected documents, and patient safety issues. Reflecting on the themes provide insight into the gap between the framing TD as a health priority, practice guidelines, and current practice.

C: International Use of Oncology Advanced Practice Nursing (APN) Roles in Cancer Control; Characteristics of Roles and Services Leading to Improved Access and Quality of Care

Denise Bryant-Lukosius, RN, CON(C), BScN, MScN, PhD
Sanchia Aranda, RN PhD, Debra Bakker, RN, BNSc, MSc, PhD, Jessica Corner, RN PhD, Greta Cummings, RN PhD, Esther Green, RN MSc(T), Jennifer Wiernikowski, RN (EC) MN
1. McMaster University and Juravinski Cancer Centre, Hamilton, ON, 2. Cancer Care Ontario, Toronto, ON, 3. Juravinski Hospital and Cancer Centre, Hamilton, ON, 4. Laurentian University, Sudbury, ON, 5. University of Alberta, Edmonton, AB, 6. University of Melbourne and Peter MacCallum Cancer Centre, Melbourne, Australia 7. University of Southampton, Southampton, United Kingdom

This presentation describes the findings of a scoping review of the global literature to provide evidence-informed recommendations about the effective use of APN roles in cancer control. The review is comprised of 1) a detailed search of published and grey literature, 2) abstract screening, 3) data extraction and 4) data synthesis phases. Through the literature search, 2700 unique articles were identified. The abstract screening identified 1068 articles, including 361 primary studies that focused on APNs in the delivery of cancer services. A detailed data extraction tool and database were developed to obtain and analyse data from the primary studies. From the review, the range, types and characteristics of APN roles and how APN services in cancer control are organized and delivered were identified. Role structures and processes associated with effective models of APN practice and positive patient, provider and health system outcomes were determined. The extent of research evidence and measurement tools used to evaluate the effectiveness of APN roles and services across the cancer continuum were also summarized. Study findings provide recommendations about best practices for APN role design and deployment that lead to increased access and improved quality of care in cancer control. Implications for future research were also explored.

V-03

A: Understanding Treatment Impact on Child Development in Early Pediatric Cancer Survivorship

Gail M. Macartney, RN(EC), BScH, MSc(A), CON(C), Dawn Stacey, RN, PhD, CON(C), Margaret B. Harrison, RN, PhD
1. Children’s Hospital of Eastern Ontario, Ottawa, ON, 2. Queen’s University, School of Nursing, Kingston, ON, 3. University of Ottawa, School of Nursing, Ottawa, ON

Nurses are integral members of the multidisciplinary team needed to ensure that patients and their families are actively engaged in appropriate surveillance and care of late effects. The purpose of this study is to define and describe developmental theory and developmental challenges faced by pediatric cancer survivors, and to systematically explore child development outcomes in comparative health-related quality of life (HRQL) studies. Developmental issues and challenges faced by pediatric cancer survivors will be described. A systematic review of the literature identified and evaluated developmental outcomes in eleven comparative HRQL studies in preschool children. Child development theories provide a useful framework for understanding the late effects and variables associated with cancer treatment including host factors, disease characteristics and treatment modalities. High-risk groups for late effects include acute leukemia and brain tumor survivors. The systematic review showed equivocal results with respect to HRQL; some children experienced worse, the same or better HRQL outcomes compared to siblings or population norms. As treatment protocols are refined, child development outcomes will continue to need to be systematically monitored. Studies with longitudinal designs, including homogeneous samples are needed to better understand the permanence or evolution of child development issues over time. Researchers need to continue to explore the development of clinically feasible, sensitive tools and methodologies that can capture the developmental impact of cancer on children.

B: The Role of Art in Creating Meaning: The Experiences of Two Breast Cancer Survivors

Brenda M. Sabo, RN, Ph.D., Catherine Thibeault, RN, Ph.D.
Dalhousie University School of Nursing, Halifax, NS

The use of art as a mechanism to visualize, understand and make meaning from illness offers alternatives to traditional research as a way of enhancing our understanding of the impact disease has on the psychosocial health of cancer survivors. Although the literature is limited on the therapeutic role of viewing art, many patients and artists have begun to describe the benefits and usefulness of art in creating meaning from the experience of illness. In this innovative collaborative pilot study involving nursing and sculptors, the voices of two breast cancer survivors emerged to shed light on their experience and its meaning.
Aim: The aim of this project was two-fold: i) to create proto-type life-like torsos of breast cancer survivors which would be used in a larger study focused on social perceptions of femininity and femaleness; ii) understand women’s experiences of healing and meaning through art.

Design / Method / Methodology / Analysis: This study was situated within a qualitative paradigm informed by Heidegger’s interpretative phenomenological approach. Data was collected through audiotapes, photographs and sculptures. Thematic analysis was used to illuminate core themes from the participants’ narratives.


Conclusion: Art offers a unique approach to supporting the generation of meaning from the cancer experience.

C: Cancer Survivors Speak about Second Cancer Risk through Photographs (A Preliminary Analysis)

Krista L. Wilkins, PhD, RN, University of New Brunswick, Fredericton, NB

Background: Studies consistently show that cancer survivors are at greater risk of developing a second cancer compared to the general population. Cancer survivors often feel they must take personal responsibility for modifying their second cancer risk. Few studies have examined the societal factors that contribute to cancer survivors’ decisions about modifying their second cancer risk.

Purpose: A critical ethnographic study will be conducted to more fully describe the social and political contexts that contribute to the way cancer survivors construct and respond to their second cancer risk.

Methods: Ten cancer survivors will be recruited to participate in the study. Study participation will involve (1) using cameras to capture images that represent second cancer risk, (2) completing a demographic form, and (3) participating in a semi-structured interview to discuss their photographs. A thematic analysis will be used in interpreting the study data.

Expected results: Taking photographs will mean participants will physically interact with their community and reflect on objects they may sometimes ignore in considering their second cancer risk. Photographs may offer relevant cues to identify new second cancer risk factors and point to social processes that might influence second cancer risk among cancer survivors.

Conclusion: It is anticipated that using photographs will become a new mode of population health inquiry that can be used to communicate population health concepts in the words and images of cancer survivors.

V-04

A: Delivering Person-Centered Cancer Care: Integrating Distress, the 6th Vital Sign into Nursing Assessments

Linda C. Watson, RN, PhD(c), CON(c), Vivian Collacutt, BSc(Ed), MSW, RSW, Daena Lamoureux, MSc, RD, Jennifer Anderson, RN, MN, Community Oncology, Alberta Health Services, Cancer Care, Calgary, AB

Monitoring vital signs has long been entrenched in nursing assessments. This responsibility often falls to nurses as they are on the “front line” of patient care, often have more time with patients than other members of the team, and possess an overview of all aspects of patient care making them well suited to identify issues and refer when appropriate. A cancer diagnosis produces a range of concerns including emotional, social, informational, spiritual and practical challenges. Historically, our cancer system has predominately focused on physical aspects, but currently patients, families, survivors and society are advocating for a more person-centred cancer system. Just over a decade ago pain was added to standard assessments as the 5th vital sign and in cancer care, distress has now been endorsed by national and international groups as the 6th vital sign, calling for its routine monitoring. Just as we have a standardized approach to monitoring other vital signs, we need a standardized approach to identify distress experienced by patients in a timely manner, so that those concerns can be addressed at the earliest point in time, thereby minimizing their impact on the individual’s quality of life. This presentation will highlight the current national approach to Screening for Distress supported by the Canadian Partnership Against Cancer. Additionally, the jurisdiction of Alberta will be used as a case study to further explore work in this area.

B: Development and Validation of Evidence-Informed Protocols for Remote Symptom Assessment, Triage and Support: the Costars Project

Dawn Stacey, RN, PhD CON(C), Katie Nichol, RN, BScN, Meg Carley, BSc®, Gail Macartney, RN, MScN®, Debra Bakker, RN, BNSc, MSc, PhD®, Kim Chapman, RN, MScN®, Dauna Crooks, RN, PhD®, Greta Cummings, RN, PhD®, Esther Green, RN, MScN®, Doris Howell, RN, PhD®, Craig Kuzziemsky, PhD®, Brenda Sabo, RN, MA, PhD®, Myriam Skrutkowski, RN, MScN, CON(C), Ann Syme, RN, PhD candidate®, Carolyn Taylor, RN, BN, MSA, CON(C), Tracy Truant, RN, MScN®, Margaret Harrison, RN, PhD®, River Valley Health, Fredericton, NB, University of Alberta, Edmonton, AB, University of British Columbia, Vancouver, ON, University of Manitoba, Winnipeg, MB, University of Ottawa, Ottawa, ON, BC Cancer Agency, Vancouver, BC, 3. Cancer
Symptom guidelines have variable quality and often are not formatted for use in clinical practice. The COSTaRS project aimed to develop and validate evidence-informed protocols for the remote assessment, triage, and management of patients experiencing symptoms related to cancer therapy. Research methods were guided by CAN-IMPLEMENT and involved developing symptom protocols using evidence from quality appraised clinical practice guidelines, reaching consensus on the protocol template, and validating the protocols by a pan-Canadian panel of oncology nurses and researchers. Symptom protocols were developed and validated for 13 symptoms using 42 clinical practice guidelines with a median of 3 guidelines informing each protocol (range 1 for bleeding to 7 for vomiting). For at least one guideline used to inform the protocol, AGREE rigour subscale ratings ranged from 62% to 87% (median 84). Several guidelines were used to inform the protocol and symptom severity assessment included the Edmonton Symptom Assessment System question. Usability testing of the template with 12 nurses revealed: high readability (n=12), just the right amount of information (n=10), appropriate terms (n=10), fits with clinical work flow (n=8), and self-evident in how to complete (n=5). Five nurses made suggestions and 11 rated patient self-management strategies the highest. Final validation is due March 2011. In summary, these new protocols provide an evidence-informed approach to effective CAM communication that is inclusive of CAM and supports patients to make informed CAM decisions. Participants will learn why oncology nurses may not disclose CAM use and will consider strategies for addressing organizational and clinician barriers to CAM communication. Strategies to promote open communication with oncology patients about CAM will be discussed including the importance of using terms the patient understands, being aware of the patient’s and our own non-verbal communication cues, and acknowledging differences in belief and culture. The CAMEO approach can be adopted by oncology nurses, other health professionals, and health care organizations.

V-05
A: Development of a Psychosocial Risk Screening Tool for Genetic Testing
Mary Jane Esplten, RN, PhD1, Mario Cappelli, PhD2, Jiahui Wong, PhD3, Joan Bottorff, PhD1, Nicole Charlemanegre, MSW1, Brenda Wilson, PhD1, Jon Hunter, PhD3, June Carroll, MD1, Michel Dorval, PhD3, Kara Semotuk, MSc1, Judith Allanson, PhD1, Melyssa Aronson, MS1, Tara Power, PhD1, Louise Bordeleau, MD1,1. University Health Network, Toronto General Hospital, Toronto, ON, 2. Alberta Health Services, Calgary, AB, 3. Children’s Hospital of Eastern Ontario, Ottawa, ON, 4. de Souza Institute, Toronto, ON, 5. Juravinski Cancer Centre, Hamilton, ON, 6. Laval University, Quebec, QC, 7. Mount Sinai Hospital, Toronto, ON, 8. UBC Okanagan, Kelowna, BC, 9. University of Ottawa, Ottawa, ON.

Purpose: To develop a reliable and valid genetic-testing psychosocial risk screening tool (GPRS) to help health care providers determine which of their patients undergoing genetic testing for cancer are at increased psychological risk.

Methods: The GPRS development included two phases. Phase I: Item Generation and refinement, and Phase II: Validation. In Phase I the candidate scale was generated from a literature review and expert feedback. It was then further refined among individuals who were awaiting genetic test results. In Phase II the instrument was evaluated using a separate sample of individuals from 6 cancer centres across Canada.

Results: Phase I data from 141 participants generated 25 items in GPRS. Phase II data on GPRS from 620 participants who were followed up post genetic test results further reduced GPRS to 20 items. It represented three factors: Family history of cancer, perceived impact, and past mental health concerns. The concurrent validity of BPRS was supported by a higher than 0.50 correlation with other standardized instruments: with Impact of Event (IES) Avoidance subscale r=0.50, IES Intrusion r = 0.55, IES total r=0.56 and with Bredie Symptom Index-18 r = 0.59. All correlations were significant at p<0.01.

Conclusions: A high internal consistency and concurrent validity
of GPRS was demonstrated. Sensitivity, specificity, and predictive values of GPRS will be examined against follow up psychiatric distress related to genetic testing results.

B: Cancer Risk Assessment Begins With You: Are You Comfortable Communicating Hereditary Non Polyposis Colon Cancer (HNPCC) Risk to your Patients?

Margaux Lachance, RN (CON). Sudbury Genetic Counselling Services, Regional Cancer Program, Sudbury Regional Hospital, ON

Over the past fifteen years, oncology nurses have become knowledgeable about Hereditary Breast/Ovarian Cancer (HBOC) as proven by increased and appropriate referrals to Familial Cancer Risk Programs. However, this has not been reflected in my practice as a genetic cancer nurse counsellor with HNPCC referrals, despite the fact that HNPCC accounts for approximately 2-7% of all colon cancers. Identification of this at risk population is crucial, since surveillance has proven to reduce morbidity and mortality.

This presentation will provide an overview of HNPCC, including identification of individuals at risk, associated risk for other cancers, the genetic testing process, surveillance recommendations and options for prophylactic surgery.

This information exchange should provide oncology nurses with an increased awareness and understanding of HNPCC, thus resulting in improved communication of cancer risk with their patients. Through this communication, I am confident that high risk individuals who may have previously “fallen through the cracks” will be more readily identified and referred for genetic assessment.

C: Promoting and Empowering Aboriginal Health through the Development of Regional Partnerships

Lesley A. MacInnis, BSc, MPH, Carole Beals, RN, MN, CON(C). Simcoe Muskoka Regional Cancer Program, Royal Victoria Hospital, Barrie, ON

Ontario has one of the highest rates of colorectal cancer in the world, and similar disease rates for First Nations populations exceed the provincial colorectal cancer rates. Results from a 2002 Aboriginal Needs Assessment demonstrated the need for culturally competent education, resources and initiatives to address the limited knowledge of cancer prevention and screening within Aboriginal communities. Furthermore, a recent survey conducted with front-line workers strongly identified a need for colorectal cancer education targeted at Aboriginal communities (Cancer Care Ontario, 2010).

The Simcoe Muskoka Regional Cancer Program (SMRCP) serves residents in the North Simcoe Muskoka Health Integrative Network. Within this catchment area, there is a large Aboriginal population. In 2010, the SMRCP partnered with the Barrie Area Native Advisory Council (BANAC) on several initiatives to improve the overall health of Aboriginal communities.

The Giant Colon event, held on Beausoleil First Nation in August 2010, illustrates the success of a collaborative, regional partnership amongst the SMRCP, BANAC, Beausoleil Family Health Centre, Cancer Care Ontario, and the Simcoe Muskoka District Health Unit. The initiative, which marked the first time the Giant Colon exhibit was hosted on a First Nation, was developed to ensure cultural competency and appropriate messaging for the target population of Aboriginal communities across North Simcoe Muskoka.

This presentation will demonstrate how these agencies successfully partnered to plan, implement and evaluate the Giant Colon event. Chi-Miigwetch!

VI-01

A: Using a Decision Aid to Help Men with Localized Prostate Cancer Communicate their Preferences: A Wide-Scale Implementation Study

Dawn Stacey, RN, PhD CON(C), Jennifer Smylie, RN, Marian Waldie, RN, Jennifer Kryworuchko, RN, PhD(C), Robin Morash, RN, MScN, Salome Shin, BScN, Anton Saarimaki, BScN, Rajiv Samant, MD, 1. University of Ottawa, Ottawa, ON, 2. Ottawa Hospital Research Institute, Ottawa, ON, 3. The Ottawa Hospital, Ottawa, ON, 4. University of Saskatchewan, Saskatoon, SK.

This purpose was to evaluate the implementation of a patient decision aid (DA) for all men diagnosed with localized prostate cancer within a regional program. Descriptive evaluation of the implementation involved monitoring use of the DA and factors influencing its use. The DVD with booklet DA provided information on all the treatment options including associated benefits/harms. A one-page summary of patients’ clinical and decisional data was used to communicate patient preferences in the patient-physician encounter. From September to December, the preliminary findings revealed that the DA was used with all men newly diagnosed with prostate cancer. These first 20 men scored a median of 83% on the knowledge test, and 19 felt informed, 17 felt they had clear values, 14 felt adequately supported, and 10 felt sure of their decision. Eight preferred surgery, 6 preferred radiation therapy, 3 preferred watchful waiting, and 3 were unsure. Six patients requested additional information on brachytherapy, surgery, MRI, radiation therapy, and physician success rates. Barriers during implementation included: making changes to existing health information systems; and physician concerns about the chances of outcomes presented in the DA that were different from their perception of outcomes experienced by patients. The DA was implemented using a systematic process to engage potential users and monitor
barriers to their use. Despite barriers, implementation of the DA was possible and lessons learned can be applied to other implementation projects.

B: Understanding Discharge Process from the Patients’ Perspective

Mary Glavasевич, RN, BA, MN, Elaine Avila, RN, BScN, Raslen Samonte, RN, BScN, Mark Lacovelli, RN, BScN, CON (c), Nancy Wolf, RN, Sunnybrook Health Sciences Centre, Toronto, ON

Within our healthcare system there is an ongoing push to decrease occupancy and increase efficiency by initiating early discharge of patients. In our organization the current focus is on documenting the expected date of discharge (EDD) into an electronic bed management system following a written physician’s order.

Anecdotal evidence from nurses and the interdisciplinary team indicate that patients are not always aware of their expected date of discharge and therefore are not prepared for discharge. Also, it is unclear who, how, when and where information is provided to patients about their expected date of discharge. The team believes that patients need to be informed about their expected date of discharge early in order to prepare them to leave the hospital. This involves effective discharge planning. An effective discharge process is essential to the patients overall evaluation of quality care.

A questionnaire was developed and administered to patients on a surgical oncology unit 48 hours prior to discharge. Key questions focused on the patients’ knowledge, understanding and experience related to their discharge.

Survey results will be used to identify educational needs and concerns of the patients to facilitate a safe and smooth transition from the hospital to the community. The authors believe that the data gathered can be utilized by other leaders in oncology to improve the overall communication and coordination of the discharge process.

C: Development of a Treatment Decision Aid: Assessing Information and Treatment Decision-Making Needs for Patients with Locally Recurrent Prostate Cancer

Gladys K. Mokaya, RN, BScN, MSN, Denise Bryant-Lukosius, RN PhD CON(C), Carolyn Ingram, RN, DNSc, CON(C), Margaret Black, RN, PhD, Ian Dayes, MD, MSc, FRCP(C), Dilip D. Panjwani, MD, MRCP, FRCP(C), 1. McMaster University, Hamilton, ON, 2. Grand River Regional Cancer Centre, Kitchener, ON, 3. McMaster University and Juravinski Cancer Centre, Hamilton, ON

Introduction: Treatment decisions for locally recurrent prostate cancer are difficult due to the number of available treatment options, varied evidence about their effectiveness and differences in side effects. It has been shown that decision aids improve information delivery and patient confidence in treatment decision-making.

Purpose: This presentation will describe the development of a treatment decision aid for patients with locally recurrent prostate cancer.

Study Design and Methods: A two-phase descriptive needs assessment study employing quantitative and qualitative methods was conducted. Through a two-round Delphi process in Phase 1, physician consensus on treatment options for the decision aid was established. Phase 2 involved patient interviews to determine treatment decision-making needs.

Results: Oncologists and patients agreed that the treatment decision-making process took time, and may take several months. Some patients described feelings of regret and/or uncertainty about their treatment decision. Individualized patient needs for information and support were recognized. Key barriers to effective treatment decision-making included information overload and lack of access to unbiased information sources. Establishing a centralized information resource such as nurse-led information sessions was recommended by patients.

Conclusions: Treatment decision-making is time consuming for oncologists and patients. Despite these efforts, patients report unmet information needs and are not always confident in their treatment decision. Time efficient and effective ways of improving patient confidence in treatment decision-making, as well as implications for practice and future research, will be discussed.

VI-02

A: Improving Inter-Professional Communication and Access for Oncology Patients with Malignant Ascites: Report on a Pilot Project

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Lorraine Cake, RN, BScN, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON

Malignant ascites, a distressing complication of advanced cancer portends a poor prognosis of 1- 4 months survival. Standard treatment consists of removing fluid accumulation via repeated large volume paracentesis (LVP). However, its effects are temporary and LVP can cause complications including bleeding, infection and perforation of the viscera.

Navigating complex oncology care is often a barrier to effective, efficient patient focused care. At our centre, a multidisciplinary oncology team consisting of clinicians from Gyne-Oncology, Palliative Care, the Malignant Pleural Effusion Program, and community homecare services worked collaboratively to improve quality of care for oncology patients experiencing malignant ascites. Building on our expertise in managing malignant pleural effusions via the insertion of a tunneled catheter, this group
developed, implemented and evaluated a pilot outpatient program providing care and symptom relief for oncology patients with malignant ascites using this catheter. Based on this pilot project a significant change in the management of malignant ascites has occurred in our region.

This presentation will focus on the processes and outcomes of our pilot program.

We will describe the patient journey, educational tools and referral process used to access the program. In addition, we will report on health care system costs and patient outcomes including symptom relief, quality of life, complications and satisfaction. We will also share the barriers encountered and facilitators that have allowed our pilot program to become a regional standard of care.

B: A Collaborative Nurse-Physician Initiative to Support Palliative Metastatic Patients after Whole Brain Radiotherapy

Erin Dykstra, RN, BSN, Kam Dosanjh, RN, 1. Abbotsford Cancer Center, Abbotsford, BC, 2. Fraser Valley Cancer Center, Surrey, BC

Currently, 20-40% of all patients with cancer develop brain metastasis. A common treatment for multiple metastases is whole brain radiotherapy. This population of patients has a diverse set of needs after treatment. Our centre has found that often issues can arise with this population surrounding care, medication management and symptom support. An opportunity thus presented itself to alter follow-up care with this client group to provide a patient focused approach which supports their needs through symptom management and nurse follow up. The patient support clinic incorporates nurse led use of symptom management guidelines, close links with patient and family counseling and medical management.

The tradition of follow up at six weeks following whole brain radiotherapy is documented to be the best time to gauge physical impact from the treatment. Our agency has altered the follow-up to two weeks in an effort to support the needs of this patient group. The intent and measureable outcomes from this change are to decrease incidents with medication management and to ensure optimal symptom management is in place.

Our presentation will focus on the use of communication to improve the support offered to this group and will also look at the internal processes to alter the pathway of patients, including the process of change management, supporting staff in this change as well how to communicate our impact to operational leaders.

C: Striving For Excellence: The Implementation of a Breathlessness Program for Lung Cancer Patients

Catherine A. Kiteley, RN, BScN, MScN, CON(C) CHPCN(C)

Shelina Alarakhia, R.N, BScN, CHPCN(C). Credit Valley Hospital, Peel Regional Cancer Centre, Mississauga, ON

Research and clinical experience brings attention to the fact that patients living with lung cancer experience a myriad of symptoms (Vainio, Auvinen, 1996). Approximately four years ago at a CANO/ACIO conference we reported on the symptom profile of lung cancer patients attending our cancer centre. This group of patients had more symptoms than those living with other cancer diagnoses. Most of the symptoms reported were scored as more severe as compared to the non-lung cancer patient group using the Edmonton Symptom Assessment System (ESAS). Most striking was the significant difference in the severity of dyspnea for the lung cancer population. Based on this knowledge, we have developed several evidence based initiatives in the area of dyspnea management, some of which we have shared at previous CANO/ACIO conferences. Most recently, we have concluded a one year project to provide a nurse led cognitive-behavioural intervention for lung cancer patients. This program was based on the research done by Bredin, et. al. 1999. We will describe the program and provide an analysis of the outcome measurements used in this study. Finally, we will reflect on our experience of initiating a lung cancer dyspnea management program and make recommendations for future strategies to assist in the management of dyspnea in the lung cancer population.

VI-03

A: Promoting Chemotherapy and Biotherapy Competency Maintenance through a Standardized Program

Laura L. Rashleigh, RN, MScN, CON(C), Liat Brudnoy, BA, MA, Jiahui Wong, PhD, Thomas Graham, BA, Tracy Soong, BSc(Cand), Mary Jane Esplen, RN PhD, Esther Green, RN, BScN, MSc(T) 1, de Souza Institute, Toronto, ON, 2. Cancer Care Ontario, Toronto, ON

Chemotherapy and biotherapy are two common treatment methods used in cancer care. As new systemic agents are introduced at an ever increasing rate, registered nurses, regardless of their clinical experience or practice setting, want to maintain competence to provide safe quality care to patients. In 2010 CANO/ACIO released a national position statement on cancer chemotherapy addressing the importance of a continuing competency education. This statement indicated that registered nurses and organizations play a shared role in maintaining competency, with nurses demonstrating evidence of ongoing learning and organizations developing the criteria for the continuing competency. In keeping with the CANO statement, a provincial education institute developed an online standardized chemotherapy and biotherapy competency maintenance program. An advisory committee guided the development of the continuing competency program’s curriculum. The program includes three core maintenance components: a chemotherapy and biotherapy competency review course, a self assessment reflective practice tool and a written examination. Provincial
and Canadian standards and recommendations for competency assessment and maintenance guided the work and process. An evaluation strategy was developed to measure the quality and effectiveness of the competency program, and includes knowledge testing, course evaluation, participant surveying and focus group outcomes. This paper will review strategies used in the development of the program and preliminary evaluations results from six months of implementation, highlighting lessons learned and future implications.

B: New National Accreditation Standards for Ambulatory Systemic Cancer Therapy Care Services

Stephanie Carpenter, MA

Accreditation Canada has developed Ambulatory Systemic Cancer Therapy (ASCT) standards in collaboration with the Canadian Partnership Against Cancer (CPAC) and the Canadian Association of Provincial Cancer Agencies (CAPCA). These standards were developed to address key quality and safety issues in the delivery of systemic cancer therapy services including patient safety issues and adverse events during administration of systemic therapy, the cancer care needs of an ageing population, the number of Canadians affected by cancer, and Accreditation Canada’s commitment to continuous quality improvement.

The ASCT standards were developed under the guidance of an advisory committee composed of experts in the field. As well, the standards have been evaluated through a web-based national consultation and pilot tested in four Canadian organizations. The standards are designed for application in a variety of settings where systemic therapy is offered.

The presentation addresses the background and motivation for developing systemic cancer therapy standards, the development process, and how these standards meet the quality and safety needs of organizations providing systemic cancer therapy through accreditation. Issues core to the standards include access to services, client education, team safety and education, safe preparation and administration, and closing the loop on services for clients.

Accreditation Canada’s ASCT standards not only address the safety needs of clients receiving systemic cancer therapy, but provide a tool for organizations to continuously improve their services through national standards of excellence.

C: The Development of a Safe Handling Policy: Overcoming Barriers to Best Practice

Maureen A. Watt-Smit, RN, BScN, CON(C), Grand River Hospital/Grand River Regional Cancer Centre, Kitchener, ON

It is imperative that specialized oncology nurses who are handling, administering and disposing of chemotherapy and biotherapy be protected from carcinogenic, mutagenic, and teratogenic risk. Oncology programs have a responsibility to provide adequate equipment and safety measures to protect staff from accidental exposure. This presentation will highlight the development of a safe handling policy to best meet minimum standards for handling of cytotoxics as recommended by Cancer Care Ontario and the National Institute for Occupational Safety and Health (NIOSH) within a regional cancer program. This was a collaborative effort between the oncology nurse educator, front line nurses, occupational health, health and safety, and waste stream management. The process for updating the antineoplastic policy to meet personal protective equipment (PPE standards) included data collection through a literature search on PPEs to ensure that gowns, gloves and masks met the criteria as outlined in the NIOSH standards. Further, there was the development of a risk assessment and personal protective requirements chart, support from key stakeholders, and dissemination of the new standards to nursing staff members through “teaspoon sessions”. This quality improvement initiative has empowered specialized oncology nurses to protect themselves from any accidental exposure to cytotoxic agents.

VI-04

A: Promoting Partnerships to Communicate the Care and Needs of Patients Receiving Radiotherapy

Myriam Skrutkowski, RN, M.Sc., CONC(C), Freda Colquhoun, RN, BA(Specialized community nursing), CONC(C), Helene Sicotte, Radiation Therapist, McGill University Health Centre, Montreal, QC

The quality assurance (QA) committee for radiotherapy at this university health centre addresses quality improvement indicators for acceptability, safety, and accessibility. It is comprised of several working groups to meet these indicators. The patient care group (PCG) was created to address patient care issues facing those who receive radiotherapy for curative, control or palliative intent. The PCG is co-chaired by a nurse and a technologist with a partnership of group members among varied health care disciplines from the radiotherapy department who are interested in patient-focused activities. The interprofessional approach of the PCG also incorporates patient feedback to ensure consistent communication for project and program development.

The objective of this presentation is to emphasize the value of building an inter-professional partnership to create activities that communicate patient care issues. Some examples to demonstrate the inter-professional approach by the PCG include implementation of rounds to plan care for complex cases, development of written and web-based patient information tools, guidelines, and documentation. The successes depend
largely upon effective communication of each member’s roles and responsibilities to ensure there is consensus about the information provided for the identified activity. Learning how the PCG contributes to improving patient care can be useful in the development of models of care delivery by radiation oncology nurses as well as by other oncology nursing specialties.

**B: Couples Coping with Breast Cancer: A Pilot Study of an Online Health Promotion Intervention**

**Deborah L. McLeod, RN, PhD; Karen Fergus, C.Psych., PhD; 1. QEII Health Sciences Centre / Dalhousie University, Halifax, NS, 2. York University & Sunnybrook Odette Cancer Centre, Toronto, ON**

**Background:** The purpose of this presentation is twofold: (1) to provide an overview of the shift in the psychosocial oncology and health literatures from individualistic to interactional models of coping with illness - with an emphasis on dyadic and communal coping processes, and (2) to demonstrate the application of these principles to the creation of an innovative online intervention for young couples facing breast cancer.

**Methods:** Couplelinks.ca is a custom-designed website offering a professionally facilitated, couple-centred intervention. The program consists of six experiential learning modules undertaken weekly by the couple. Fourteen couples were enrolled in the program in order to test its feasibility and benefit. Participant feedback on one of the learning modules “Understanding Inner Worlds”, designed to enhance empathy with regard to each person’s experience of the cancer, was analyzed.

**Results:** Couples identified a range of benefits to the overall intervention, including the “Understanding Inner Worlds” exercise. They also offered suggestions for improvement. Benefits included: providing a useful discussion and communication tool which helped couples address important issues/topics/feelings that are not generally discussed, fostering emotional expression, and decreasing isolation.

**Conclusions:** Our analyses of responses to the “Inner Worlds” exercise suggests that increasing awareness of each other’s thoughts and feelings enhances relational bonds, a necessary component of dyadic coping. Our recently funded CIHR randomized control trial offers the opportunity for more rigorous testing of the Couplelinks intervention.

**C: Using an Electronic Document Library to Facilitate Intradisciplinary Communication among Transplant Team Members**

**Andrew Winter, RN BSc, Michelle Dougan, RN BSc, Denise Aus, RN BSc MN, Princess Margaret Hospital, Toronto, ON**

This session will discuss using a SharePoint document library to enhance and simplify communications amongst health care professionals of a combined stem cell transplant program in a comprehensive cancer centre.

In the past, a combination of shared Outlook calendars, group emails, and individual databases were used to keep staff informed about patient status, and where the patient was in their transplant journey. Problems included the inability to access information from any location, staff having difficulty identifying time sensitive emails about admissions amid the sometimes hundreds they receive daily.

The transplant coordinators in the program, started looking for possible ways to make communications within the program more efficient, while still ensuring patient privacy, and ease of use.

After consulting the hospital’s IT department, the team began the use of a SharePoint document library. On review, it was found that many of SharePoint’s capabilities enhanced intradisciplinary communication in the following ways:

- Web-based allowing access from any computer
- Alerts easily set up to notify staff of updates
- Document tracking allows viewing of earlier versions in case of discrepancy
- Tracks document changes for auditing purposes
- After five months, the document library has made communication easier, simpler and timelier. New uses for this tool within the program are continuing to be discovered.

**VI-05**

A: Outpatient Insertion of Percutaneous Endoscopic Gastrostomy Tubes (Peg Tubes) can Reduce Hospital Admissions in Patients with Head and Neck Cancers

**Deborah A. Lucier, RN, CGN(C), Patricia A. Morin, RN, CGN (C), Julia Young, RN, Sunnybrook Health Sciences Centre, Toronto, ON**

In 2003, the Sunnybrook Odette Cancer Centre (OCC) wanted to develop an innovative approach to help Head and Neck Cancer Patients with decreased oral intake due to surgery, radiation, and chemotherapy. The decrease in nutritional intake was putting the patients at risk for malnutrition. If we could develop a program to allow the patients to have the tube inserted on an outpatient basis, it could reduce the hospital stay and enhance patient care and quality of life. Historically at Sunnybrook, PEG tubes had been inserted as an inpatient procedure requiring an average stay of 3 to 5 days.

The gastroenterologists and nurses in Medical Outpatients and Endoscopy at Sunnybrook met with medical oncologists and dieticians at OCC to develop a collaborative program. This program involved screening and referring patients for insertion of PEG tubes on an outpatient basis.
As nurses, were were responsible for providing emotional support and physical care before, during, and after the insertion of the PEG tubes. This presentation will report on the nursing team’s role in making this a success through teaching, supporting, and caring for the oncology patients, and their families on an outpatient basis. Outcome indicators (weight loss, adherence to treatment protocols, and need for hospitalization) have been evaluated through an OCC clinical nutrition research study and have shown positive effects with the new insertion plan.

B: Teaching as an Art: A New Multidisciplinary Teaching Class for Head and Neck Cancer Patients

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

Head and neck cancer patients often have complex, multi-modality treatments that contribute to physical and psychological complications, both in the short and long term. These patients are cared for by a large multidisciplinary team that makes care appear fragmented or disjointed for patients and families. As a group, we identified a gap in our education for these complicated patients. To address this gap, the nursing group developed a multidisciplinary new patient teaching class. This class was intended for patients that were either post surgery and/or pre-radiation for any cancer of the head and neck. We have several different disciplines that are involved in actually teaching the class including; physiotherapy, occupational therapy, nursing, speech and language therapy, dietary, psychosocial, and a kinesiology student helping cancer patients with exercise. We call our class “Getting Ahead” and aim to empower patients with knowledge in a positive setting to help them deal with side effects during treatment as well as prevent some of the long-term complications we know are so frequent. The class introduces patients and family members to many important members of the team and lays a foundation for future communication. Feedback from patients has been positive and some unexpected benefits for the team were also discovered. This teaching class demonstrates how the art of communication can lead to a foundation of excellence in care for this complex group of patients.

C: Setting the Stage: A Novel Approach to Developing Trans-Disciplinary, Patient and System-Oriented Nutrition Therapy Guidelines for Cancers of the Head, Neck and Esophagus

Adam J. Henley, RN, BScN. Karin L. Olson, RN, PhD, CHPCCN(C) ; Leah M. Gramlich, MD, FRCP(C), Vickie E. Baracos, PhD, Lisa Martin, RD, MSc, Cathy Alberda, RD, MSc, University of Alberta, Edmonton, AB

Patients diagnosed with esophageal, head and neck (EHN) cancers continue to experience marked declines in oral intake and weight loss, a high prevalence of treatment delays and toxicities, as well as reduced quality of life. These challenges exist across a range of pre-treatment tumour and host characteristics, possibly contributing to the wide variation in supportive care interventions observed both within the literature and local treatment teams. Edmonton provides a confluence of academic and clinical expertise within a newly amalgamated provincial health system, suggesting opportunities to implement a comprehensive patient- and system-oriented quality improvement project for the nutritional care of EHN cancer patients. Patients typically undergo sequential treatment involving surgeons, gastroenterologists, medical and radiation oncologists and are supported by dietitians, speech-language pathologists and nurses. Informal interviews were conducted with twenty-eight local team members as part of a pre-study planning process. Supportive care takes place within the hospital, outpatient clinics and at home; settings were identified as placing variable importance on nutritional care, given other priorities. Care providers reported challenges in optimizing nutritional care consistently across these settings. Study planning interviews were helpful in “setting the stage” for further exploration in this population.

VII-01

A: Designing and Implementing a Provincial Ambulatory Oncology Nursing Peer Preceptorship Program Using Grounded Theory: Combining Research and Evidence to Change Practice

Linda C. Watson, RN, PhD(c), CON(c). Darlene Whyte, RN, MN1, Amy Melnick, RN, MN1, Linda Phalen, RN, CON(c), Chelsey Shuman, RN, BScN, MN1, Shelley Raffin-Bouchal, RN, PhD1. 1. Community Oncology, Alberta Health Services, Cancer Care, Calgary, AB, 2. Faculty of Nursing, University of Calgary, Calgary, AB, 3. Tom Baker Cancer Centre, Alberta Health Services, Cancer Care, Calgary, AB

Being able to provide Canadians with adequate cancer care is a growing concern. Predictions are that over the next 2 decades the number of new cancer diagnoses in Canada will increase by 76%, while forecasts of increasing shortages in health human resources compound this issue. Given this context, assuring we have a high functioning team of cancer care professionals becomes paramount. Strategic and proactive programs must be developed now to assure that we will be able to meet the future demands of caring for Canadians with cancer. In this presentation we will describe the first phase of a grounded theory study designed to aide in creating a much needed provincial ambulatory oncology nursing peer preceptorship program. Analysis of data gathered and emergent themes from three individual focus groups (preceptor, preceptee and managers) will be shared with participants in order to illuminate the diverse issues and multiple perspectives that current staff members have identified. Examples of existing strengths and weakness in our current approach to transitioning new staff, as well as issues that have been encountered and possible solutions and interventions that staff identified as potentially helpful will be shared. We will conclude by sharing the planned next phases
of our research study which involves creating a responsive provincial peer preceptorship program where equitable access to preparation and support at all our provincial cancer care facilities is incorporated.

B: The Alberta Cancer Line, a 1-800 Line For Professionals

Janice Chobanuk, RN, BScN, MN, CON(C), HPCN(C). Janet Kluthe, BScN, RN, MPH, CHE, Wayne Enders, RN, Linda Phalen, RN, CON(C), Pam Barnaby, RN, BScN, Allison Cann, CHIM, Community Oncology, AHS Cancer Care, Edmonton, AB

The complex landscape of cancer knowledge, information and services is continually growing and advancing. Access to services and information is not only challenging for patients but to physicians, nurses, pharmacists and other clinicians. In response to this challenge a toll free cancer information phone line was established for supporting nurses, physicians and other clinicians working in the 15 community based Cancer Centres located in various locations across Alberta. The line staffed by a coordinator and expert oncology nurses who provide timely accurate information to professionals or link them directly to an oncologist if required. Based upon the success of this 1-800 help line, the Provincial Family Physician Initiative Steering Committee recommended that this cancer line be piloted within a network of urban and rural primary care physicians, nurses and other professionals external to cancer services. This presentation will focus on the results of the evaluation, lessons learned, and the value of supported dialogue in the ongoing expansion of the cancer line for professionals.

C: Connecting for Support

Evelyn M. De Grave, RN. Megan McLeod, MSW; CancerCare Manitoba, Winnipeg, MB

Oncology nursing is an emotionally demanding specialty. Add the challenges of practicing in rural and northern communities and the potential exists for compassion fatigue and burnout. Connecting for Support groups, co-facilitated by a psychosocial oncology clinician and an oncology liaison nurse, via TeleHealth, offer rural and northern Manitoba oncology nurses effective and meaningful support. The groups provide support, understanding and validation of members’ experiences; coping and work/life balance strategies are shared; collegial and networking connections are increased; professional isolation is reduced and job satisfaction is improved.

We will share learnings from group participants and facilitators, as well as clinical and professional development mentors, regarding the development, implementation, evaluation and resource requirements of the Connecting for Support groups.

Leadership by a nurse and social worker with group facilitation experience is highly successful. Clinical mentorship from psychosocial oncology specialists augment group leaders’ facilitation skills. Mentorship by a professional development coordinator augments evaluation design. The importance of management support will be addressed. Support can be provided effectively to rural and northern oncology nurses via telehealth in a group format. Connecting tertiary oncology centre specialists and rural community oncology nurses can foster compassion satisfaction, can be cost-effective, can maximize resources and can be sustainable despite a variety of challenges.

VII-02

The CONJ and the Art of Communication

Heather B. Porter & Editors, BScN, PhD, HBPorter & Associates, Waterloo, ON

According to Webster’s dictionary “communication is the technology of the transmission of information by the printed word or electronically.”- Actualizing this definition in the management of the Canadian Oncology Nursing Journal (CONJ) is by information exchanged with and between editors, with editors and reviewers, with authors of articles, features, book/media reviews and various reports. The publishing process also involves communication with translators, the publisher and with the CANO Board and Executive Director. By following through the preparation of an issue of the CONJ, all of these methods of communication will be explained and discussed because the purpose of this session is to increase understanding of how our journal functions. Questions and comments are cordially invited so that discussion can occur on how the CONJ can better meet the needs of CANO members. We hope that with increased understanding, more CANO members will want to take part in this major communication vehicle of the Canadian Association of Nurses in Oncology.

VII-03

A: Redesigning Ambulatory Cancer Care Delivery: Early Successes and Future Plans

Sherrol D. Palmer-Wickham, RN, BScN, CON(C). Margaret I. Fitch, RN, PhD, Debbie A. Miller, RN, BScN, MN, CETN(C), Angela K. Leahey, RN, BScN, MN, Holly Kral, RN, CON(C), Anne Garland, RN, Yvette Matyas, Masters of Nursing (Applied), Sunnybrook Odette Cancer Centre, Toronto, ON

Our cancer centre is redesigning how we deliver care in our ambulatory clinics. The increasing numbers of patients and complexity in treatment together with constrained resources have created the driving impetus for change. The centre is using the LEAN methodology to approach this work of improving care delivery, the patient experience here at the centre, and the quality of work life for staff. The methodology involves active participation by front line staff and very intentional efforts to look at the processes of the work flow (i.e., where there is duplication,
To date, we have engaged members of two disease site groups in discussions about where improvements could be made, what processes need to be redesigned, how the redesign will be structured and timed, and who needs to be involved in the actual change initiative. Specific changes have been made and evaluated in new patient booking processes, reducing interruptions in the daily clinics, establishing streamlined diagnostic process for breast cancer patients.

This presentation will outline the experience and challenges we have had in undertaking this redesign, engaging front line staff members, identifying concrete and relevant changes, and the lessons we have learned. The changes we have implemented have had a positive impact on patient care and have improved quality of work life for nurses.

B: Collaborative Communication Creates Positive Change in Wait Times

Donna Van Allen, RN BHScN CON(C). Anne Schmidt, RN, Grand River Hospital/Regional Cancer Centre, Kitchener, ON

At Grand River Regional Cancer Centre, an interdisciplinary group came together to review present processes for accessing ambulatory chemotherapy treatments. This session will review the identified gaps in the process of accessing our systemic therapy suite. We will outline improvements that were implemented to decrease wait times. Some of the highlights of improvements are the development of a specific area to administer chemotherapy and supportive treatments. These changes were supported with specific booking criteria, guidelines and a different nurse:patient ratio for the administration of chemotherapy and supportive treatments. A complexity scale was developed for each chemotherapy protocol, to support the booking process and the nurses developed acuity guidelines on an individual patient basis. The development and implementation of a nursing workload tool has enabled the unit to predict the appropriate number and skill set of staff required to meet the need of the patients. These changes have proven to decrease the wait times for the patients from consultation to the delivery of the first treatment. The interdisciplinary team collaborated and were engaged in the improvements that were applied. By actively participating, challenges continue to be approached in this collaborative manner and have proven to be an effective method for change.

C: Redesigning Ambulatory Cancer Care Delivery: The Odette Cancer Centre Experience So Far

Margaret I. Fitch, RN, PhD Sherrol D. Palmer-Wickham, RN, BScN, CON(C), Holly Krol, RN, CON(C), Yvette Matyas, Masters of Nursing (Applied), Anne Garland, RN, Debbie A. Miller, RN, BScN, MN, CETN(C), Angela K. Leahey, RN, BScN, MN, Sunnybrook Odette Cancer Centre, Toronto, ON

Our cancer centre has been undergoing redesign of its ambulatory clinics. Escalating patient numbers and increasing treatment complexity, within an environment of constrained resources, created the imperative to change how we are organized to deliver care. Our ultimate aim is to improve the patient experience and achieve a better quality of work life for staff members.

Beginning with our GI and Breast disease site groups, and utilizing a LEAN methodology, we have embarked on a review of clinical care processes. The work includes active participation from front line staff and is based on listening to patients as they share their experiences at the cancer centre. The patient stories have challenged us to resolve issues such as waiting times, appointment scheduling, provision of relevant information, and designing pathways for diagnosis, treatment, and follow-up care. Ultimately, for nursing staff, we want to find ways to spend more time interacting directly with patients and utilizing our specialized knowledge and skills. All too often we are interrupted in our clinical roles to handle processes outside nursing’s scope of practice. We are challenged to provide the full range of cancer nursing care from which the patients could benefit.

This presentation will highlight our work to date and describe the lessons learned. We anticipate the learning will be of interest to other ambulatory cancer centres facing similar challenges of escalating demands and constrained resources.

VII-04

A: An Ambulatory Febrile Neutropenia Protocol; a Multidisciplinary Initiative of Patient’s Follow-Up

Maryse Carignan, MSN, CON(C). Manon Mayrand, BSc, Hôpital de la Cité-de-la-Santé, CSSS de Laval, Laval, QC

Febrile Neutropenia is a frequent and significant adverse effect of cytotoxic chemotherapy that the oncology team has to deal with. It represents visits to Emergency for patients and requires prompt assessment and immediate treatment. Hospitalisation has been necessary for many patients which impaired their quality of life. The management of febrile neutropenia has evolved with the development of risk stratification and recognition of the efficacy of oral antibiotics in low risk patients. (Innes and Marshall, 2007) Therefore some patients may be eligible for early discharge, which reduces the risk of nosocomial infection and utilization of inpatient care resources. In the past years, some institutions have implemented a treatment on ambulatory basis.

A year ago, at Hôpital de la Cité-de-la-Santé de Laval, a regional centre in the suburbs of Montreal, Quebec, the oncology multidisciplinary team developed an ambulatory febrile neutropenia protocol to prevent hospitalization and discharge low risk
patients with oral or intravenous antibiotics associated with close medical and nursing monitoring to ensure security and quality.

This presentation will discuss the process of implementing the protocol and the communication plan. We will present the tools developed to support the health care professionals, particularly nurses responsible for the patients monitoring and follow-up. Finally, we will share the experience of the nurses involved in the patients follow up and the challenges we faced in the day to day application of the protocol.

B: The Dish - No Salads On This Diet: Debating Neutropenic Diet Restrictions

Nanette Cox-Kennett, MN, Natalie Klawitter, BSCN(c), Cross Cancer Institute, Edmonton, AB

In the early 1960’s, clinicians realized that placing immune compromised patients in a protective environment reduced the incidence of infection. Nothing entered the room that wasn’t considered sterile. Food was radiated or sterilized in autoclaves to ensure it was free from pathogens. This concern evolved into the low bacterial diet (or neutropenic diet) currently practiced by many centres across Canada and the world for patients receiving bone marrow transplant, extremely myelosuppressive chemotherapy or diagnosed with myelodysplasia associated with low white cell count. Recommended dietary guidelines vary from organization to organization and from hospital to hospital. While there are a few universally accepted standards in practice, the specifics vary amongst the NCCN, ASCO, World Cancer Research Fund, CDC, NMDP, Canadian Cancer Society and the American Cancer Society.

These restriction impinge on the patient’s quality of life and nutrition. And yet, there are several randomized controlled trials that do not show a benefit to this practice. Can these trial results be universally applied to all patient populations? When examining the specifics of the patient populations within these trials, caveats are elucidated that institutions must consider before abandoning the neutropenic diet.

This 30 minute oral presentation will extensively review the history of this practice, the current recommendations from the above organizations, the clinical trials that focused on this intervention, and make recommendations for patient education and future research.

C: Examining the Safe Application of Therapeutic Heat in Oncology Clinical Environments

Gwenyth A. Hughes, RN BSN MN CON(C), Michelle Moore, RN BSN CON (C), British Columbia Cancer Agency, Victoria, BC.

Therapeutic heat is widely utilized within oncology clinical environments to promote vasodilation prior to venous cannula insertion and comfort during intravenous infusions with irritating chemotherapy agents or blood products. A variety of generally safe modalities are available however evidence based standards and organizational policies and practice guidelines are not consistently available to clinicians.

The examination of a critical incident and the subsequent review of a provincial nursing practice reference related to the safe application of heat revealed a paucity of evidence based research within the literature. However, embedded within several of the papers were discussions which informed patient safety. The salient points of discussion included the impact of the time and temperature burn relationship and a phenomenon known as adaptation; the need to establish policy and practice guidelines regarding patient assessment and monitoring; and the need for further research examining the use of heat therapy for pain management.

Reviewers concluded that the risks associated with the use of specific modalities in busy clinical environments out-weighed the benefits and recommended that the organization explore safer alternatives and further develop clinical practice support materials and guidelines.

The purpose of this presentation is to promote patient safety by sharing the critical review process, the recommendations for change and their rationale, the organizational communication plan and the impact on both patients and health care professionals.

VII-05

A: Promoting Consultation Recording Use in Oncology: Determination of Patient Benefit and Evaluation of Implementation Strategies

Thomas Hack, Professor, Lorna Weir, Radiation Oncologist¹, Dean Ruether, Medical Oncologist¹, Debjani Grenier, Medical Oncologist¹, Lesley Degner, Professor¹, 1. Faculty of Nursing, University of Manitoba, Winnipeg, MB, 2. British Columbia Cancer Agency, Vancouver, BC, 3. CancerCare Manitoba, Winnipeg, MB, 4. Tom Baker Cancer Centre, Calgary, AB

The Cochrane Collaboration identified the provision of consultation recordings to newly diagnosed cancer patients as empirically justified in a recent systematic review. Despite the evidence in favor of this intervention, uptake in oncology practice has been slow. The objective of this study was to examine the benefits to patients of receiving a consultation recording of their initial treatment consultation, and to examine implementation strategies. Women with breast cancer (n = 154), men with prostate cancer (n = 55), and their oncologists (n = 16) from cancer centers in three Canadian cities (Vancouver, Calgary, Winnipeg) participated. Patients provided detailed feedback on the consultation recording at 3 and 7 days post-consultation. Oncologists were provided with patient feedback letters to positively reinforce their involvement. Forty-eight percent of patients expressed an “extreme liking” of their recording (100
Effective communication in nursing is the foundation of excellent care and patient satisfaction. Communication can be a complicated matter, especially when nurses are caring for people from different ethnocultural communities. Patients may come with their own set of ideas about their illnesses and its treatments, which are deeply rooted in their cultural beliefs, values and healing traditions. How do nurses achieve effective and cultural sensitive communication that does not essentialize patients in this situation? Through conducting a nursing research study with a Chinese-speaking cancer population, we have learned many valuable lessons in effective communication that supports patient-centered nursing care. In this presentation, we will describe the geographical and cultural background of the Chinese-speaking cancer patients involved in our research and discuss the shared beliefs they have about cancer and its treatment, as well as the traditional health care practices that may impact their conventional cancer care. Lessons learned during the process of the research study related to patient communication will be shared, including strategies to establish rapport with Chinese-speaking cancer patients and effective ways to talk about certain taboo subjects (i.e. cancer and death). These lessons hold relevance for nurses caring for other ethnocultural communities in Canada.

**B: To Say or Not To Say: Effective Communication With Chinese-Speaking Cancer Patients**

Margurite E. Wong, RN BA BSN, Lynda G. Balneaves, RN PhD, Lynda G. Balneaves, RN PhD, Marja J. Verhoef, PhD, Brenda C. Ross, RN BSN, Tracy O. Truant, RN MSN, Tracy O. Truant, RN MSN, Antony Porcino, BSc PhD, Antony Porcino, BSc PhD, 1. BC Cancer Agency, Vancouver, BC, 2. University of British Columbia, Vancouver, BC, 3. University of British Columbia, Vancouver, BC, 4. University of Calgary, Calgary, AB

Effective communication in nursing is the foundation of excellent care and patient satisfaction. Communication can be a complicated matter, especially when nurses are caring for people from different ethnocultural communities. Patients may come with their own set of ideas about their illnesses and its treatments, which are deeply rooted in their cultural beliefs, values and healing traditions. How do nurses achieve effective and cultural sensitive communication that does not essentialize patients in this situation? Through conducting a nursing research study with a Chinese-speaking cancer population, we have learned many valuable lessons in effective communication that supports patient-centered nursing care. In this presentation, we will describe the geographical and cultural background of the Chinese-speaking cancer patients involved in our research and discuss the shared beliefs they have about cancer and its treatment, as well as the traditional health care practices that may impact their conventional cancer care. Lessons learned during the process of the research study related to patient communication will be shared, including strategies to establish rapport with Chinese-speaking cancer patients and effective ways to talk about certain taboo subjects (i.e. cancer and death). These lessons hold relevance for nurses caring for other ethnocultural communities in Canada.

**C: Explorations in the Application of Keyword Analysis to Conversational Interviews with Cancer Patients**

Sally Thorne, RN, PhD, John L. Oliffe, RN, PhD, Kim Taylor, BA, MA, University of British Columbia School of Nursing, Vancouver, BC

Keyword analysis is a qualitative analytic approach developed for health research by medical sociologist Clive Seale. It permits researchers to automate the indexing of content category terms by frequency in large data bases. Seale has demonstrated that new insights about phenomena can be generated by strategic and purposive keyword analysis under thoughtful conditions. Having conducted a series of large sample qualitative studies on patient perceptions of their communications with health care providers, we were intrigued about the potential of keyword analysis for a fine tuned interpretation of the manner by which men and women speak about their helpful and unhelpful interactions with their cancer care providers. In this paper, we present the findings from this analysis, demonstrating the kind of material that can be gleaned in this manner, the nature and limits of interpretations that can be made on the basis of this kind of analysis, and consider the potential of the approach within the repertoire of qualitative analytic options. Because how patients explain their communication concerns may be differentiated in subtle ways by such variables as gender, it is important that we carefully examine the kinds of interpretations we make on the basis of verbal reports. By continuing to better understand what as well as how participants describe their experiences, we can advance our capacity to engage with them in the ways that will best meet their needs.

**VIII-01**

**A: A Model for Excellence in Dyspnea Management: Patient-Centred Inter-Professional Communication**

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Lorraine Cake, RN, BScN, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON

Dyspnea is a distressing symptom frequently reported in cancer patients.

It is a complex symptom that requires expertise from a range of health care professionals. A three day prevalence study conducted at our site in 2007 indicated that shortness of breath was a significant issue in 51% of lung patients and 26% of all 563 oncology patients. Therefore, a proposal was written to establish a Dyspnea Management Clinic (DMC). The DMC is an inter-professional clinic that facilitates comprehensive assessment, interventions and patient education, empowering patients in the management of this debilitating symptom.

Communication is essential to ensure individualized care planning and coordination amongst the professionals in the DMC. However, since these patients also require other services within the cancer program or the community, communication must extend beyond the walls of the clinic. The DMC not only helps patients to manage their dyspnea but also assists them in navigating the complex cancer system. For example, the DMC is closely linked to our Malignant Effusion Program, the Psychosocial Oncology Program, the Palliative Rehabilitation Program and our Supportive and Palliative Care clinics. This presentation will describe the establishment of the DMC, the inter-professional team and the model of dyspnea.
management used. We will also describe the assessment tools, interventions, patient education tools and patient outcomes including coordinated access to specialist, functional improvement, symptom relief and overall quality of life.

B: Establishing a Support Group for Lung Cancer Patients and Families

Hellen L. Jung, RN, MSN, CON(C), Lisa Lamont, MSW, RSW, Tom Baker Cancer Centre, Calgary, AB

A diagnosis of lung cancer elicits considerable fear, anxiety and feelings of uncertainty in individuals. Unfortunately, lung cancer remains one of the most commonly diagnosed cancers in men and women, and it remains the leading cause of cancer deaths. In addition to a burden of physical symptoms that are commonly associated with this disease, other factors contribute to a high level of distress and a poor sense of well being for these patients. As most patients with lung cancer are diagnosed at an advanced stage, prognosis is not favorable, even with advances made in current treatment options. Further, because of its association with smoking, lung cancer is a disease with which there is significant perceived social stigma.

Based on the belief that patients and families with lung cancer have unique psychosocial and emotional needs, yet share common experiences during the course of their illness, a lung cancer support group was recently established at our local ambulatory care cancer centre. This support group has met monthly for the past 16 months, and meetings are co-facilitated by a Clinical Social Worker and a Clinical Nurse Specialist. The early experience in developing and running this Lung Support Group will be presented. The feedback from group participants will be highlighted, along with the impact this support group has had on members’ ongoing psychosocial and emotional needs. Future vision, including research questions will be discussed.

VIII-02

A: Development and Implementation of Preceptorship Program on Inpatient Hematopoietic Stem Cell Transplant Units

Cheryl A. Liverpool, RN, BScN, CON(C). University Health Network - Princess Margaret Hospital.

Background: Hematopoietic Stem Cell Transplant (HSCT) inpatient units are highly specialized clinical areas in oncology nursing practice. Registered Nurses must possess highly advanced knowledge of hematopoietic concepts of transplantation as well as knowledge and skills in caring for patients who have complications from transplantation. Although new graduates in nursing who work on these units are provided with some in-class educational support on topics related to HSCT, there is limited support with structured time with a nurse preceptor on the units to support the integration of theory and promote clinical decision making. As such, the learning needs of new graduates in this highly complex area require additional structure and support.

Purpose: This presentation will describe the process of both designing and implementing a “Train the Trainer” Preceptorship Program which is comprised of expert HSCT RNs, specifically designed to address and support the learning needs of novice RNs integrating their practice on HSCT units. This presentation will describe the development of the program from the needs assessment, development of the core curriculum as well as the final program. The implementation of the program will also be outlined as well as successes and lessons learned along the way.

B: Bridging the Gaps: Using Technology in Nursing Education

Ashleigh Pugh-Clarke, RN, BScN, MN, CON(C), Rebecca Skinner, Hon. B.A., de Souza Institute, Toronto, ON

Modern technology and the internet have changed the way people behave, talk, react, think and remember (Bassendowski, 2011). Mainstream industries have adopted the modern internet (including social media) as key elements to growing business, sharing information and meeting consumer demands. With the ever-increasing complexity of cancer care, nurses must also adapt to the changing landscape and find ways to communicate their expertise among colleagues, patients and the public.

As a means to meet this growing need, various initiatives were undertaken by a nursing education organization in Ontario. A four week eLearning course, eHealth Nursing and Oncology, was developed to teach nurses about the changing landscape, ethical issues, the future of technology, and the use of social media. In addition to the course, a strong social media presence is being developed, including a Facebook page, two Twitter feeds, and an oncology nursing blog. To date there are over 1,000 followers of these initiatives, lending a strong voice to the eHealth cause and reaching beyond Canadian geographical boundaries.

A discussion of the impact of social media on the ‘voice’ of oncology nurses and healthcare will be presented. Upcoming initiatives to further support nurses in developing expertise in navigating the evolving healthcare information technology landscape will also be addressed.


C: Oncology Nursing Intranet: A Tool to Facilitate Communication and Excellence in Care

Jane E. Delaney, RN CON(C), Arlene Court, RN BSc CON(C), Tracey L. DasGupta, RN BSc MN CON(C), Vicki H. Harris, RN

A discussion of the impact of social media on the ‘voice’ of oncology nurses and healthcare will be presented. Upcoming initiatives to further support nurses in developing expertise in navigating the evolving healthcare information technology landscape will also be addressed.
In today’s health care environment, oncology nurses are challenged to find new ways to develop and maintain knowledge through the use of technology. The Oncology Nursing Intranet Development Project is currently underway. It aims to develop, implement, and evaluate a technology tool to enhance nursing practice by facilitating communication and improving information sharing capability within the organization. The purpose of this presentation is to share our experience in the development of an Oncology Nursing Intranet site. As a tool for nursing practice, it was essential that the site would empower nurses, facilitate communication, and provide easy access and navigation to information. A committee was formed consisting of representatives from across the Oncology Program, including inpatient and ambulatory care, direct care and leadership. Discussion will include the planning and visioning phase, defining goals and objectives, engagement strategy, implementation and evaluation. The process for assessing the needs of the oncology nursing intranet users to define the structure and content will also be discussed. Particular focus will include the role of the Late Career Initiative Nurses in the needs assessment and content development. The Oncology Nursing Intranet is becoming a reality. It will evolve and undergo continuous development of its content and evaluation of its use as a communication tool, used by oncology nurses in their everyday practice to provide excellent care to patients and families.

VIII-03

A: Development and Assessment of a Patient Classification System and Workload Measurement Tool for Inpatient Oncology

Janette S. Klaver, RN BScN, Yvonne L. Zettel, RN, CON(C), Hannah L. Stracey, RN, BScN, Kristen L. Bast, RN, BScN, CON(C), Grand River Hospital, Kitchener, ON

The purpose of the Oncology patient acuity research study was to identify the acuity level of the patients on the Inpatient Oncology unit and adjust the nursing workload according to the changing acuity. Research indicates a correlation between nursing workload and positive patient outcomes. The acuity research group hypothesized there would be a positive impact on the patient’s health outcomes and patient satisfaction. This would be accomplished by adjusting the nurses’ workload to an optimal level as determined by the acuity level of the patients and the nurses’ ability to manage the patient workload. An Oncology specific patient classification system was developed to measure the acuity of the patients. The classification system was tested using inter-rater reliability. The optimal nursing workload was determined by assessing the work environment with the patient classification system and a workload measurement tool found in the literature for a one-month period. Each shift the nurses’ assignment was adjusted to the optimal level for an additional two months. Quantitative data of patient outcomes (i.e., ICU transfers, Medication errors) and nursing related indicators (i.e., charting time, overtime) were gathered during both the assessment period and the implementation period. During both periods, additional data was obtained through the aid of patient and nurse questionnaires. The final results are not available at this time as this research study is currently ongoing; the planned completion date is June 2011.

B: Improving Patient Care, Reducing Patient Safety Risk: Implementation of CPOE (Computer Provider Order Entry) and OPIS (Oncology Patient Information System) at NYGH In-Patient Unit

Yvette M. Barnes, RN, Shehnaz Bandali, RN, Cherri Sunga, RN, Donna Jaggon, RN, Hope Powell, RN, Martha Hinds, RPN, North York General Hospital, North York, ON

Chemotherapy is a cytotoxic agent that can cause harm to patients if not administered safely and effectively. Because of the complexity of the chemotherapy agents and protocols there is a risk of dosing error if the drugs are not checked and administered safely. To adhere to safety standards, ensure positive patient identification and adhere to best practice guidelines North York General Hospital implemented CPOE (Computerized Provider Order Entry) and OPIS (Oncology Patient Information System) in the inpatient oncology unit. The goals were to decrease medication error and improve patient safety within the team as well as support the flow of patient between the inpatient and outpatient unit. With the implementation of CPOE and OPIS bar codes are now affixed to the intravenous bags and medication packages. Nurses will scan their identification badge, then scan the medication then go to the patient’s bedside and positively identify the patient by scanning their identification badge. For high risk medication such as chemotherapy when the primary nurse scan the medication it will prompt for a witness and then a second nurse will independently check the medication prior to administration. The implementation process included designing, testing, quality assurance, problem solving and communication. Policies were revised and implemented to reflect the change in practice for staff. The system has now been in place for five months and already we have seen how effective and efficient it is.

VIII-04

A: Focus Group Successes Result in Significant Communication Improvements

Cynthia A. McLennan, RN MBA CON(C), The Ottawa Hospital Cancer Centre, Ottawa, ON.

Communication in out-patient ambulatory cancer programs is a foundational component for successful patient care and leads to program excellence. However, communication is so much
more than nurse to patient or physician to patient. Successful communication involves all members of the healthcare team and when team members are not hearing each other, patient care suffers. In our large regional out-patient cancer centre, clerical staff play an integral role in facilitating patient care. While valued team members, their issues are frequently overlooked and, at times, undervalued. That said, in an effort to improve communication with our clerical staff we struck a Clerical Focus Group. This group of individuals is comprised of eight clerical representatives from across the program and the clinical manager. This Focus Group identified the issues of concern for the clerical staff; prioritized these issues; developed action plans; implemented strategies to address the issues; provided feedback; and, communicated the lessons learned to the clerical staff and management team of the Systemic Therapy portfolio. This approach to improved communication has resulted in an empowered group of staff who have addressed numerous high-risk processes and significantly improved patient care, safe practice and communication across the program. Communication truly is an art and when all team members recognize an opportunity to make change, excellence in patient care results.

B: Comparison of Occupational Stress: Nurses, Radiation Therapists, and Rapid Response Radiotherapy Program

Tracey L. DasGupta, RN BSc MN CON(C); Lisa Di Prospero, MRT(T) BSc MSc; Liang Zeng, BSc(C); Liying Zhang, PhD; Mary L. Vachon, RN PhD; Lori Holden, BSc, MRT(T) CCRP; Florecia Jon, BSc MRT(T); Edward Chow, MBBS PhD FRCP(C); 1. Sunnybrook Odette Cancer Centre, Toronto, ON, 2. Mary L. Vachon, RN PhD; Lori Holden, BSc, MRT(T) CCRP, Florecia Jon, BSc MRT(T), Edward Chow, MBBS PhD FRCP(C); 1. Sunnybrook Odette Cancer Centre, Toronto, ON

Healthcare professionals (HCP) working in oncology and palliative care settings report experiencing stress which may negatively affect patient care and the ability to provide emotional support to patients. The study purpose was to assess current levels of occupational stress experienced by Nurses, Radiation Therapists (RTs) and the Rapid Response Radiotherapy Program (RRRP) at an ambulatory care centre and determine predisposing factors for workplace stress. Overall response rate was 28%. The sample included RRRP (n=12), RTs (n=26) and nurses (n=29). Participants completed a demographic sheet and three validated surveys designed to evaluate stress; Maslach Burnout Inventory (MBI) assesses burnout in the workplace, emotional exhaustion and depersonalization; the General Health Questionnaire (GHQ-12) assesses psychological morbidity; and the Professional Quality of Life Scale (ProQOL) assesses compassion satisfaction, compassion fatigue and burnout. Statistical analysis involved simple univariate general linear regression model to detect significant demographic predictors for stress between groups and the one-way ANOVA to measure stress between groups. In conclusion, a detached response to professional practice is linked to being younger, being male, having less work experience and being a member of the RRRP team. Professional satisfaction was increased if respondents identified themselves as spiritual, however, decreased if they experienced burnout. Those reporting a greater clinical practice inclusive primarily of palliative patients experienced greater psychological distress. This presentation will provide a detailed review of the data analysis, conclusions, and implications for practice.

C: Using the Art of Communication to Support Each Other in a Time of Change

Cindy S. Murray, MN, NP-adult; Valarie Ali, RN, BN, Shannon Nixon, BScN, RN; Princess Margaret Hospital, Toronto, ON

It is a well-accepted fact that change is difficult to implement in any organization. At our large, academic cancer center the model of care in the ambulatory clinics is changing to better meet the needs of expanding patient volumes. This change process is affecting all members of the interdisciplinary teams. Regular peer support group meetings have become a method for coping with this process.

The meetings began as informal sessions outside the hospital building. They were an avenue to vent feelings of frustration with the change process. Regular members include: medical oncologists, advanced practice nurses, clinical trials nurses and specialized oncology nurses. We quickly recognized the need to develop strategies for managing the negative consequences of change.

Our meetings have been occurring weekly for the past seven months. An email is circulated on Friday afternoons with a weekly theme for all participants to consider and discuss. Occasionally we have invited guests share their experiences with change. This presentation will include a review of the literature on peer support and change management. It will also describe how we turned complaining sessions into a productive strategy to cope and survive change in a sometimes hostile and unfriendly environment.

VIII-05

A: The Implementation of a Triage System in an Acute Oncology Nurse-Led Clinic: Promoting Excellence and Improving Patient Outcomes

Brenda Menezes, R.N., Andrea Sandhu, RN, BScN, MScN (c), Jennifer Deering, RN - EC, Catherine Purcell, RN, Terri Vanderkooy, RN, Renee Grant, RN, Nicole Sommerville, RN, Nancy Gregorio, RN, Bev Burnett, RN, Sabrina Bennett, RN, Judith Filman, RN, Irene Cilla, RN, Princess Margaret Hospital, Toronto, ON

The Radiation Nursing Clinic (RNC), a nurse-led ambulatory clinic, services 600-800 patients monthly who are on active radiation or chemoradiotherapy treatment. The acuity of
problems seen in the RNC has increased due to the use of newer and more effective combinations of treatment modalities. The intense and often toxic regimens faced by cancer patients today thus require more supportive care. However, the RNC had no organized mechanism to recognize and prioritize patient acuity upon presentation. Moreover, the RNC nurses expressed a gap in knowledge regarding physical assessment and the management of clinic patients with urgent health care needs.

A RNC transformation working group was formed to promote nursing excellence through a high-quality, safe, and patient-centered model of care. RNC nurses received comprehensive education pertaining to medical emergency management, physical assessment and triage. A triage system was developed and implemented based on Cancer Care Ontario's Telephone Triage Symptom Management Guidelines and the Canadian Triage Acuity Scale (CTAS). This system has improved clinic flow and ensured patients are prioritized and assessed based on acuity and need instead of a first-come, first-served basis.

This presentation will detail the development, implementation and lessons learned in the creation of a triage model of care in an acute oncology nurse-led clinic.

B: Communicating When It Matters Most: Improving Nursing Participation in Inter-Professional Rounds to Address Patient Needs in Real Time

Shawne P. Gray, RN, BScN, CON(C), Smitha Casper-DeSouza, RN, MScN, CHE, Adiam Haile, RN, BScN, Cathleen Harmer, RN, Elizabeth Clivio, RN, BScN, Elaine Avila, RN, BScN, Anita Long, RN, BScN, MN, Odette Cancer Centre, Toronto, ON

Inter-professional education and inter-professional care are common concepts taught and practiced in health care. Since nurses form the largest professional working force within the inter-professional team, nursing representation at inter-professional rounds has a significant impact on the effectiveness, quality and delivery of care. Lee Miller, Reeves, Zwarenstein, Beales, Kenaszchuk and Conn (2008) state that, “Professional nursing standards identify inter-professional collaboration as necessary for quality patient care”.

On an inpatient surgical oncology unit, in a tertiary academic centre, nursing was historically represented by the Team Leader in the inter-professional rounds. A pilot project designed to enhance staff nurse participation in the inter-professional rounds was developed and implemented using Rapid Cycle Methodology. Patients’ real time concerns and perspectives became the driving force of the inter-professional rounds with frontline nurses leading the way. This presentation will share strategies utilized to improve nursing participation at the inter-professional rounds, the lessons learned during this journey and the implications for practice.


C: Interdisciplinary Communication: The Key to Success in Development and Implementation of Registered Nurse Initiated Activities

Andrea N. Knox, RN BSc, Elizabeth A. Cooper, RN BSc CON (C), Karen A. Janes, RN MScC, Elena Serrano, RN, BSN, MA1, 1. BC Cancer Agency, Centre for the Southern Interior, Kelowna, BC, 2. BC Cancer Agency, Fraser Valley Centre, Surrey, BC, 3. BC Cancer Agency, Vancouver Centre, Vancouver, BC

Changes in provincial legislation afforded an expanded scope of practice for registered nurses. To safely support these changes in oncology care, a provincial initiative was undertaken to develop new policy and decision support resources to guide nursing practice. In the summer of 2009, a working group composed of clinical nurse leaders, educators and professional practice leaders came together to author the Registered Nurse Initiated Activities (RNIA).

Introducing a new initiative is challenging and depends upon the engagement of the stakeholders, acceptance by the Professional Practice Leaders for the multidisciplinary teams within the agency and the development of an efficient education plan for the nurses.

On behalf of the staff nurses the clinical nurse leaders brought to the table a list of RNIA they wished to have developed. Evidence based decision support tools were written in collaboration with our colleagues in the Health Authority.

A communication plan was developed inclusive of an FAQ sheet and PowerPoint presentation to correspond with nursing and other Professional Practice Committees within our agency.

Once accepted by our multidisciplinary colleagues an efficient education plan needed to be developed for our nurses. Competing initiatives, time restraints and cost were major factors in the RNIA rollout plan to the nurses.

This presentation will articulate in detail the varying communication and education strategies required to launch this nursing initiative.
Poster Presentations

**Group One**

**P-01: Incidental Pulmonary Embolism on Staging Computed Tomography Imaging**

Kristine Frandsen, RN, BScN, Maja Poehlman, RN, Carolyn Webb, RN, BSc, Christine Parke, RN, BA, Juravinski Hospital, Hamilton Health Sciences, Hamilton, ON

**P-02: Cervical Cancer Screening: A Chance To Save Your Life**

Kathy Fitzgerald, RN, BN, CON(C), Vicki Greenslade, PhD, RN, Irene Doyle Barry, MEd, NP-PhC, RN, Kelly Power, Kean, MHS, NP-PhC, RN, 1. Cancer Care Program, Eastern Health, St. John's, NL, 2. Centre for Nursing Studies, St. John's, NL

**P-03: High Dose Rate Brachytherapy: A Multidisciplinary Team Coming Together to Provide a New Treatment Modality**

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Siobhan McArdle, DCR(T), MRTT, Cert Ad Ed, BSChons, Wendy Anstey, RN, CON(C), Kelly Bodie, RN BSN, Kingston General Hospital & Cancer Centre of Southeastern Ontario, Kingston, ON

**P-04: Let’s Talk About Sex: Implications for Oncology Nursing Practice**

Suzanne Levesque, RN CON(C) CVAA, Barbara Ballantyne, RN BNSc MSch CON(C), Melissa K. Guimond, BScN Student, 1. HRSRH, Sudbury, ON, 2. Laurentian University, Sudbury, ON

**P-05: Reduced Call Light Enhances Patient Care**

Anita Long, RN, MSN/ED, CON(C), Mary Glavasевич, RN, BA, MN, Sharon Greene, RN, Irene Cilla, RN, BScN, Sunnybrook Health Sciences Centre, Toronto, ON

**P-06: Sustaining Excellence in Oncology Pain Management: Communicating Successes and Opportunities for Improvement**

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

**P-07: The Princess Margaret Hospital (PMH) and Women’s College Hospital (WCH) after Cancer Treatment Transition Initiative**

Shari L. Moura, RN MN CON(C), Barbara Fitzgerald, RN MScN, Malcolm J. Moore, MD, FRCPC, Carol Townsley, MD, MS, Gillian Hawker, MD, MS, FRCPC, Ruth Heisey, MD CCFP FCPF, Jane Mosley, RN MSchN, Kris Barrett, RN BScN, Catharine McManamon, MSW MBA, 1. Princess Margaret Hospital, Toronto, ON, 2. Women’s College Hospital, Toronto, ON

**Group Two**

**P-08: Accurate Clinical Trials Source Documentation: Streamlining the Communication Process**

Deborah Macdonald, Bsc,RN,Con(c), Credit Valley Hospital, Mississauga, ON

**P-09: Brain Tumors: Nursing Challenges in an Unforgiving Disease - Are We Doing All We Can To Ease The Burden?**

Lizette R. Deacon, RN, CON (C), Regional Cancer Program of the Sudbury Regional Hospital, Sudbury, ON

**P-10: Comfort Levels of Gynecology Cancer Patients Receiving Intraperitoneal Chemotherapy: A Pilot Study**

Darlene L. Whyte, MN, James A. Rankin, NP- Adult, PhD, Carole-Lyne LeNavenec, MN, PhD, Janice Kinch, MN, PhD, 1. Tom Baker Cancer Centre, Calgary, AB, 2. University of Calgary, Calgary, AB

**P-11: Embracing New Roles for Radiation Oncology Nurses Delivering Procedural Sedation for High-Dose Brachytherapy Treatments**

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Beverly Tassone, RN, Shery Shoniker, RN BNSc, Wendy Anstey, RN CON(C), Kelly Bodie, RN BSN, Kingston General Hospital and Cancer Centre of Southeastern Ontario, Kingston, ON

**P-12: Nurses: The Vital Link in the Detection of Malignant Spinal Cord Compression**

Laurie Ann Holmes, RN BScN OCN, The Ottawa Hospital, Ottawa, ON
P-13: The Development of a Patient Teaching Tool for Women with a Gynaecologic Malignancy Undergoing Minimally Invasive Robotic Assisted Surgery

Luisa Luciani Castiglia, N, MScA, CON(C), Nancy Drummond, N, MScA, CON(C), Margaret Purden, N, PhD, Walter H. Gotlieb, MD, PhD, Susie Lau, MD, Linda Lei, MLIS, Cania Vincelli, N, MScN, Claire Deland, N, Sonia Brin, N, 1. McGill University Health Centre, Montreal, QC, 2. Jewish General Hospital, Montreal, QC, 3. McGill University, Jewish General Hospital, Montreal, QC

P-14: Too Tired To Care: Compassion Fatigue in Oncology Nursing

Melissa L. Touw, RN, BSc, MSc, CON(C), Cancer Centre of Southeastern Ontario, Kingston General Hospital, Kingston, ON

P-15: We Can Do Better: The Patient Experience at the Odette Cancer Centre; What Our Patients Told Us

Margaret I. Fitch, RN, PhD, Lisa Di Prospero, M.R.T(T), BSc., MSc, Alison McAndrew, BA, RAP, Sunnybrook Health Sciences Centre, Toronto, ON

Group Three
Tuesday, September 13, 10:30 AM – 11:00 AM, Room 100


Alison McAndrew, BA, RAP, Kittie Pang, BSc, MA, Margaret Fitch, RN, PhD, Tamara Harth, BA (HON), MLIS, Kathy Kwan, VolMgmt(cert), Pat Brown, RN, Sunnybrook Health Sciences Centre, Toronto, ON

P-17: Clinical Research Team and Advanced Practice Nurse Collaboration and Communication: Improving Outcomes through Optimal Management

Carol Burnett, RN, CON(C), Penny Chipman, CCRP, CCRC, McGill University, Montreal, QC

P-18: Dart Supports Effective Communication between Patients and the Health Care Team

Nancy Gregorio, BScN, MN, CONC, Alyssa Macedo, BSc, BScOT, MScOT, Madeline Li, PhD, Gary Rodin, PhD, University Health Network, Toronto, ON

P-19: Making an Argument for Clinical Excellence through Cancer Patient Navigation in Harsh Economic Times

Janet E. Bates, RN, BScN CON(C), Centre for the Southern Interior, BCCA, Kelowna, BC

P-20: Opportunities for Change: The Art of Communication and the Division of an Oncology/Medical In-Patient Unit to Enhance Patient Care Outcomes

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Melissa Touw, RN, MSc, CON(C), Lee Ann Fox, RN, MN, CON(C), CHPCN(C), Rana Fowler, RN, Kingston General Hospital & Cancer Centre of Southeastern Ontario, Kingston, ON

P-21: Palliative Care Consults: Keys to Effective Inter-Professional Communication

Lynn Kachuik, RN, BA, MS, CON(C), HPCN(C), Wendy Petrie, RN, BScN, MScN, CON(C), CHPCN(C), Christine Walsh, RN, BScN, MA, CHPCN(C), the Ottawa Hospital, Ottawa, ON, The Ottawa Hospital, Ottawa, ON, The Ottawa Hospital, Ottawa, ON

P-22: The Drug Access Coordinator Initiative, Improving Patient Support

Janice Chobanuk, RN, BScN, MN, CON(C), HPCN(C), Janet Kluthe, BScN, RN, MPH, CHE, Community Oncology, AHS Cancer Care, Edmonton, AB

P-23: The Family Care Coordinator: Paving the Way to Seamless Care

Mary Jean L. Howitt, RN, MN, CPON, IWK Health Center, Halifax, NS.

P-24: Use of Whiteboard on a Surgical Oncology Unit as a Communication Tool: The Patients’ Perspective

Mary Glavassevich, RN, BA, MN, Anita Long, RN, MSN/ED, CON(C), Brenda Leung, RN, BSc, Sharon Greene, RN, Rasien Samonte, RN, BN, Ivy Henry, RN, BN, Vanessa Wheeler, MSc, PT, Anju Vyas, BSc, Phm, Heather Ferguson, RD, Cynthia Robinson, MSW, RSW, Sunnybrook Health Sciences Centre, Toronto, ON
Group Four
Tuesday, September 13, 3:45 PM – 4:15 PM, Room 100

P-25: A National Strategy for Optimizing the Development of Advanced Practice Nursing Roles in Cancer Control

Denise E. Bryant-Lukosius, RN, CONC, PhD, McMaster University and Juravinski Cancer Centre, Hamilton, ON

P-26: Assessing Sexuality in Patients with Cancer: Improving the Current Practice

Ioulia Konovalova, RN, BScN, CON (C), MN, Stronach Regional Cancer Center, Newmarket, ON

P-27: Creating a Discharge Planning Guide for Nurses on an Inpatient Hematologic Oncology Unit

Tamara J. Einarson, RN, BN, CON (C), Nadia Zenchyshyn, RN, BScN, Winnipeg Health Sciences Centre, Winnipeg, MB

P-28: Evaluation of the Psychometric Properties of the French WccnrR-F Stomatitis Instrument to Determine the Degree of Severity of Stomatitis

Nicole Allard, PhD, University of Quebec in Rimouski, in Lévis, Lévis, QC

P-29: Improving Chemotherapy Scheduling at BCCA Vancouver Centre

Nancy A. Runzer, RN, Bsc, Ruben Aristizabal, MM, Pablo Santibáñez, MM, Vincent S. Chow, MM, Kevin Huang, BCom, BEng, Martin L. Puterman, PhD, BC Cancer Agency, Vancouver, BC

P-30: Nova Scotia Administration of Cancer Chemotherapy Online Learning Program

Kara L. Henman, RN, BScN, CON(C), Michele Rogez, RN, BScN, CON(C), AE(C), Cancer Care Nova Scotia, Halifax, NS

P-31: The Art of Communication: Oral Targeted Therapies and Their Side Effect Profile, What Oncology Nurses Need To Knows

Janet L. Giroux, RN, MScn, CCN(C), CON(C), Julie Holiday, CRA, Gina Fernetich, BScN, RN, CON(C), CCRP, Kingston General Hospital & Cancer Centre of Southeastern Ontario, Kingston, ON

P-32: The Essential Components of an Orientation Package: A Project to Enhance Communication and Knowledge Transfer between Students and Staff

Shawna Kelly, BPhEd, BScN(c), Margaret E. Casey, BAH, BScN(c), Mandy Townend-Kolodziej, RN, Princess Margaret Hospital, Toronto, ON

P-33: Utilizing a Reaction Questionnaire to Evaluate the Oncologic Emergencies E-Learning Course

Michelle Wong, RN, BHSc, BScN, MN, Charissa Cordon, RN, BSc, BScN, MN, CON(C), APNE¹, Sarah D’Angelo, RN, BSc, BScN, MN, APNEⁱ, 1. North York General Hospital, University of Toronto, Toronto, ON, 2. Princess Margaret Hospital, Toronto, ON
Poster Presentations

Group One
Monday, September 12, 10:00 AM – 10:30 AM, Room 100

P-01: Incidental Pulmonary Embolism on Staging Computed Tomography Imaging

Kristine Frandsen, RN, BScN,  Maja Poehlman, RN, Carolyn Webb, RN, BSc, Christine Parke, RN, BA, Juravinski Hospital, Hamilton Health Sciences, Hamilton, ON

Significant advancement of modern imaging technology has improved the diagnosis of many disease states. Along with more specific diagnoses however, another problem has arisen—findings that were unexpected and moreover, findings which produced no symptoms.

For oncology patients, CT scans are commonly used for staging and restaging. Incidental pulmonary embolism on CT scans is an increasingly common finding in oncology patients. The literature varies in reported incidence, from 4.4% (Brown, 2010) to 11.8% (Hui, 2008). Furthermore, the association of thromboembolic disease in oncology patients is well documented; at least four fold in the oncology population. Thus, these findings can create a mired dilemma for physicians, in terms of treatment strategies in asymptomatic disease, for nurses and for patients. Treatment of a problem for which no symptoms exist is obviously challenging for physicians; for patients it is difficult to accept a new, unexpected condition in the context of the cancer diagnosis and nurses then, are faced with counseling and supporting their patients.

In order to better understand this phenomena, four thromboembolism nurses who are affiliated with a regional cancer center, reviewed the history of pulmonary embolism, including diagnosis and treatment, the current standard for diagnosis and treatment and a review of the literature surrounding the incidental finding of pulmonary embolism on staging CT’s for oncology patients. The findings were presented to the regional thrombosis nursing journal club meeting.

P-02: Cervical Cancer Screening: A Chance To Save Your Life

Kathy Fitzgerald, RN, BN, CON(C), Vicki Greenslade, PhD, RN, Irene Doyle Barry, MEd, NP-PhC, RN, Kelly Power - Kean, MHS, NP-PhC, RN, 1. Cancer Care Program, Eastern Health, St. John’s, NL, 2. Centre for Nursing Studies, St. John’s, NL

Widespread use of Pap testing has resulted in a steady decline of the national incidence and mortality rates of cervical cancer over the past three decades. Newfoundland and Labrador’s (NL) incidence and mortality rates for cervical cancer are higher than other Canadian jurisdictions. Widespread efforts to increase participation in screening programs have not shown an appreciable decline in rates.

National and provincial surveys report that a considerable number of eligible women have never had a Pap test or are not tested regularly. The literature identifies myriad factors which influence non-adherence to cervical cancer screening. It is important to understand which factors influence NL women’s decision to participate in screening in order to implement recruitment strategies to positively impact Pap test attendance.

A two-phased, mixed methods research project studied women in NL who were diagnosed with invasive cervical cancer to ascertain their perceptions, beliefs and attitudes associated with cervical screening, reasons for avoiding screening and personal insight of how to improve the experience of screening. Data analysis revealed seven main themes: Physiological Factors, Emotional Factors, Cultural Factors, Birth Control/ Pregnancy, Life Gets in the Way, Healthcare Provider Approach, and Education.

Study results are discussed and recruitment strategies recommended.

P-03: High Dose Rate Brachytherapy: A Multidisciplinary Team Coming Together to Provide a New Treatment Modality

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Siobhan McArdle, DCR(T), MRTT, Cert Ad Ed, BScHons, Wendy Anstey, RN, CON(C), Kelly Bodie, RN BSN, Kingston General Hospital & Cancer Centre of Southeastern Ontario, Kingston, ON

The combination of interdisciplinary collaboration, sophisticated equipment and enhanced knowledge in radiation oncology has transformed how patients with cervix cancer are treated. Radiation therapy is an important treatment modality for patients with carcinoma of the cervix. Conventional treatment with radiation therapy includes a combination of external beam and intracavitary (internal) treatment with or without chemotherapy as a radiosensitizer. Low dose rate (LDR) intracavitary treatment was the time-tested modality used for decades. However, clinical trial evidence has proven the feasibility and efficacy of high dose rate (HDR) brachytherapy treatment. HDR brachytherapy is a method being adopted in the gynecology oncology field.
Advantages of HDR treatments are a shorter treatment time, patient convenience, and outpatient management versus a lengthy hospitalization requiring strict bed rest and limited patient movement due to the applicator positioning; which can predispose patients to complications.

The aim of our poster is to move oncology nurses beyond the realm of external beam and LDR radiation therapy for female reproductive cancers. Our communication plan will include selection criteria, potential side effects and risks, and special considerations for patient care before, during and after the procedure. HDR brachytherapy for gynecologic cancer requires an expanded knowledge base in order to provide high-quality care and to ensure patient safety and satisfaction.

P-04: Let’s Talk About Sex: Implications for Oncology Nursing Practice

Suzanne Levesque, RN CON(C) CVAA1, Barbara Ballantyne, RN BNSc MScN CON(C)J, Melissa K. Guimond, BScN Student2, 1. HRSRH, Sudbury, ON, 2. Laurentian University, Sudbury, ON

Both a diagnosis of cancer and radiation therapy can have a profound impact on sexuality. Sexual intimacy is essential to the health and well-being of each individual (Hughes, 2009; Moore & Higgins, 2009). Intimacy can lessen emotional distress and improve psychosocial adjustments in the face of a cancer diagnosis (Park, Norris & Bober, 2009). Patients perceive discussing sexuality as important, however it is rarely discussed by health care providers (HCP). One study indicated that while 42% of cancer patients were interested in discussing sexuality concerns, only 17% of nurses addressed it (Southard & Keller, 2009). These conversations can help to normalize patients’ feelings about sexuality issues (Park, Norris & Bober, 2009). It is imperative that nurses routinely perform sexual assessments, provide information and make referrals to appropriate HCP, such as social workers, regarding patient identified sexuality issues. To understand the scope of current nursing practice for radiation cancer patients at one Regional Cancer Program, a retrospective chart review was completed in order to quantify the prevalence of patient declared sexuality issues, discussions had with HCP regarding sexuality, and sexual interventions that were implemented. Furthermore, this presentation will highlight sexuality issues that were identified by the patient but not addressed by HCP. Future research implications will be examined. This research will contribute to the development of enhanced communication tools relative to sexuality and opportunities for nursing education.

P-05: Reduced Call Light Use Enhances Patient Care

Anita Long, RN, MSN/ED, CON(C), Mary Glavassevich, RN, BA, MN, Sharon Greene, RN, Irene Cilla, RN, BScN, Sunnybrook Health Sciences Centre, Toronto, ON

In reviewing the most recent 2009 Patient Satisfaction Survey for our surgical oncology unit it was noted that 21% of patients were dissatisfied with the waiting time after initiating the call light. It is well documented that patients’ satisfaction increases when call lights are responded to promptly and when nurses are unavailable patients uncertainty increases (Woodard, 2009).

It is the nurses’ belief that if the reasons for calls are identified, recommendations could be initiated to reduce the need for most calls. Anecdotal accounts from the nurses on this unit provided several reasons for patients’ call light use.

A group of oncology nurses conducted a survey as a Quality Improvement Project to determine the reasons and frequency of the call light use. The results have prompted two changes: The potential needs of the patients were addressed and regular rounding was initiated. A follow-up survey revealed a reduction in call light use. Evaluation of changes in practice will be revealed through patient responses in our next patient satisfaction survey.

The need for toileting and intravenous issues were among the most common reasons reported for the call light use in a study by Meade et al. (2006). Rounding regularly and communicating with patients has been recommended to enhance patients’ satisfaction and safety. This presentation will report the project results and strategies to reduce patients’ waiting time for care.

P-06: Sustaining Excellence in Oncology Pain Management: Communicating Successes and Opportunities for Improvement

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

Despite the evolution of pain assessment and management, pain continues to be poorly managed even in oncology settings. Studies reveal that consistency and effectiveness of pain management is related to knowledge, attitudes and system factors. Pain, from the patient experience, is also multi-dimensional including both physiological and psychological factors.
Ineffective pain management is associated with unnecessary human suffering, poor functional status, and increased costs related to hospitalization. Consequently, sub-optimal pain management is a significant quality issue that should be addressed by the entire care team since pain assessment and management requires a collaborative inter-professional approach. Since a corporate policy on pain assessment and management based on best practice guidelines had been implemented, we decided to conduct a pilot pain prevalence study as a baseline measure of pain management compliance on our inpatient oncology units.

Our pain work group selected and developed the measures to be used including patient assessment (Brief Pain Inventory), a chart audit tool and a patient satisfaction questionnaire regarding pain management. In addition, an education session for prevalence surveyors was developed to ensure consistent application of the tools and up to date knowledge regarding pain. After the study, the results were shared with the three oncology units to celebrate successes and facilitate improvement in deficient areas. This poster will outline the processes undertaken, the tools used and the results obtained from our pilot pain prevalence study.

P-07: The Princess Margaret Hospital (PMH) and Women’s College Hospital (WCH) after Cancer Treatment Transition Initiative

Shari L. Moura, RN MN CON(C), Barbara Fitzgerald, RN MScN, Malcolm J. Moore, MD, FRCP(C), Carol Townsley, MD, MSc, Gillian Hawker, MD, MSc, FRCP(C), Ruth Heisey, MD CCCP FCFP, Jane Mosley, RN MScN, Cris Barrett, RN BScN, Catharine McManamon, MSW MBA, 1. Princess Margaret Hospital, Toronto, ON, 2. Women’s College Hospital, Toronto, ON

Improvements in cancer therapy have led to better survival rates. Visits to the ambulatory care clinics at PMH have increased by 30% in 5-years, and these increased volumes lead to prolongation of patient wait-times, and increased stress for health care providers.

The PMH and WCH After Cancer Treatment Transition initiative cares for patients who are transitioned from the ambulatory care clinics at PMH, and delivers high quality, safe, and integrated patient care with engagement of patients/families, oncologists and primary care physicians. Target population is patients who have completed cancer therapy and are at moderate to low risk for cancer recurrence. Initial phase of the project involved patients with Testes, Melanoma, Breast, and Colorectal cancers.

Disease site groups identify the appropriate cohort of patients for transition and a standardized protocol for follow-up. ACTT team defined operations and processes for clinic functioning at WCH, for appropriate linkages back to PMH, and to primary care physicians. 350 patients have been transitioned with 6-8 additional patients identified each week. When patients seen at PMH; the initiative is discussed with them and subsequent visits are booked at WCH. Essential components of the model include: standard surveillance protocols, management of late side effects and distress, and health promotion. Standard reporting includes patient assessment, a defined plan of care, and reporting to the primary care provider. There is also a research and evaluation component to the program.

Group Two
Monday, September 12, 3:15 PM - 3:45 PM, Room 100

P-08: Accurate Clinical Trials Source Documentation: Streamlining the Communication Process

Deborah Macdonald, Bsc,RN,Con(c). Credit Valley Hospital, Mississauga, ON

Clinical trial sponsors require detailed physician documentation of treatment side effects. Communicating with physicians in order to establish attribution for side effects and clinical significance of abnormal laboratory values has been a problem. Traditionally, at our site, nurses have written the detailed notes required as source documents and then had physicians sign the records indicating their agreement or making changes as necessary. This preparation of forms and signing-off process was time-consuming and tedious for nurses and physicians.

Nurses dictating notes using voice recognition software could streamline this process. Research administration considered the purchase of one software package economically feasible as a time management strategy. A project request was sent to the Information Technology (IT) department to explore the nursing use of voice recognition software in conjunction with physician dictation sign-off in the hospital Meditech system.

The IT project coordinator confirmed that the dictated clinical trials nurses’ notes could be placed into the physicians’ electronic mailbox for reading and sign-off. Changes could be made as necessary prior to signing and nurses could amend the note as needed and replace it in the mailbox to be re-signed. The physicians agreed to the system, recognizing its benefits. The dictate to text system is now in use. Positive feedback has been received from trial sponsors. This type of nursing documentation is being considered for the oncology nurses.
A formal evaluation needs to be done.

P-9: Brain Tumors: Nursing Challenges in an Unforgiving Disease - Are We Doing All We Can To Ease The Burden?

Lizette R. Deacon, RN, CON (C), Regional Cancer Program of the Sudbury Regional Hospital, Sudbury, ON

Brain tumors are serious diseases and medical treatment has generally proven to have limited impact. Most patients are faced with impaired ability to function in the physical, psychological, emotional and social domains of day-to-day life across the disease trajectory. Do we as nurses make a tangible difference during this difficult time? To determine patients’ needs and how these are met, a retrospective review was conducted. The sample consisted of all patients with a diagnosis of primary brain tumor referred to our cancer program during an eighteen month period. Primarily, information regarding patients’ needs was gathered from their Edmonton Symptom Assessment System (ESAS) scores as direct information is deemed most accurate. Additional information relating to interventions and their impact was obtained from physician and nurses’ notes housed in the cancer program charts. The information was compiled and reviewed. Knowing how we have successfully met our patients’ needs in the past provided insight into how to improve management of this population in the future. By sharing my findings, I aspire to assist other nurses in alleviating some of the burdens brought on by this devastating disease.

P-10: Comfort Levels of Gynecology Cancer Patients Receiving Intraperitoneal Chemotherapy: A Pilot Study

Darlene L. Whyte, MN, James A. Rankin, NP, Adult, PhD; Carole-Lyne LeNavene, MN, PhD; Janice Kinch, MN, PhD; 1. Tom Baker Cancer Centre , Calgary, AB, 2. University of Calgary, Calgary, AB

The goal of this pilot study, using a one group pre-test/post-test repeated measure design, was to measure the comfort levels of patients (n = 10) with gynecologic type cancer before and after the administration of warmed intraperitoneal chemotherapy on day one and day eight for three chemotherapy treatment cycles. Comfort scores of these patients were compared pre and post chemotherapy, from day one to day eight, and among cycles one, two and three using the General Comfort Questionnaire (GCQ). Data were collected on eight women with ovarian cancer and two with primary peritoneal cancer. General comfort level scores did not change significantly before and after receiving warmed intraperitoneal chemotherapy (p = 0.630) or over the three chemotherapy cycles (p = 0.603). However, there was a significant decrease in general comfort levels in these patients from day one to day eight (p = 0.005). When the four subscales of the GCQ were examined (physical, psychospiritual, sociocultural and environmental), a statistically significant decrease in comfort from day one to day eight was found only in the physical subscale (p = 0.007). This was a very small pilot study; therefore results need to be interpreted with caution. The decrease in comfort that was seen from day one to day eight chemotherapy warrants further investigation by nurses and other health professionals.

P-11: Embracing New Roles for Radiation Oncology Nurses Delivering Procedural Sedation for High-Dose Brachytherapy Treatments

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Beverly Tassone, RN, Shery Shoniker, RN BNSc, Wendy Anstey, RN CON(C), Kelly Bodie, RN BSN, Kingston General Hospital and Cancer Centre of Southeastern Ontario, Kingston, ON

Radiation oncology nurses must be adequately educated on the care and management of patients and families undergoing high-dose rate brachytherapy for gynecological cancers. The utilization of nurses trained to administer procedural sedation in the brachytherapy unit has gained increased popularity. These nurses require specialized training in conscious sedation and they require advanced assessment skills, while incorporating the treatment aspects of the radiation treatment. High-dose rate brachytherapy for gynecologic cancers requires a multidisciplinary team approach. Comprehensive nursing management for patients before, during, and after the procedure is necessary to achieve high-quality outcomes and patient satisfaction. The use of appropriate analgesic and sedating medications can reduce these treatments from being an ordeal to slightly unpleasant. The cause of discomfort is multifactorial. Patients are extremely anxious, the procedure can be uncomfortable due to the equipment, positioning, and cramping which may also precipitate nausea and vomiting. Women report embarrassment while in the position for the brachytherapy treatment, especially when multiple team members are required to facilitate this complex specialized procedure. Unfortunately, the treatment can be cancelled once the patient has been prepared due to challenges of visualizing the appropriate anatomy. As well, the overall procedure is relatively short making the administration of appropriate amounts of sedation challenging.
Communication and teamwork is essential in order to provide compassionate care. This poster will review our experiences and recommendations for future adoption.

P-12: Nurses: The Vital Link in the Detection of Malignant Spinal Cord Compression

Laurie Ann Holmes, RN BScN OCN. The Ottawa Hospital, Ottawa, ON

Nurses have a vital role in detecting malignant spinal cord compression. The incidence of malignant spinal cord compression is 5-10%, early detection is critical in containing the deficits caused by the compression. This Oncological Emergency requires treatment within 24hrs.

Malignant spinal cord compression is commonly seen in lung, breast and prostate. Occurs when a neoplasm exerts direct pressure, invades, or erodes into the spinal canal.

Pain is usually the first and most common presenting symptom experienced by a patient with impending cord compression. An in-depth pain assessment by the nurse can help identify patients with cord compression. In cord compression back pain is not relieved by rest, may be worse when lying down and may be radicular.

As the cord compression progresses the patient will start to experience motor deficits, 80% of patients are not aware of these changes. Again the nurses’ assessment is key in detecting these subtle changes, unsteady gait, dragging of affected limb(s), difficulty climbing stairs.

Goals of treatment are to preserve or restore function, maintain stability of spine, control growth of tumour and manage pain, standard treatment is usually a combination of steroids and radiation therapy.

As progression of cord compression can be rapid nurses prompt identification of this emergency can be the difference in a patient being able to walk again or being bedridden.

P-13: The Development of a Patient Teaching Tool for Women with a Gynaecologic Malignancy Undergoing Minimally Invasive Robotic Assisted Surgery

Luisa Luciani Castiglia, N, MScA, CON(C), Nancy Drummond, N, MScA, CON(C), Margaret Purden, N, PhD, Walter H. Gotlieb, MD, PhD, Susie Lau, MD, Linda Lei, MLIS, Cania Vincelli, N, MScN, Claire Deland, N, Sonia Brin, N. 1. McGill University Health Centre, Montreal, QC, 2. Jewish General Hospital, Montreal, QC, 3. McGill University, Jewish General Hospital, Montreal, QC

Women undergoing minimally invasive robotic assisted surgery for gynaecologic malignancy are coping with both a new cancer diagnosis and having surgery. The provision of information enhances coping with illness related challenges. In the context of a lack of existing patient print materials to prepare women and a short hospital stay, the need for a written teaching tool emerged. A systematic process was used to develop a patient information booklet to enhance the provision of informational support. The initial steps involved consultation with stakeholders, searching for pre-existing tools and reviewing the literature. Stakeholders consulted included members of the interdisciplinary team and women who had undergone this type of surgery. An iterative process of developing content and obtaining feedback led to the final version of the booklet. Salient principles pertaining to suitability of patient print materials were incorporated throughout the tool. The final product was a fifty-two page booklet which covers the trajectory of the woman’s experience from the initial consultation to future considerations after the surgery. It is inclusive of physical, psychosocial and sexual aspects. The use of written information to complement verbal teaching for women having robotic surgery is an effective strategy to enhance recall and improve satisfaction. The use of this tool can also facilitate consistency of information provided across the continuum of care.

P-14: Too Tired To Care: Compassion Fatigue in Oncology Nursing

Melissa L. Touw, RN, BSc, MSc, CON(C). Cancer Centre of Southeastern Ontario, Kingston General Hospital, Kingston, ON

Are you too tired to care? Compassion fatigue is a physical and emotional exhaustion that causes a decline in a person’s ability to feel compassion when taking care of others. Compassion fatigue is linked to burn-out and vicarious traumatic stress and is usually a result of taking care of others and not taking care of themselves. Compassion fatigue and results in emotional or spiritual depletion, which can lead to sickness, low productivity, decreased capacity to care, or even leaving the nursing profession altogether. Depression, anxiety, sleep difficulties, and relational conflicts are symptoms of compassion fatigue and these symptoms affect professional and personal life. This poster will describe an oncology program’s initiatives to identify the needs of nurses with regard to compassion fatigue and burden of care. The plan is to provide nurses with
information about what compassion fatigue is through education opportunities and written information, encourage nurses to do a compassion fatigue/compassion satisfaction survey, and then participate in a unit-based program as an intervention. The program will involve social workers, spiritual care, and palliative care. Interventions include self-awareness, creation of a caring culture, education, and coping strategies. Nurses are called to care; holistic care includes caring for yourself.

P-15: We Can Do Better: The Patient Experience at the Odette Cancer Centre; What Our Patients Told Us

Margaret I. Fitch, RN, PhD. Lisa Di Prospero, M.R.T(T), BSc., MSc, Alison McAndrew, BA, RAP, Sunnybrook Health Sciences Centre, Toronto, ON

The Odette Cancer Centre (OCC) is undergoing a clinical redesign project to improve the patient experience, achieve work life balance for staff, and provide the best care possible within existing resources. We sought patient perspectives to determine what is important to them during treatment and care. Results from our interactions and data from patient surveys were used to recommend how the patient experience at OCC could be improved. Three focus groups (n=19) were held and eight patients were interviewed. All interviews were transcribed and key themes identified. Using the themes, a survey was created for wider distribution and validation. The survey was distributed in the patient waiting rooms over a period of 4 weeks and 137 were returned. Data were analyzed using descriptive statistics exploring perspectives by: gender, time since diagnosis, educational level, age and specific disease site. Results from the focus groups and individual interviews highlighted two key areas of concern: waiting and uncertainty. Waiting and uncertainty were also indicated as key areas of concern in the survey data. Our findings agreed with previous studies emphasizing that patients would rather not wait for clinic or treatment appointments. Patients would like access to information about disease, tests, treatment and supportive services. Also, they would like their uncertainty reduced, particularly with respect to where to go around the cancer centre and hospital, and what is going to happen.

Group Three
Tuesday, September 13, 10:30 AM – 11:00 AM, Room 100


Alison McAndrew, BA, RAP. Kittie Pang, BSc, MA, Margaret Fitch, RN, PhD, Tamara Harth, BA (HON), MLIS, Kathy Kwan, VolMgmt(cert), Pat Brown, RN, Sunnybrook Health Sciences Centre, Toronto, ON

Cancer patient navigation programs are emerging as an intervention to assist patients with overcoming identified barriers in accessing necessary services. Models of professionally-led, peer-led and volunteer-led programs are being designed and introduced in Canada. The aim of this pilot is to implement and evaluate a peer-led navigation program for Chinese-speaking breast cancer patients at the point of diagnosis and through the early stages of treatment at a comprehensive cancer centre. The 12-month pilot ran at the Odette Cancer Centre, the cancer program of Sunnybrook Health Science Centre, Toronto, Ontario. Given the nature and duration of the pilot project, the most appropriate evaluation approach included elements of both process and short cycle evaluation. The training manual, the training program, and the navigation program itself were evaluated by breast cancer patients, the peer navigators, and health care professionals. Eight peer navigators have been trained and have evaluated the training sessions. They all rated the training session as either excellent/good. Most feel prepared to navigate patients. When asked what impact they would like to have as a peer navigator, most said they would like to support the patients, help reduce any anxiety, and provide patients with resources. Currently, twenty-one patients have been navigated. Preliminary assessment of the program by the patients is offering encouraging results. The program is anticipated to be a model for other disease sites and other language groups.

P-17: Clinical Research Team and Advanced Practice Nurse Collaboration and Communication: Improving Outcomes through Optimal Management

Carol Burnett, RN, CON(C). Penny Chipman, CCRP, CCRC, McGill University, Montreal, QC

Lung cancer care teams face significant challenges in supporting patients and their families throughout the rapid and often short trajectory of a lung cancer diagnosis. The important collaborative role between the Clinical Research Team and the Advanced Practice Nurse (APN) has the potential of enhancing communication, establishing and maintaining continuity of care, and improving overall outcomes as patients travel through their experience enrolled in a clinical trial.
This presentation will describe the importance of optimal management and communication, within a clinical trial, in improving outcomes for lung cancer patients. Unique data related to a patient's personal experience within a trial may be shared and may add to the overall outcome and future of a potential therapy. The important roles/responsibilities of the Clinical Research Team members and the Advanced Practice Nurse will be described. The invaluable collaborative relationship between the team and the APN in ensuring continuity for a complex plan will be outlined.

In conclusion, the potential overall benefits of the Clinical Research Team and the APN involvement in clinical trials for lung cancer patients will be presented. Future directions for nursing involvement will be proposed.

P-18: Dart Supports Effective Communication between Patients and the Health Care Team

Nancy Gregorio, BScN, MN, CONC, Alyssa Macedo, BSc, BScOT, MScOT, Madeline Li, PhD, Gary Rodin, PhD, University Health Network, Toronto, ON

The medical oncology melanoma clinic in this cancer centre is a very hectic and frequently overbooked clinic. Often there is a long wait time for patients to be seen by a physician. This increases anxiety and frustration among patients. In addition, the time nurses spend with patients is limited due to the volume and complexity of patients that are seen in this clinic. When the Psychosocial Oncology and Palliative Care Department proposed a new tool to screen for emotional, physical, social and spiritual distress the melanoma team was more than happy to participate as a pilot site as the team was looking for ways to be more efficient and effective in providing patient care.

This presentation will highlight how the Distress Assessment and Response Tool (DART) was implemented in a busy melanoma clinic and how it has improved communication of patient’s concerns and level of distress with the health care team. It will also emphasize how the information from DART has enhanced nursing assessment and subsequent interventions that address the patient’s concern in a timely and effective manner. Moreover, it will identify how this tool has evolved to be more relevant, practical and user friendly in a busy oncology setting.

P-19: Making an Argument for Clinical Excellence through Cancer Patient Navigation in Harsh Economic Times

Janet E. Bates, RN, BScN CON(C). Centre for the Southern Interior, BCCA, Kelowna, BC

As the healthcare system becomes more complex the need for navigations is being recognized. From the inception of patient navigation, oncology has lead the way, creating the constructs and concepts, defining roles and responsibilities and most importantly building acceptance of this new role.

Navigation has made major inroads since its 1989 inauguration by Dr. Harold Freeman in Harlem. For Freeman the goal was to encourage resource utilization by low income women who historically underutilized healthcare with devastating consequences. Using trained volunteers impressive changes to patient outcomes were achieved. Some believe Canadian universal healthcare negates disparities and nullifies the need for navigation; cancer patients and navigators say otherwise. Navigation in Canada has taken different paths than the USA, but the role and its impact is equally as valid within the Canadian context.

The economic downturn slowed or stopped the progress of some navigation projects, but did this make economic sense? This presentation will focus on why those holding the purse strings should champion cancer patient navigation. By examining navigation’s goals, economics benefits become evident. Managers know excellence in patient care is more than patient satisfaction: it is getting value for each healthcare dollar. Likewise, unbridled spending does not guarantee excellence. Navigation focuses on communication providing assessment, education and support and is doing so enhances patient care and improves outcomes at a cost acceptable to the system.

P-20: Opportunities for Change: The Art of Communication and the Division of an Oncology/ Medical In-Patient Unit to Enhance Patient Care Outcomes

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Melissa Touw, RN, MSc, CON(C), Lee Ann Fox, RN, MN, CON(C), CHPCN(C), Rana Fowler, RN, Kingston General Hospital & Cancer Centre of Southeastern Ontario, Kingston, ON

Being prepared to lead change, transform professional healthcare unit culture, and work design is one strategy to enhance healthcare provider, and patient satisfaction. Many complex factors contribute to the nature of healthcare environments. Leaders advocate for success; however adjustments are necessary given the complexity of patient care and fiscal constraints. The difficulty lies in defining the work when more than one patient service is located on a nursing unit. Opportunity
presented itself when a re-development plan offered a chance to implement a new model of care.

This poster presentation will provide the details of this 28-bed clinical unit, which provides care for 43 percent medical and 57 percent oncology patients divided into two “pods”.

A positive culture change recognizing nursing specialization along with evidence-based guidelines has positively influenced care delivery. Professional nursing practice at the unit level and changing patient care services into “Pods” while focusing on the specialization of oncology nursing has created a culture of safer patient care. Acknowledging and retaining skilled nurses and supporting their environment have fostered a workplace in which healthcare providers can deliver comprehensive patient care that is professionally rewarding.

**P-21: Palliative Care Consults: Keys to Effective Inter-Professional Communication**

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C). Wendy Petrie, RN, BScN, MSch, CON(C), CHPCN(C), Christine Welsh, RN, BScN, MA, CHPCN(C), the Ottawa Hospital, Ottawa, ON, The Ottawa Hospital, Ottawa, ON

Providing palliative care to patients in acute care settings is a challenge. Many medical specialists and health care disciplines participate in overall patient care; therefore communication is a critical element to effective, efficient care. This becomes more challenging when the Palliative Care specialists are a consulting team who conduct an average of 2500 consults per year. The consult is a mechanism for knowledge transfer when it is written in a clear concise format. It delineates issues, recommendations and their rationale. Since consults are written by many different Palliative Care Team members we chose to review a random sample of 150 of our team consults from January 1 to Dec 31 2010. The purpose of this audit was to assess the quality of the documentation related to consistency, clarity and comprehensiveness. The results were used to develop a template for team members to ensure all facets of the patient and family health care situation are assessed comprehensively. In addition, the template provides clear identification of recommendations including a description of rationale for each. Busy clinicians can now focus on key suggestions for this group of vulnerable complex patients. The revised format also provides an opportunity to reinforce principles of pain and symptom management and end of life care.

This poster will describe the results of our consult audit, and the process undertaken to develop a new Palliative Care consult template.

**P-22: The Drug Access Coordinator Initiative, Improving Patient Support**

Janice Chobanuk, RN, BScN, MN, CON(C), HPCN(C). Janet Kluthe, BScN, RN, MPH, CHE, Community Oncology, AHS Cancer Care, Edmonton, AB

The financial burden of cancer can be very stressful for cancer patients and families. Insurance coverage and costs of medications are a few examples of this burden. A study in Alberta showed that 30% of patients have no third party insurance coverage or partial coverage. Consequently, oncology nurses and social workers can spend a significant amount of clinical time assisting patients with insurance forms and completing documentation to access compassionate drug programs. To reduce this burden, improve workflow, and expedite support to patients a Drug Access Coordinator role was established in each of the two tertiary cancer centres in Alberta. The roles provide a centralized point of contact for patients who do not have third party insurance or are seeking assistance from a compassionate or access drug program. Benefits of the role include reducing the non-clinical workload of nurses and social workers, centralizing the insurance application and drug access process with one person building expertise in these areas, and expediting access to compassionate drug plans. Additional outcomes from this project include: improved patient satisfaction, a repository of current information for available access and compassionate medication programs, and improved communication between the nurses, oncologists, patients and social workers. The aim of this presentation is to provide an overview of the project, results of the evaluation, lessons learned, and highlights of the interprofessional collaboration in developing this role.

**P-23: The Family Care Coordinator: Paving the Way to Seamless Care**

Mary Jean L. Howitt, RN, MN, CPON, IWK Health Center, Halifax, NS.

The care of a child/adolescent with cancer and blood disorders is complex and often long term, involving many interdisciplinary team members across services and geographical boundaries. Navigating the care of a child/adolescent with a life threatening illness can be overwhelming for patients and their families, highlighting the need for a Family Care Coordinator (FCC). This presentation illustrates the concept of family care coordination as experienced by the IWK Health Center in Nova Scotia, Canada, with the intent of sharing a valuable model of care.
to other hematology/oncology services. Key components of the role are delineated as: ongoing assessment, education, partnerships, communication, support, and advocacy. Essential resources and pathways, such as continuous access to partners, communication tools, educational aids, sufficient time for face to face contact, and team value, are required to enable implementation of the role. Effective implementation of this relationship facilitates consistent and accessible care, enhances quality and safety, builds trust, glean efficiencies, and optimizes patient/family outcomes. Inherent challenges of the FCC role are identified as time restraints, replacement issues, maintaining professional boundaries, and emotional burnout. A FCC can enable seamless, individualized care for children/adolescents and their families with cancer, optimizing their outcomes. The FCC model enables the best possible care, creating a win-win scenario for all health care partners; empowering children, adolescents and their families to turn a devastating life crisis into a manageable journey.

P-24: Use of Whiteboard on a Surgical Oncology Unit as a Communication Tool: The Patients’ Perspective

Mary Glavassevich, RN, BA, MN. Anita Long, RN, MSN/ED, CON(C), Brenda Leung, RN, BSc, Sharon Greene, RN, Raslen Samonte, RN, BN, Ivy Henry, RN, BN, Vanessa Wheeler, MSc, PT, Anju Vyas, BSc Phm, Heather Ferguson, RD, Cynthia Robinson, MSW, RSW, Sunnybrook Health Sciences Centre, Toronto, ON

Working within a Philosophy of Patient Centred Care the patients’ perspective is important to guide the use of the whiteboard and the team’s professional practice. The use and value of whiteboards have had mixed reviews. Whiteboards are being used as a communicating tool between disciplines and to coordinate patients’ discharge (Chaboyer et al, 2008). The literature has shown that whiteboards have several uses in various areas of hospitals including patients’ rooms and is currently being introduced on surgical oncology units. Hence, a team of oncology nurses and allied professionals developed questions to illicit the most important information to display on a whiteboard. A Quality Improvement Process determined the most important information to be written on the whiteboard as identified by both patients and the care team.

The presentation will outline the patients and staff perspectives in respect to the whiteboard use and its future direction. The information gained from this project will be shared to influence communication changes in the patient’s environment.

Group Four
Tuesday, September 13, 3:45 PM - 4:15 PM, Room 100

P-25: A National Strategy for Optimizing the Development of Advanced Practice Nursing Roles in Cancer Control

Denise E. Bryant-Lukosius, RN, CONC, PhD, McMaster University and Juravinski Cancer Centre, Hamilton, ON

Background: The Canadian Centre of Excellence in Oncology Advanced Practice Nursing (OAPN) is the first 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, implementation and evaluation of advanced practice nursing (APN) roles. Research demonstrates that well-designed oncology APN roles have a positive impact on patient, provider, and health system outcomes.

Purpose: This interactive presentation will provide participants with an opportunity to learn about how they can become engaged with OAPN’s activities and to access available resources for developing and evaluating APN roles in cancer control.

Methods: Along with the centre’s staff, APNs who are OAPN Research Associates, will share their experiences about how they have benefited from their involvement in OAPN. The presentation will showcase and demonstrate a number of OAPN research, education, mentorship and knowledge translation resources including its: Research Associate Program, Research Seminar Series, role implementation and evaluation toolkits, evidence-based nursing practice reviews and commentaries and health care policy initiatives.

Summary: 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 will be of interest to graduate students, APNs and healthcare administrators involved in the development and evaluation of APN roles in cancer control.

P-26: Assessing Sexuality in Patients with Cancer: Improving the Current Practice

Ioulia Konovalova, RN, BScN, CON (C), MN, Stronach Regional Cancer Center, Newmarket, ON

The World Health Organization (2002) defines sexuality as a “central aspect of being human throughout life.” It is an integral component of individuals’ health that has a significant impact
on the quality of life. In comparison to other illnesses, cancer is associated with higher rated of sexuality-related problems, with up to 90% of cancer survivors reporting their sexuality being negatively affected by cancer or related treatments. Oncology nurses are ideally positioned to provide education and support to patients, experiencing changes in their self-concept, body-image and sexual well-being as a result of their disease and treatment side-effects.

The purpose of the current project is to review the current recommendations for improving the nursing practice focusing on assessment of sexuality-related concerns, and provision of patient education pertaining to the latter.

A literature search of CINAHL, PubMed, MEDLINE databases and professional organizations such as Oncology Nursing Society and the National Comprehensive Cancer Network, was conducted to evaluate the barriers for performing sexual health assessment and providing targeted interventions and to review available recommendations for improving the current oncology nursing practice.

This project could serve as a basis for the development of nursing interventions that could be incorporated into the daily clinical practice, leading to higher patients’ satisfaction and improved health outcomes.

P-27: Creating a Discharge Planning Guide for Nurses on an Inpatient Hematologic Oncology Unit

Tamara J. Einarson, RN, BN, CON (C), Nadia Zenchyshyn, RN, BScN, Winnipeg Health Sciences Centre, Winnipeg, MB

As part of a hospital-wide comprehensive quality improvement project (ie. LEAN for Healthcare), gaps were identified in an existing inpatient discharge planning process and a Discharge Planning Guide for Nurses was developed on a hematologic oncology/bone marrow transplant unit.

In collaboration with inpatient staff nurses & outpatient clinic nurses the current inpatient discharge planning process was analyzed and the following gaps were identified: 1) A lack of consistency in the timing and quality of discharge teaching and planning; 2) Inconsistencies in verbal reporting between inpatient and outpatient oncology nurses; 3) Recognition that discharge planning was a ‘learned process’ where newer staff nurses did not have the same intimate knowledge of the components of teaching, planning and formal discharge than that of more experienced nurses.

After needs were identified, a 3 page ‘Discharge Planning Guide’ was developed for use by inpatient staff nurses. This Guide was placed in each patient chart on admission and comprised of three sections titled: Teaching Prior to Discharge, Day of Discharge Process, and Communication with Outpatient Clinic. Each page outlined the necessary components of the discharge process with check-boxes, comment lines and places for staff signatures and dates.

This Guide has been in place since the Fall of 2010 with positive feedback including overall improved consistency and communication in discharge planning and processes.

P-28: Evaluation of the Psychometric Properties of the French WccnrR-F Stomatitis Instrument to Determine the Degree of Severity of Stomatitis

Nicole Allard, PhD, University of Quebec in Rimouski, in Lévis, Lévis, QC

Stomatitis, an inflammation and ulceration of the mouth, is a common and devastating complication of cancer therapy. Incidence levels can range from 10% to 90%. Therapy factors include the chemotherapy regimen, treatment schedule, drug dose, and the use of radiation therapy. Stomatitis can cause treatment delays and dose reduction, severe pain, weight loss, difficulty talking, infections, emotional distress, and altered morbidity and mortality (Sonis et al., 2004). Management of stomatitis requires thorough assessment. The Western Consortium for Cancer Nursing Research (WCCNR) developed a short tool, the 3 items WCCNR Stomatitis Staging System, to incorporate into a routine nursing assessment. The lack of a French version of this tool prevented the testing of nursing interventions for stomatitis Canada-wide. Hence, a French version of the WCCNR tool was created by bilingual nurses living in Quebec, using the back translation procedure. In a previous study, the 3-item instrument was found to be reliable and valid both in French and English. The purpose of the current study is to address the validity and reliability of the adapted 6 items French version (items of humidity, pain and ability to eat were added) in a population of French patients with head and neck cancer at 10 and 25 weeks of their radiotherapy treatments. Various analyses will be done to assess its psychometric properties. Results will be presented and implications for practice and research will be discussed.

P-29: Improving Chemotherapy Scheduling at BCCA Vancouver Centre

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Objectives:
- To review the chemotherapy scheduling process at the ambulatory care chemotherapy unit (ACCU) in a major cancer centre
- Identify process redesign initiatives to improve performance
- Implement recommended changes and evaluate results

Materials & Method:
Scheduling processes were studied through observation, staff and patient interviews, and data analysis of 19,000 appointments records. A simulation model was developed to test alternative scheduling practices and evaluate their impact on patients, the ACCU and pharmacy. Process changes showing the most significant benefits were implemented and a scheduling tool based on advanced analytics was developed to support the new process.

Results:
The simulation model showed that considerable improvements could be achieved by incorporating flexibility in the process. Post-implementation evaluation results showed that the number of patients in the waitlist a week before their appointment decreased by 83%, and last minute confirmations has been cut by approximately 50%. In addition, clerical distress and scheduling rework has been reduced; nurses experienced a more balanced workload; and coordination with other departments such as pharmacy and RT has improved.

Conclusion:
Chemotherapy scheduling process can be improved through process review and advanced analytical methodologies. The scheduling complexity can be managed effectively with a more flexible process and an intelligent scheduling tool that considers patient preferences, treatment requirements, operational restrictions and workload balance. Better scheduling practices generate important benefits to patients, staff and other departments.

P-30: Nova Scotia Administration of Cancer Chemotherapy Online Learning Program

Kara L. Henman, RN, BScN, CON(C), Michele Rogez, RN, BScN, CON(C), AE(C), Cancer Care Nova Scotia, Halifax, NS

Motivation: Until February 2011, the two Nova Scotian (NS) provincial cancer centres offered a biannual, 3-day, onsite, chemotherapy course for nurses throughout NS. While the content was similar, it was not identical; and not every nurse who completed the final take home exam was deemed ‘certified’ from a theory perspective. In addition, the biannual scheduling limited when districts were able to certify new chemotherapy Nurses.

Approach: A committee, including representatives from across NS was formed to establish a competency framework to guide the development of an online chemotherapy education program. Four competency documents were developed: Comprehensive Health Assessment, Administration of Chemotherapy, Safe Handling, Management of Side Effects and Toxicities.

Product: In collaboration with the NS Community College, the competency documents were transformed into ten online interactive modules which include case studies, web board discussions, videos and voice over power point presentations. The online program is designed to take the equivalent time of the traditional program (18 hours), which the nurse must successfully complete before participating in a competency based preceptored clinical experience.

Conclusion: The online program and the preceptored experience will ensure that all NS nurses receive consistent chemotherapy education and competency assessment, regardless of their practice setting. Nurses can enroll at any time, enabling districts to readily certify new staff and ensure the maintenance of competence of current staff.

P-31: The Art of Communication: Oral Targeted Therapies and Their Side Effect Profile, What Oncology Nurses Need To Knows

Janet L. Giroux, RN, MScN, CCN(C), CON(C), Julie Holiday, CRA, Gina Fernetich, BScN, RN, CON(C), CCRP, Kingston General Hospital & Cancer Centre of Southeastern Ontario, Kingston, ON

Given the expanding role of targeted agents; angiogenesis inhibitors, in cancer treatment either in combination with standard chemotherapy or alone, nurses need to understand the possible side effects and anticipate nursing interventions to manage them. The value of oral targeted agents in treating cancer will be better elucidated as clinical trial data becomes available. However, as oral targeted agents are being increasingly used to treat a number of cancer diseases, there remains challenges associated with a new cascade of disturbing side effects that are extremely difficult to manage. Side effects can range from explosive diarrhea causing dehydration, elevated hypertension and extreme fatigue. What can make this trend even more difficult to manage is that these side effects have not been as common for some specialized teams to manage. In addition, patients require supportive care during these crisis events. The purpose of this poster presentation will be to promote nursing recognition of the significant side effect profile of oral targeted
therapies such as hypertension, diarrhea, and fatigue. It is important that medical therapy be instigated appropriately. As these new therapies are introduced into current practice, it is important that healthcare team members not only recognize a new set of toxicities, such as hypertension, but also learn how to recognize and manage them effectively.

P-32: The Essential Components of an Orientation Package: A Project to Enhance Communication and Knowledge Transfer between Students and Staff

Shawna Kelly, BPhEd, BScN(c), Margaret E. Casey, BAH, BScN(c), Mandy Townend-Kolodziej, RN, Princess Margaret Hospital, Toronto, ON

The orientation of nursing students during their final practicum necessitates very specific communication and knowledge transfer between students and unit staff. This need has been identified on an inpatient oncology unit. As a result, a program has been developed and implemented in order to facilitate knowledge sharing and ease the transition for both consolidation students and unit staff. The unit’s Resource Nurse has designed a package to be trialed with a new group of consolidation students. The aim of this package is to improve outcomes for both staff and students.

In this project, contributions from students, preceptors, and the nurse manager are included in order to gain a thorough understanding of the expectations and transition experience of new students on this unit. The current students and their preceptors on the unit have completed a needs assessment. Through this process, we were able to identify knowledge gaps in the communication of educational needs for a specialty unit such as an urban oncology unit. The data complied from the needs assessment allowed for the development of a comprehensive orientation package.

The outcomes of this project have the ability not only to facilitate communication in this unique setting, but also to impact student and unit experiences in the wider oncology environment.

P-33: Utilizing a Reaction Questionnaire to Evaluate the Oncologic Emergencies E-Learning Course

Michelle Wong, RN, BHSc, BScN, MN, Charissa Cordon, RN, BSc, BScN, MN, CON(C), APNE2, Sarah D’Angelo, RN, BSc, BScN, MN, APNE2, 1. North York General Hospital, University of Toronto, Toronto, ON, 2. Princess Margaret Hospital, Toronto, ON

Online learning is an effective instructional method for enhancing nurses’ knowledge and professional competencies, since it offers flexibility and convenience conducive to their work schedules. As these web-based technologies are increasingly prevalent within clinical settings, their evaluation is essential to establish training efficacy. At a large urban hospital, the Oncologic Emergencies E-Learning Course (OEC) was created to educate nurses to assess and manage eleven types of oncologic emergencies patients with cancer are at high-risk for. Currently, there are no evaluation instruments to evaluate oncology nurses’ perceptions towards the program.

The purpose of the project was to develop and administer a reaction questionnaire to oncology nurses and nursing students post-OEC completion. The reaction questionnaire evaluated their level of satisfaction, their perception of training effectiveness and obtained feedback on suggestions for course improvements to enhance their eLearning experience.

Literature reviews on online learning, adult-learning theories and training-outcomes evaluations were performed to guide questionnaire development. Based on Kirkpatrick’s Model for Evaluating Effectiveness of Training Programs, validated items were adapted to create the 18-item instrument. Meetings with nurses and two focus groups with students were conducted for questionnaire administration. The results obtained will influence the nursing leadership team’s decision-making about online educational offerings to meet oncology nurses’ learning needs. This instrument can also be used to evaluate other eLearning courses and potentially inform future evaluations to determine nursing behavior changes that improve patient outcomes.
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Our online community, CancerConnection.ca / ParlonsCancer.ca is a natural extension of our existing information and support services. It is a safe and welcoming place where those facing cancer can share their experiences and build relationships that will support them in their fight.

For further information please call 1-888-939-3333, visit us at cancer.ca or drop by our booth.

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 practive, 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 nationale 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 le 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.

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.

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**CNA**

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses in Canada. A federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses, CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada’s publicly funded not-for-profit health system.

CNA is responsible for the overall management of the only national areas of nursing practice competency certification program. There are currently 19 specialties / areas of nursing practice and more than 16,860 CNA-certified nurses in Canada. For more information about the CNA Certification Program, visit the CNA website at [http://getcertified.cna-aiic.ca](http://getcertified.cna-aiic.ca).

CNA is also responsible for the management of NurseONE, a national, bilingual web-based health information service designed for the Canadian nursing community. The goal of NurseONE is to provide quick access to credible, up-to-date health care information to support nurses in Canada in delivering effective, evidence-based care, and to help them manage their careers and connect to colleagues, regardless of where or when they work. For more information, please email contact@nurseone.ca.

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The de Souza Institute is an innovative centre of learning dedicated to improving cancer care by supporting excellence in oncology nursing. The Institute provides ongoing educational support, professional development and career counseling at no cost to Ontario nurses caring for oncology patients in any setting and phase of the cancer care journey. The Institute’s programs are available to nurses living anywhere in Ontario through online, webcasting and videoconference technologies. Partners of de Souza Institute include Princess Margaret Hospital (University Health Network), Cancer Care Ontario and the Ontario Ministry of Health and Long Term Care. For more information please visit [www.desouzanurse.ca](http://www.desouzanurse.ca)

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Facing Cancer Together, through its community at facingcancer.ca, is a place where women with cancer, and those who support them, can give and get support for everything else they’re going through with cancer. The online network provides information, resources and tools to help manage the many social and emotional effects of cancer. To learn more, visit facingcancer.ca
Lung Cancer Canada
Lung Cancer Canada is the only national charity focused exclusively on lung cancer.

Mission: Our mission is to increase awareness about lung cancer, support patients living with lung cancer and the individuals who care for them and provide educational resources to lung cancer patients, their family members and health care professionals.

Lung Cancer Canada is a charitable organization that operates with assistance of volunteer health care professionals, cancer patients, private citizens and caregivers, whose lives have been affected by lung cancer.

Lymphoma Foundation Canada
Lymphoma Foundation Canada is a charitable not-for-profit organization that provides information on new treatments and research, as well as support patient education workshops and seminars to help people understand and manage their cancer. We support lymphoma-specific research through the creation of fellowships, as well as provide community-based resources to help people learn about and cope with their cancer.

This new Web site is an improvement to the previous site which has served the Canadian lymphoma community. It has been created by doctors and nurses to meet the needs of lymphoma patients and family members along their journey. The Web site has a new look with updated information and takes advantage of new technology to offer social networking. Patients and caregivers just like you will be able to join a community and share experiences and gain support. The goal is to open the lines of communication – tell your story, talk about your experiences and think about what might have made your journey better.

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ONS
The Oncology Nursing Society (ONS) is a professional organization of more than 35,000 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. ONS is also a full-service publisher and will provide a bookstore for CANO members in the exhibit hall.

The Oncology Nursing e-Mentorship
The Oncology Nursing e-Mentorship Program is a not for profit group that promotes the career and professional development of nurses that care for oncology patients at any stage in the cancer care continuum, from screening and prevention to hospice/palliation. We match Ontario nurses who want to develop skills in oncology and palliative care, either related to their clinical, educational, role development or leadership needs. We welcome all those from across the country who want to share their expertise with a mentee! The program features a national inventory of intra- and inter-professional
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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 Canada’s leading breast cancer organization exclusively focused on the needs of young women. Rethink burst onto the scene in 2001 with a desire to change the face of breast cancer – to show that it is not just an older woman’s disease; that young women get it too. The numbers may be small but the needs are very real. Rethink Breast Cancer’s mission is to continuously pioneer cutting-edge breast cancer education, support and research that speak fearlessly to the unique needs of young women.

**Roche Canada**
From our approach to clinical trials for new drug therapies, to industry partnerships and community involvement, Roche Canada is a leader in providing pharmaceutical and diagnostic solutions that make a profound difference in people’s lives. Our innovative approach improves the effectiveness and efficiency of the healthcare system in the diagnosis, treatment and management of acute and long-term disease.

Roche Canada employs approximately 900 people across the country, with its pharmaceuticals head office located in Mississauga, Ontario and diagnostics division based in Laval, Quebec. We serve a broad base of healthcare facilities and practitioners across the country, working in partnership with them to ensure that the diagnostics and therapies we deliver meet the medial needs of today and of the future. For more information, visit www.rochecanada.com.

**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 Canada Ltd.**
Smiths Medical Canada Ltd. is a leading global provider of medical 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.

Please come and see our evolutionary ‘Smart Pump’ Technology CADD® SOLIS VIP pump. This new system provides 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 innovateurs 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 commercialize innovative products for the treatment of diseases with significant unmet medical needs primarily in the areas of neurology and dermatology.

**Virtual Hospice**

Canadian Virtual Hospice continues to be one of the world’s eHealth innovators, providing support and trusted personalized information about palliative and end-of-life care, loss and grief to patients, family members, health care providers, researchers and educators.

**Young Adult Cancer Canada**

YACC is Canada’s leading registered charity focused on providing information and support to young adult cancer survivors throughout the country. We know life is different when you’re a young adult, cancer is too. We bring young adult cancer survivors and supporters together.

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.
We share your commitment to improving the lives of cancer patients and are proud to be a sponsor of the 2011 CANO Conference.

Nous partageons votre engagement à améliorer la vie des patients atteints du cancer et nous sommes un fier commanditaire de la Conférence 2011 de l’ACIO.

Safe and Easy

The closed system drug transfer device PhaSeal has been uniquely validated by 19 independent, peer-reviewed, published studies. PhaSeal’s unique airtight expansion chamber and dry, leakproof connections prevent exposure to hazardous drugs. Its streamlined design and universally-compatible components make the system easy to use from preparation and administration to waste disposal.

For more information, visit us at PhaSeal.com

Come and visit us during the 23rd Annual CANO Conference, September 11 to 14, 2011, Halifax, NS.
Every door opened could be a discovery made.

Lilly Oncology is a proud sponsor of CANO / ACIO Conference 2011

With Every Voice, Our Knowledge Grows.

Please join us as we celebrate the launch of the Kidney Cancer Canada Nurses Network Wine and cheese reception and interactive demonstration

Tuesday, September 13, 2011
4:15 – 5:30 pm
Room 304/305

Come and learn about our new virtual network and the many ways that it will help you in your nursing practice.

To join our distribution list, contact us at kccnninfo@kidneycancercanada.ca
For more information visit www.kidneycancercanada.ca
Objectives:
• Discuss methods for increasing adherence and compliance with oral cancer therapies
• Discuss issues related to lapatinib-associated diarrhea, including:
  – Proposed mechanism of action
  – Correlation of pharmacodynamics between capecitabine and lapatinib
  – Management strategies to overcome diarrhea using examples from other therapeutics

Speaker:
Scott Edwards, BSc, (Pharm), PharmD
Clinical Assistant Professor Oncology
(Pharmaceutical Sciences)
Memorial University
Clinical Oncology Pharmacy
Specialist
Dr. H. Bliss Murphy Cancer Centre
St. John’s, NF

Moderator:
Inara H. Karrei, RN, BScN, MEd, CON(C)
Nurse Educator
The Ottawa Hospital Cancer Centre
Ottawa, ON

Objectifs :
• Discuter des méthodes visant à accroître l’adhésion et la fidélité aux traitements anticancéreux administrés par voie orale
• Étudier diverses questions entourant la diarrhée associée au lapatinib, notamment :
  – le mode d’action proposé
  – la corrélation entre la capécitabine et le lapatinib pour ce qui est de leur comportement pharmacodynamique
  – les stratégies employées pour traiter la diarrhée à partir d’exemples tirés d’autres thérapeutiques

Conférencier :
Scott Edwards, B.Sc. (pharm.), Ph. D. pharm.
Professeur adjoint d’enseignement clinique oncologie (sciences pharmaceutiques)
Memorial University
Spécialiste en pharmaco-oncologie clinique
Dr. H. Bliss Murphy Cancer Centre
Saint-Jean (Terre-Neuve)

Animatrice :
Inara H. Karrei, inf., B.Sc.N., M.Ed., CON(C)
Infirmière enseignante
Centre de cancérologie de l’Hôpital d’Ottawa
Ottawa (Ontario)

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GlaxoSmithKline
CATHFLO® (alteplase, recombinant) is indicated for the restoration of function to central venous access devices. Product monograph available at www.rochecanada.com
Room 200

Optimizing Castrate Resistant Prostate Cancer (CRPC) Outcomes Post Docetaxel: Innovations in Treatment

Please join us for Lunch Symposium while you are at CANO.

TUESDAY, SEPTEMBER 13th, 2011  
12:30PM - 2:00PM

12:35 PM Welcome

12:40 PM Presentation

1:30 PM Q & A

Faculty:
Scott North
MD, FRCPC, MHPE, Medical Oncology
Cross Cancer Institute, Edmonton, AB

Moderator:
Daphne Willan
RN, CCRP
Cross Cancer Institute, Edmonton AB

Scott is considered an outstanding teacher who was recently awarded the 3M National Teaching Fellowship for 2011. His dynamic teaching style makes difficult topics easy to understand. Scott’s passion is to improve patient outcomes and understands the importance of team approach in managing cancer patients.

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