Oncology Nurses: Advocates by Profession

Les infirmières en oncologie: porte-parole par excellence
An investment in research is an investment in hope.

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

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At Amgen, we believe that the answers to medicine’s most pressing questions are written in the language of our DNA. As pioneers in biotechnology, we use our deep understanding of that language to create vital medicines that address the unmet needs of patients fighting serious illness — to dramatically improve their lives.

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Amgen is a proud sponsor of CANO/ACIO Conference 2012

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We share your commitment to improving the lives of cancer patients and are proud to be a sponsor of the 2012 CANO Conference.

Nous partageons votre engagement à améliorer la vie des patients atteints du cancer et nous sommes un fier commanditaire de la Conférence 2012 de l’ACIO.
Our purpose:
Make a difference

As a member of the Janssen Pharmaceutical Companies of Johnson & Johnson, Janssen Inc. is dedicated to addressing and solving the most important unmet medical needs of our time. Driven by our commitment to the passionate pursuit of science for the benefit of patients, we work together to bring innovative ideas, products and services to patients across Canada and around the world.

À titre de membre du groupe des entreprises pharmaceutiques Janssen de Johnson & Johnson, Janssen Inc. s’emploie à répondre aux besoins non satisfaits les plus importants de notre temps. Poussés par notre passion de mettre la science au service des patients, nous collaborons à de nouvelles solutions, produits et services pour le bien des patients dans le monde entier.

Betsy Gross, Lilies and Carp
Artwork from The Creative Center
Janssen is proud to feature artwork created by people affected by the illnesses and diseases we are committed to treating and preventing.

Œuvre créée au The Creative Center
Janssen présente avec fierté les œuvres de personnes affectées par les maladies que nous cherchons à traiter et à prévenir.
Sanofi Oncology is dedicated to translating science into effective therapeutics that address unmet medical needs.

Starting with a deep understanding of the disease and the patient, Sanofi Oncology employs innovative approaches to drug discovery and clinical development, with the ultimate goal of bringing the right medicines to the right patients to help them live healthier and longer lives.

We believe in the value of partnerships that combine our internal scientific expertise with that of industry and academic expert. Our portfolio includes 10 marketed products and more than 15 investigational compounds in clinical development, including small molecules and biological agents.

La division Sanofi Oncologie a pour mission de transformer les avancées scientifiques en solutions thérapeutiques efficaces pour répondre aux besoins médicaux non satisfaits.

Grâce à une connaissance approfondie de la maladie et du patient, Sanofi Oncologie utilise des approches innovantes pour proposer des édifices adaptés au profil des patients, afin de les aider à vivre en meilleure santé et plus longtemps.

Nous croyons aux partenariats avec des experts de tout premier plan et à l’union de ces expertises avec notre héritage et nos capacités scientifiques propres. Notre portefeuille comprend 10 produits commercialisés et plus de 15 composés en développement clinique, notamment des petites molécules et des agents biologiques.
A helping hand for your cancer patients

Une aide pour vos patients atteints de cancer

As an oncology nurse you know that your patients and their loved ones need help to deal with their disease.

We can help you empower them with the information and support they need.

The Canadian Cancer Society:
· offers credible information
· connects people to volunteers who’ve been there
· hosts an online community
· helps people find local services

How can you help?
· Encourage your patients to contact us.
· Display and distribute our materials – they’re free.
· Tell your colleagues about us.

Confidential • Free • Multilingual

En tant qu’infirmière/infirmier en oncologie vous savez que vos patients et leurs proches ont besoin d’aide pour faire face à leur maladie.

Nous pouvons vous aider à fournir l’information et le soutien nécessaires.

La Société canadienne du cancer :
· offre de l’information crédible
· jumelle les gens avec des bénévoles qui sont passés par là
· offre une communauté en ligne
· aide les gens à trouver des services localement

Comment pouvez-vous aider?
· Encouragez vos patients à communiquer avec nous.
· Présentez et distribuez notre matériel gratuit.
· Parlez de nous à vos collègues.

Confidentiel • Gratuit • Multilingue

1 888 939-3333 | cancer.ca

TTY/ATS 1 866 786-3934
Sponsor & Exhibitor Listing
Liste des commanditaires et exposants

The 24th CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:
La 24ème conférence annuelle de l’ACIO/CANO est rendue possible grâce au généreux soutien des organisations suivantes:

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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.
I am pleased to extend my warmest greetings to everyone attending the annual conference of the Canadian Association of Nurses in Oncology (CANO).

This meeting offers an opportunity to network with fellow professionals, to share experiences, and to learn from one another. I am sure that you will gain valuable insights at this event, which will lend support to your leadership and advocacy roles on behalf of cancer patients.

Since 1984, the Canadian Association of Nurses in Oncology has endeavoured to promote and develop excellence in oncology nursing practice, education, research, and leadership. As a result, its members have become models of achievement for cancer control. I would like to commend CANO for its efforts to advance the oncology nursing specialty, for the benefit of all Canadians.

Please accept my best wishes for a most enjoyable and productive meeting in our nation’s capital.

OTTAWA
2012

Je suis heureux de présenter mes salutations les plus chaleureuses à tous ceux et celles qui assistent à la conférence annuelle de l’Association canadienne des infirmières en oncologie (ACIO).

Cette rencontre offre l’occasion d’échanger avec des pairs, de partager des expériences et d’apprendre les uns des autres. Je suis certain que vous y acquérez des connaissances utiles qui vous aideront à parfaire votre rôle de chef de file et de défenseur des droits des patients atteints de cancer.

Depuis 1984, l’Association canadienne des infirmières en oncologie s’efforce de promouvoir et de développer l’excellence dans l’éducation, la recherche, le leadership et la pratique des soins infirmiers en oncologie. C’est la raison pour laquelle ses membres sont à l’origine de nombreuses réalisations dans la lutte contre le cancer. Je tiens à féliciter l’ACIO des efforts déployés pour faire progresser la spécialité des soins infirmiers en oncologie au bénéfice de tous les Canadiens.

Je vous souhaite une rencontre des plus agréables et productives dans la capitale nationale.

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

OTTAWA
2012
October 11 – 14, 2012

**A Personal Message from the Premier**

On behalf of the Government of Ontario, I am delighted to extend warm greetings to everyone participating in the 24th annual Canadian Association of Nurses in Oncology (CANO) conference.

Through this much-anticipated event, which includes a full schedule that offers a range of workshops, symposiums and thought-provoking guest speakers — participants are able to gain new insight, engage in constructive dialogue and put forward ideas on working collaboratively to advance oncology nursing.

I would like to take this opportunity to applaud oncology nurses across Canada. Each and every day, you work tirelessly to improve the well-being of cancer patients and their families — and to provide individuals living with cancer, and survivors of cancer, with the best possible future. We thank you for working hard to improve care and build a stronger health care system for Canadian families.

I wish to thank the volunteers of the Champlain Chapter of CANO for hosting this year’s conference. It takes many hands and much hard work to make a conference of this calibre possible.

I would also like to recognize CANO for the active role it plays in supporting Canada’s oncology nurses. Through education and research, and as the responsible voice of its members, CANO ensures that our nurses are prepared to meet the challenges of their demanding vocation and provide optimal care to individuals living with cancer.

Please accept my best wishes for a successful conference — and for many more years of excellence.

![Signature]

Dalton McGuinty
Premier
On behalf of Members of Ottawa City Council, it is my distinct pleasure to extend a very warm welcome to the delegates participating in the 24th annual Conference of the Canadian Association of Oncology Nurses (CANO/ACIO), meeting under the theme Oncology Nurses: Advocates by Profession, and taking place at the Westin Ottawa in the heart of our nation’s capital, from October 11th to 14th 2012.

I want to acknowledge the CANO Board and the Champlain Chapter, in its role as the host planning committee, for providing a valuable forum for oncology nurses and other stakeholders specializing in the field of cancer care to network and learn more about the latest developments and research, as they pertain to oncology nursing.

The Conference will also allow delegates to take advantage of professional development opportunities through engaging presentations by keynote speakers, workshops and plenary sessions. In addition, a special segment will focus on cancer issues with regard to the Inuit population.

As Head of Council, I congratulate the Conference facilitators, guest speakers and sponsors for dedicating efforts, expertise and resources to the successful organization of this important meeting of national scope.

As Mayor of the host city, I invite visitors to explore the Ottawa Sports Hall of Fame and the new Barbara Ann Scott Gallery, both housed at City Hall.

Allow me to convey my best wishes to all the participants for a very productive and rewarding gathering, as well as for a most enjoyable stay in Ottawa.

Sincerely,

Jim Watson
Mayor / Maire

Au nom des membres du Conseil municipal d’Ottawa, j’ai le réel plaisir de souhaiter la bienvenue à tous les participants de la 24e conférence annuelle de l’Association canadienne des infirmières en oncologie (ACIO), qui a pour thème Les infirmières en oncologie : l’intervention, ça les connaît et qui se déroule à l’hôtel Westin, au cœur de la capitale nationale, du 11 au 14 octobre 2012.

Je tiens à saluer le conseil d’administration et la section de Champlain de l’ACIO, qui, en tant que Comité organisateur, offrent aux infirmières et autres professionnels en oncologie une tribune où ils peuvent réseauter et s’informer des derniers progrès et des plus récentes recherches dans le domaine des soins infirmiers en oncologie.

La conférence permettra également aux participants de profiter des occasions de perfectionnement professionnel qu’offrent les présentations des conférenciers principaux, les ateliers et les séances plénières. De plus, une partie de la conférence sera spécialement consacrée aux enjeux liés au cancer chez la population inuite.

À titre de chef du Conseil municipal, je tiens à féliciter les animateurs, les conférenciers invités et les commanditaires pour les efforts, l’expertise et les ressources qu’ils ont consacrés à l’organisation impeccable de cet important événement d’envergure nationale.

En tant que maire de la ville hôte, j’invite les visiteurs à découvrir le Temple de la renommée des sports d’Ottawa et la Galerie Barbara-Ann-Scott, tous deux situés à l’hôtel de ville d’Ottawa.

Permettez-moi de souhaiter à tous les participants une rencontre vraiment productive et enrichissante, ainsi qu’un séjour à Ottawa des plus agréables.

Cordialement,
Dear Colleagues,

On behalf of the CANO/ACIO board of directors, I am pleased to welcome you to the 24th Annual Conference in Ottawa, ON.

The conference theme, *Oncology Nurses: Advocates by Profession*, speaks to a key characteristic of what we do as oncology nurses. Not only do we advocate for our patients, but we are advocates for our profession. A key part of advancing oncology nursing is engaging with our peers in discussions that facilitate learning, challenge our ideas, values and beliefs, as well as promote continuing education through events such as the CANO/ACIO 2012 conference.

CANO/ACIO exemplifies the theme of advocacy every day by advocating for you, our members! This advocacy is reflected in key projects such as the National Strategy for Chemotherapy Administration, the *Survivorship Self-Learning Module*, and position statements to support the integrity of oncology nursing. Striving to achieve excellence in practice through standardized competencies is just one way of ensuring that we provide safe, and effective quality care to our patients.

The annual CANO/ACIO conference is the result of dedication and hard work by members of the Board and Local Planning Committees. I wish to thank Jeanne Robertson and Karyn Perry for co-chairing the Conference Planning Steering Committee. Their leadership as co-chairs of the Conference Planning Steering Committee serves to provide guidance around the management and production of the annual conference.

I wish to thank Heather Perkins and Pat McCarthy for their exceptional leadership, creativity and collaboration as co-chairs of the Ottawa Local Planning Committee. This committee put the theme into practice by advocating on behalf of Inuit nurses to sponsor two nurses’ participation in the conference. For the first time we will have nurses attending from every province and territory, including Nunavut. This is a wonderful achievement!

I wish to thank Gail Macartney and Lynn Kachuik, co-chairs of the Scientific Program Committee for their vision for the conference program and their work with the committee. Their leadership has resulted in a conference that meets the diverse needs of CANO/ACIO’s membership—be they nurses at the bedside, advanced practice nurses, managers, researchers or educators.

I encourage you to attend the various abstract presentations, workshops, and plenary sessions. As well consider attending the association business meetings such as the annual general meeting. We will be presenting a restructured version of the association’s bylaws and governance documents to ensure that we are in line with the new Canada non-profit act. I encourage you to attend the Council of Chapters session where we will set the tone for the upcoming year’s Oncology Nursing Day. In addition, members will be welcomed at the committee meetings and special interest group meetings held throughout the conference.

As a final note, I wish to thank you for your support and participation with the association. We hope that this conference will support your educational and professional development goals. It is my wish that you will leave this conference feeling supported, empowered, and inspired.

Sincerely,

Dr. Brenda Sabo, RN, MA
President
Canadian Association of Nurses in Oncology
Chers collègues,

Au nom du conseil d'administration de l'ACIO/CANO, j'ai le plaisir de vous accueillir à la 24e conférence annuelle à Ottawa, Ontario.

Le thème de la conférence « Les infirmières en oncologie : porte-parole par excellence », aborde une composante clé de notre travail d’infirmières en oncologie. Nous défendons non seulement les intérêts de nos patients mais aussi ceux de notre profession. Une partie essentielle de l'évolution des soins infirmiers en oncologie consiste à participer avec nos pairs à des discussions en vue de faciliter notre apprentissage, de mettre en question nos idées, valeurs et croyances et de promouvoir la formation continue par le biais d'activités telles que la conférence de l'ACIO/CANO 2012.

L'ACIO/CANO applique quotidiennement le thème de la défense des intérêts en se faisant le porte-parole de ses membres! Ses interventions englobent des projets de premier plan comme la Stratégie nationale d'administration de la chimiothérapie, le module d'autoapprentissage sur la survie et les énoncés de position appuyant l'intégrité des soins infirmiers en oncologie. La mise en œuvre de compétences normalisées est une des façons dont nous efforçons d'atteindre l'excellence dans la pratique et donc de prodiguer à nos patients des soins de qualité à la fois efficaces et sécuritaires.

La conférence annuelle de l'ACIO/CANO est le fruit du travail acharné et du dévouement des membres du conseil et des comités de planification locaux. Je tiens à remercier Jeanne Robertson et Karyn Perry de leurs efforts à titre de coprésidentes du comité directeur de la conférence. En dirigeant ce comité, elles orientent judicieusement la gestion et la production de la conférence annuelle.

Je souhaite également saluer Heather Perkins et Pat McCarthy pour la créativité, la collaboration et le leadership exceptionnels dont elles ont fait preuve en tant que coprésidentes du comité de planification local d’Ottawa. Ce comité s’est d'ailleurs emploie à appliquer le thème de la conférence à l’appui des infirmières inuites en rendant possible la participation de deux d’entre elles à la conférence. Pour la première fois de toute notre histoire, il y aura parmi les délégués des infirmières en provenance de chaque province et de chaque territoire du pays, y compris le Nunavut, un bien merveilleux accomplissement!

Je veux aussi remercier Gail Macartney et Lynn Kachuik, les coprésidentes du comité du programme scientifique, de la vision qu’elles ont manifestée pour le programme de la conférence et pour leur travail au sein du comité. Elles ont ainsi mis sur pied une conférence qui répondra aux besoins variés des membres de l’ACIO/CANO — qu’il s’agisse d’infirmières de chevet, d’infirmières en pratique avancée, de gestionnaires, de chercheuses ou d’enseignantes.

Je vous encourage à assister aux présentations de résumés de recherche, aux ateliers et aux séances plénières. Envisagez également de participer aux réunions concernant les affaires de l’association telle que l’assemblée générale annuelle. Nous allons y présenter une version remaniée des règlements de l'association et des documents liés à sa gestion afin de répondre aux exigences de la nouvelle Loi canadienne sur les organisations à but non lucratif. Je vous encourage aussi à assister à la réunion du conseil des sections où nous jetterons les bases de la Journée des soins infirmiers en oncologie de l'an prochain. De plus, tous les membres sont les bienvenus aux réunions des comités et des groupes d’intérêts spéciaux tenues tout au long de la conférence.

Pour conclure, je voudrais vous remercier de votre soutien et de votre participation aux activités et/ou affaires de votre association. Nous espérons que cette conférence appuiera vos objectifs en matière de formation et de perfectionnement professionnel. Je souhaite qu’en repartant de la conférence, vous ressentiez soutien, habilitation et inspiration.

Bien à vous,

Dre Brenda Sabo, inf., MA
Présidente
Association canadienne des infirmières en oncologie
Welcome to Ottawa!

The Champlain chapter of the Canadian Association of Nurses in Oncology is honored to be hosting the 24th annual CANO/ACIO conference in Ottawa, our nation’s capital. We feel certain you will be energized being here in the fall season, which is simply spectacular with the majestic display of autumn colors against the backdrop of the historic Rideau Canal.

*Oncology Nurses: Advocates by Profession* is the theme of this conference. Every day oncology nurses advocate for their patients’ needs along side advocating for an equitable health care system. CANO/ACIO continues to endorse advocacy and an improved oncology care system.

Our local CANO/ACIO chapter has embraced this year’s theme of advocacy with its own chapter advocacy project. Our hope is to raise awareness and support for cancer issues among the Inuit population of Canada. Our goal is to support the Inuit nurses in the advocacy role of health promotion and cancer prevention.

We are thrilled to have three exceptional keynote speakers at our conference who will share their personal experiences and perspective of advocacy. First, Samantha Nutt, will discuss her humanitarian efforts in war zones around the world. Barbara Mildon, President of Canadian Nurses Association (CNA), will no doubt highlight how her organization advocates for nursing globally. Our final keynote speaker, Josh Cassidy will inspire us with his feats of athletic glory and advocacy for paralympic sports.

The Scientific Program Committee has been industrious in their efforts to organize an outstanding scientific program. We also invite you to the social event at the National Arts Center, which promises to be a magical evening filled with gourmet food, entertainment, and a few surprises.

We look forward to hosting you in Ottawa for the 2012 annual CANO/ACIO conference, held at the Westin, Ottawa.

*Patricia McCarthy*, RN(EC), BScN, MSc(A), CPHON®
*Conference Co-Chairs*
*CANO/ACIO*

*Heather Perkins*, RN, BScN, CON(C), CPON®
*Conference Co-Chairs*
*CANO/ACIO*
Bienvenue à Ottawa!

La section de Champlain de l'Association canadienne des infirmières en oncologie a l'honneur d'accueillir la 24e conférence annuelle de l’ACIO/CANO à Ottawa, la capitale nationale. Nous sommes certaines que vous éprouverez un regain d’énergie en venant ici en automne, la plus spectaculaire des saisons avec l’éblouissante palette de couleurs des feuillages, et, à l’arrière-plan, le canal Rideau si riche en histoire.

Cette conférence a pour thème “les infirmières en oncologie : porte-parole par excellence”. Jour après jour, les infirmières en oncologie militent en faveur des besoins des patients et d'un système de soins de santé équitable. L’ACIO/CANO continue d'appuyer la revendication ainsi que l'amélioration du système de soins en oncologie.

Notre section locale de l'ACIO/CANO a répondu au thème retenu cette année en lançant son propre projet d’action politique. Nous espérons ainsi faire connaître les enjeux liés au cancer parmi la population inuite du Canada, dans une perspective de sensibilisation et de soutien. Notre objectif est d’appuyer les infirmières inuites dans leurs interventions de promotion de la santé et de prévention du cancer.

Nous sommes ravies de présenter dans le cadre de notre conférence trois conférenciers exceptionnels qui sauront partager leurs expériences personnelles et leurs perspectives sur le rôle de porte-parole. Premièrement, Samantha Nutt, parlera de ses efforts à visée humanitaire dans des zones de guerre un peu partout dans le monde. Il ne fait aucun doute que Barbara Mildon, la présidente de l’Association des infirmières et infirmiers du Canada (AIIC), soulignera ce que son organisme fait dans le but de défendre la cause des soins infirmiers à l’échelle mondiale. Josh Cassidy, notre dernier orateur principal, ne manquera pas de nous inspirer avec ses exploits athlétiques et sa promotion des sports paralympiques.

Le comité du programme scientifique a redoublé d’efforts pour mettre sur pied un programme scientifique hors pair. Nous vous invitons à une soirée sociale magique au Centre national des Arts : des mets gastronomiques, des divertissements et quelques surprises seront au rendez-vous.

Nous avons hâte de vous accueillir à Ottawa, à l'occasion de la conférence 2012 de l’ACIO/CANO qui se tiendra à l’hôtel The Westin.

Patricia McCarthy, IA (cat. spéc.), BSc inf., MSc(A), CPHON®
Coprésidentes de la conférence
ACIO/CANO

Heather Perkins, inf., BSc inf., CSIO(C), CPON®
Coprésidentes de la conférence
ACIO/CANO
Conference Information
Informations sur la 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 mail a registration form (Note: We accept only credit cards thru our online registration; if you wish to mail your registration please pay by cheque. Online registrants will receive a $25 discount). Once your registration has been processed, a receipt will be emailed to you.

All registrations must be postmarked or received by October 5, 2012. Registration is limited, so please register early.


Toutes les inscriptions doivent être envoyées avant le 5 octobre 2012. Le nombre de places étant limité, veuillez-vous inscrire en avance.

Accommodation/Logement

The Westin Ottawa
11 Colonel By Drive, Ottawa, ON K1N 9H4
Phone: (613) 560 7000

For the convenience of conference attendees CANO/ACIO has made arrangements for a hotel room block at the conference hotel, The Westin Ottawa at the rate of $199 for the traditional and the premium rooms, $259 for the deluxe room.

Reservations are subject to the availability of rooms at the hotel and may not be guaranteed at the conference rate after September 10, 2012.

Pour faciliter la vie aux délégués de la conférence, l’ACIO/CANO a réservé un bloc de chambres au Westin Ottawa, l’hôtel où se tiendra la conférence, au prix de 199 $ pour les chambres « Traditionnelle » et « Premium », et 259 $ pour les chambres « Deluxe ».

Les réservations se feront en fonction de la disponibilité des chambres, et les tarifs spéciaux pour la conférence pourraient ne plus être offerts après le 10 septembre 2012.

Simultaneous Translation/Interprétation simultanée

All three keynote sessions, award lectureships, and opening ceremony will be in English with simultaneous translation into French.

Simultaneous translation headsets will be available at the equipment table adjacent to the conference registration desk. Please be advised that you will need to provide a credit card onsite to sign out a headset. Please be sure to pre-order a headset when you register.

Les trois conférences plénières, la cérémonie d’ouverture et les remises de prix seront présentées en anglais avec l’interprétation simultanée vers le français. Des écouteurs seront disponibles au bureau d’équipement à côté de la table d’inscription pour la conférence. Veuillez réserver des écouteurs lors de votre inscription. Une carte de crédit sera demandée.

Scents/Odeurs

Please note that the CANO/ACIO 2012 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 CANO/ACIO Head Office as per below.

Pour de plus amples informations, veuillez communiquer avec le bureau central de l’ACIO/CANO.

CANO/ACIO Management Office
375 West 5th Avenue, Suite 201,
Vancouver, BC V6Y 1J6

Tel: 604.874.4322 Fax: 604.874.4378
Email: cano@malachite-mgmt.com
Website: www.cano-acio.ca
Committee Listing/Liste des membres des comités

Local Planning Committee/Comité de planification local

Heather Perkins, RN, BScN, CON(C), CPON® (Co-Chair)
Patricia McCarthy, RN(EC), BScN, MSc(A), CPON® (Co-Chair)
Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C)
Gail Macartney, RN(EC), BSc(H), MSc(A), CON(C)
Kelly-Anne Baines, RN, CON(C)
Marlene Mackey, RN, BNSc, MHSN
Marian Waldie, RN, BScN, CON(C)
Kim Franchina, RN, CON(C), CHPCN(C)
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Katherine Winters, RN, CON(C)
Amber Killam, RN, MScN
Jeanne Robertson, RN, BScN, BA, MBA

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Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C) (Co-Chair)
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About Ottawa

Ottawa is Canada’s capital, a dynamic showcase city of more than one million people. Located in Ontario at the Quebec border, it’s a place where you’ll hear English and French spoken in the streets; where you can discover Canada’s proud heritage at impressive national sites and famous landmarks, including the Rideau Canal (a UNESCO World Heritage Site). It’s a city steeped in culture, with world-class museums and galleries displaying stunning national collections and special exhibitions from Canada and around the world.

Ottawa is a destination alive with celebration, beginning each year with February’s Winterlude, continuing through May’s Canadian Tulip Festival, heating up July 1 with the biggest Canada Day celebration in the country, and going all-out with headliner summer music festivals.

This city is a uniquely beautiful place: an urban centre on the edge of nature where you can enjoy the great outdoors — just outside your hotel room, and nearby in the surrounding countryside. There’s an easy cosmopolitan vibe here, and Ottawa is known for being both welcoming and walkable. Explore the distinctive local neighbourhoods, including the historic ByWard Market: by day this area boasts a bustling farmers’ market and chic shops, by night it hums with activity at the restaurants, pubs, and nightclubs.

This is also a city that enjoys the finer things in life, with a culinary community that’s earning wide acclaim, unique boutiques and shopping districts, a lively local music and art scene, and always exciting nightlife.

Come and experience Ottawa!
Au sujet d’Ottawa

Ottawa, la capitale du Canada, est une ville prestigieuse et dynamique qui compte plus d’un million d’habitants. On ne sera pas étonné d’y entendre parler français et anglais dans la rue puisque la ville est située à la rencontre de l’Ontario et du Québec. On y découvrira le fier patrimoine du pays dans ses sites historiques et édifices d’importance nationale comme le canal Rideau (inscrit au patrimoine mondial de l’UNESCO). Pétrie de culture, Ottawa abrite des musées des beaux-arts et autres qui sont de réputation mondiale et qui présentent d’éblouissantes collections nationales et des expositions spéciales à la fois canadiennes et étrangères.

Ottawa la festive est le site de nombreuses réjouissances qui commencent chaque année par le Bal de Neige en février et se poursuivent à l’occasion du Festival canadien des tulipes en mai. Le 1er juillet, elle est le site de la plus grande célébration de la Fête du Canada au pays, et elle regorge, l’été, de festivals de musique attirant les plus grandes vedettes.

Ottawa la belle a les attraits particuliers d’une ville à la lisière de la nature où l’on peut profiter du plein air – au seuil des portes de votre hôtel ou dans les grands espaces naturels environnants. Il règne une ambiance cosmopolite détendue dans cette ville accueillante qui se découvre facilement à pied. Explorez ses quartiers distinctifs dont celui du marché By riche en histoire et animé, le jour, par le marché fermier et les boutiques dernier cri, puis le soir, par les restaurants, les brasseries et les boîtes de nuit.

Ottawa est aussi une ville où foisonnent les bonnes choses de la vie – dont la gastronomie – grâce à des chefs locaux dont la réputation ne cesse de s’étendre, aux boutiques et quartiers commerciaux uniques en leur genre; à la vibrante scène artistique et musicale locale ainsi qu’à la vie nocturne toujours exaltante.

Venez savourer Ottawa!
Ottawa Map
Carte d’Ottawa
Conference Centre Floor Plan
Plan du centre de conférences
Exhibitor Floor Plan and Listing
Plan et liste des exposants

<table>
<thead>
<tr>
<th>Company</th>
<th>Booth</th>
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<tr>
<td>Abbott Laboratories</td>
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<tr>
<td>Advanced Innovations Inc. Bio Oil</td>
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<td>Amgen Oncology</td>
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<td>Bard Canada Inc.</td>
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<td>Calmoseptine</td>
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<td>Canadian Cancer Society</td>
<td>10 and 11</td>
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<td>CANO/ACIO</td>
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<tr>
<td>Celgene</td>
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<td>Canadian Nurses Association</td>
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<td>Look Good Feel Better</td>
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<td>Lung Cancer Canada</td>
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<td>Merck</td>
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<td>Novartis</td>
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<tr>
<td>Oncology Nursing e-Mentorship Program</td>
<td>40 and 41</td>
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<td>Oncology Nursing Society</td>
<td>12 and 13</td>
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<tr>
<td>Paladin Labs Inc.</td>
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<td>Pendopharm, Division of Pharmascience</td>
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<td>Pfizer Canada Inc.</td>
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<tr>
<td>Rethink Breast Cancer</td>
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<td>Roche Canada</td>
<td>25 and 34</td>
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<td>SANOFI</td>
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<td>Smiths Medical Canada</td>
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<tr>
<td>Takeda Canada Inc.</td>
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</table>
## Conference Program at-a-Glance
### Programme de la conférence d’un coup d’œil

### DAY ONE / JOUR UN: Thursday, October 11, 2012 / Jeudi, 11 Octobre 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00am – 7:00am</td>
<td>Registration Open (4th Floor, Westin Ottawa)</td>
</tr>
<tr>
<td>6:30am – 7:45am</td>
<td>Lundbeck Breakfast Symposium (Provinces/Confederation Room)</td>
</tr>
<tr>
<td>8:00am – 10:00am</td>
<td>Opening Ceremony and Keynote Presentation I: Dr. Samantha Nutt (Provinces/Confederation Room), Sponsored by Celgene</td>
</tr>
<tr>
<td>10:00am - 10:30am</td>
<td>Health Break (Confederation II and III Room)</td>
</tr>
<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session I-01 (Governor General I Room), Concurrent Session I-02 (Governor General II Room), Concurrent Session I-03 (Governor General III Room), Concurrent Session I-04 (Les Saisons Room), Workshop I-05 (Quebec Room), Concurrent Session I-06 (NS/NFL Room)</td>
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<tr>
<td>12:15pm – 1:45pm</td>
<td>Amgen Oncology Lunch Symposium (Provinces/Confederation Room)</td>
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<tr>
<td>2:00pm – 4:00pm</td>
<td>Concurrent Session II-1 (Governor General I Room), Concurrent Session II-2 (Governor General I Room), Concurrent Session II-3 (Governor General I Room), Workshop II-4 (Les Saisons Room), Workshop II-5 (Quebec Room), Workshop II-6 (NS/NFL Room)</td>
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<tr>
<td>4:00pm – 4:30pm</td>
<td>Health Break (Confederation II and III Room)</td>
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<tr>
<td>4:30pm – 6:00pm</td>
<td>Roche Focus Group (Governor General I Room), Takeda Focus Group (Governor General III Room)</td>
</tr>
<tr>
<td>6:30pm – 7:30pm</td>
<td>Complementary Medicine Special Interest Group (Quebec Room), Gynecological Cancer Special Interest Group (NS/NFL Room), Radiation Oncology Special Interest Group (Governor General I Room), Advanced Practice Nursing Special Interest Group (Governor General III Room)</td>
</tr>
<tr>
<td>8:00pm – 10:00pm</td>
<td>Welcome Reception (Confederation II and III)</td>
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### DAY TWO / JOUR DEUX: Friday, October 12, 2012 / Vendredi, 12 Octobre 2012

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:30am – 5:00pm</td>
<td>Registration Open (4th Floor, Westin Ottawa)</td>
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<tr>
<td>6:30am – 7:45am</td>
<td>Celgene Breakfast Symposium (Provinces/Confederation Room)</td>
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<tr>
<td>8:15am – 9:15am</td>
<td>Keynote Address II: Barbara Mildon (Provinces/Confederation Room)</td>
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<tr>
<td>9:15am – 9:45am</td>
<td>Health Break (Confederation II and III Room) and Poster Group 1 Presentations (Confederation Foyer), Sponsored by Celgene</td>
</tr>
<tr>
<td>9:45am – 11:00am</td>
<td>Merck Lectureship and Award presentation (Provinces/Confederation Room)</td>
</tr>
<tr>
<td>11:00am – 12:00pm</td>
<td>Council of Chapters Meeting (Governor General I Room)</td>
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<tr>
<td>12:00pm – 1:30pm</td>
<td>Janssen Lunch Symposium (Provinces/Confederation Room)</td>
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<tr>
<td>1:45pm – 3:15pm</td>
<td>Concurrent Session III-01 (Governor General I Room), Concurrent Session III-02 (Governor General II Room), Concurrent Session III-03 (Governor General III Room), Concurrent Session III-04 (Les Saisons Room), Concurrent Session III-05 (Quebec Room), Workshop III-06 (NS/NFL Room)</td>
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<tr>
<td>3:15pm – 3:45pm</td>
<td>Health Break (Confederation II and III Room) and Poster Group 2 Presentations (Confederation Foyer), Sponsored by Amgen</td>
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<tr>
<td>3:45pm – 5:15pm</td>
<td>Concurrent Session IV-01 (Governor General I Room), Concurrent Session IV-02 (Governor General II Room), Concurrent Session IV-03 (Governor General III Room), Concurrent Session IV-04 (Les Saisons Room), Workshop IV-05 (Quebec Room), Concurrent Session IV-06 (NS/NFL Room)</td>
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<tr>
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<td>Dinner on Own</td>
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**DAY THREE / JOUR TROIS:  Saturday, October 13, 2012 / Samedi, 13 Octobre 2012**

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00am – 5:00pm</td>
<td>Registration Open (4th Floor, Westin Ottawa)</td>
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<tr>
<td>6:30am – 7:45am</td>
<td>Pfizer Breakfast Symposium (Provinces/Confederation Room)</td>
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<tr>
<td>8:00am – 9:15am</td>
<td>CANO/ACIO Annual General Meeting (Provinces/Confederation Room)</td>
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<tr>
<td>9:15am – 10:00am</td>
<td>CANO/ACIO Awards Ceremony (Provinces/Confederation Room)</td>
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<tr>
<td>10:00am – 10:30am</td>
<td>Health Break (Confederation II and III Room) and Poster Group 3 Presentations (Confederation Foyer), Sponsored by Roche</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session V-01 (Governor General I Room)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session V-02 (Governor General II Room)</td>
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<td>10:30am – 12:00pm</td>
<td>Concurrent Session V-03 (Governor General III Room)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session V-04 (Les Saisons Room)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session V-05 (Quebec Room)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Workshop V-06 (NS/NFL Room)</td>
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<tr>
<td>12:15pm – 1:45pm</td>
<td>SANOFI Lunch Symposium (Provinces/Confederation Room)</td>
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<tr>
<td>2:00pm – 3:00pm</td>
<td>Health Break (Confederation II and III Room) and Poster Group 4 Presentations (Confederation Foyer)</td>
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<tr>
<td>3:00pm – 5:00pm</td>
<td>Concurrent Session VI-01 (Governor General I Room)</td>
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<td>3:00pm – 5:00pm</td>
<td>Concurrent Session VI-02 (Governor General II Room)</td>
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<td>3:00pm – 5:00pm</td>
<td>Concurrent Session VI-03 (Governor General III Room)</td>
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<td>3:00pm – 5:00pm</td>
<td>Concurrent Session VI-04 (Les Saisons Room)</td>
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<td>3:00pm – 5:00pm</td>
<td>Concurrent Session VI-05 (Quebec Room)</td>
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<tr>
<td>3:00pm – 5:00pm</td>
<td>Workshop VI-06 (NS/NFL Room)</td>
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<tr>
<td>5:15pm – 6:15pm</td>
<td>Leadership SIG (Governor General II Room)</td>
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<tr>
<td>7:00pm onward</td>
<td>Social Event</td>
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**DAY FOUR / JOUR QUATRE:  Sunday, October 14, 2012 / Dimanche, 14 Octobre 2012**

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<tr>
<td>8:00am – 3:00pm</td>
<td>Breakfast On Own</td>
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<tr>
<td>8:00am – 3:00pm</td>
<td>Registration Open (4th Floor, Westin Ottawa)</td>
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<tr>
<td>9:15am – 10:00am</td>
<td>Keynote Address III: Josh Cassidy (Provinces/Confederation Room), Sponsored by Amgen</td>
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<tr>
<td>10:00am – 10:30am</td>
<td>Health Break (Confederation II and III)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session VII-01 (Governor General I Room)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Concurrent Session VII-02 (Governor General II Room)</td>
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<td>10:30am – 12:00pm</td>
<td>Concurrent Session VII-03 (Governor General III Room)</td>
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<td>10:30am – 12:00pm</td>
<td>Concurrent Session VII-04 (Les Saisons Room)</td>
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<td>10:30am – 12:00pm</td>
<td>Concurrent Session VII-05 (Quebec Room)</td>
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<tr>
<td>10:30am – 12:00pm</td>
<td>Workshop VII-06 (NS/NFL Room)</td>
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<tr>
<td>12:15pm – 1:45pm</td>
<td>Novartis Lunch Symposium (Provinces/Confederation Room)</td>
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<td>2:00pm – 3:30pm</td>
<td>Concurrent Session VIII-01 (Governor General I Room)</td>
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<td>2:00pm – 3:30pm</td>
<td>Concurrent Session VIII-02 (Governor General II Room)</td>
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<td>2:00pm – 3:30pm</td>
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<td>2:00pm – 3:30pm</td>
<td>Workshop VIII-06 (NS/NFL Room)</td>
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<tr>
<td>3:30pm – 4:00pm</td>
<td>Closing Ceremonies and Abstract Awards Presentation (Provinces/Confederation Room)</td>
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</table>
# CANO/ACIO
Meeting Schedule / Horaire des réunions

**WEDNESDAY, OCTOBER 10 2012 | 2:30PM – 4:30PM**
Canadian Oncology Nursing Journal AGM *(Quebec Room)*

**THURSDAY, OCTOBER 11, 2012 | 6:30PM – 7:30PM**
Complementary Medicine Special Interest Group *(Quebec Room)*
Gynecological cancer Special Interest Group *(NS/NFL Room)*
Radiation Oncology Special Interest Group *(Governor General I Room)*
Advanced Practice Nursing Special Interest Group *(Governor General III Room)*

**FRIDAY, OCTOBER 12, 2012 | 11:00AM – 12:00PM**
Council of Chapters Meeting *(Governor General I Room)*

**SATURDAY, OCTOBER 13, 2012 | 8:00AM – 9:15AM**
CANO/ACIO Annual General Meeting *(Provinces/Confederation Room)*

**SATURDAY, OCTOBER 13, 2012 | 9:15AM – 10:00AM**
CANO/ACIO Awards Ceremony *(Provinces/Confederation Room)*

**SATURDAY, OCTOBER 13, 2012 | 5:15PM – 6:15PM**
Leadership Special Interest Group *(NS/NFL Room)*
Surgical Oncology Nursing Special Interest Group *(Governor General I Room)*

**SUNDAY, OCTOBER 14, 2012 | 3:30PM – 4:00PM**
Closing Ceremony and Abstract Awards Presentation *(Provinces/Confederation Room)*
Non-Hodgkin Lymphoma Treatment in Canada: Is It Time For a Change?
Chair: Dr. Isabelle Bence-Bruckler

Current Non-Hodgkin Lymphoma Treatment Standards in Canada
Speaker: Dr. Bence-Bruckler

Objectives:
- Outline the current treatment guidelines, algorithms and clinical approaches to the treatment of NHL.
- Review the key clinical data supporting the use of these therapeutic agents in the treatment of NHL.
- Discuss the clinical data regarding the efficacy of bendamustine as treatment for NHL.
- Assess the potential impact of bendamustine on current treatment guidelines and clinical practice.

Treating Non-Hodgkin Lymphoma: Looking Beyond Efficacy
Speaker: Judith Koolwine

Objectives:
- Discuss the challenges faced by patients and nurses in the treatment of NHL.
- Review the impact of treatment related adverse events on patients.
- Assess the toxicity data associated with bendamustine use and what it means for patients.

Case Presentations
Speaker: Dr. Bence-Bruckler

Opening Ceremony and Keynote Presentation I: Dr. Samantha Nutt
8:00 AM – 10:00 AM, Provinces/Confederation Room

Samantha Nutt MD, MSc, CCFP, FRCPC, Humanitarian

Dr. Samantha Nutt (Sam) is a medical doctor with more than fifteen years of experience working in war zones. Committed to peace, human rights, and social justice, she has worked in some of the world’s most violent flashpoints with War Child, the United Nations and non-governmental organizations (NGOs) in Darfur, Iraq, Afghanistan, Democratic Republic of the Congo, Liberia, Sierra Leone, Somalia, Burundi, northern Uganda, Ethiopia, and the Thai-Burmese border. Dr. Nutt recently finished writing Damned Nations: Greed, Guns, Armies, and Aid. Damned Nations combines original research by Dr. Nutt along with her personal story, which makes for a deeply thoughtful meditation on war as it is being waged around the world against millions of civilians, primarily women and children.

Case Presentations
Speaker: Dr. Bence-Bruckler

Health Break
10:00 AM to 10:30 AM, Confederation II and III Room
Concurrent Session I-01
10:30 AM – 12:00 PM, Governor General I Room

Concurrent Session I-1-A
Influence of Health Information Seeking Behaviour and Personal Factors on Preferred Role in Treatment Decision Making in Men Newly Diagnosed with Prostate Cancer
Joyce Davison, RN, MN, PhD, College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada.

Concurrent Session I-1-B
Standardized Education? No Way – Way!
Barbara Fitzgerald, RN, MScN, Pamela Savage, RN, MAEd, CON(C), Charissa Cordon, RN, MN, CON(C), Anne Embelton, RN, Diana Incekol, RN, MScN, CON(C), Simone Simon, RN, BScN, CON(C), Anet Julius, RN, MN, CON(C), Allison Loucks, RN, BA, BScN, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Passport to Safety
Anne E. Embleton, RN, BScN, MN, OCN, CON(C), Sheila J. Webster, RN, BScN, OCN, Sabrina C. Bennett, RN, BScN, Cynthia Bocaya, RN CON(C), Milijana Buzanin, RN, BSN, MN(C), Lisa M. Tinker, RN BScN CON(C) CCRP, Iryna Tymoshyk, RN, MN, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Concurrent Session I-02
10:30 AM – 12:00 PM, Governor General II Room

Concurrent Session I-2-A
Under Pressure: Understanding the Link Between Brain Tumours and Hydrocephalus
Gail Macartney, RN(EC), BScH, MSc(A), CON(C), Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada.

Concurrent Session I-2-B
Governor General II
Families Advocating for Loved Ones Based on Culture
Maura Eleuterio, RN, BScN, CON(C), Laurie Anne Holmes, RN BScN, CON(C), The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session I-03
10:30 AM – 12:00 PM, Governor General III Room

Concurrent Session I-3-A
Advocating for Continuity of Care: Technology Facilitates Clear Inter-Professional Communication in Palliative Care Consultations
Wendy Petrie, RN, BScN, MScN, CON(C), CHPCN(C), Sylvie Bruyere, RN, BScN, CON(C), CHPCN(C), Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session I-04
10:30 AM – 12:00 PM, Les Saisons Room

Concurrent Session I-4-A
Advanced Practice Nursing Leadership
Jennifer L. Parkins, RN, BScN, MN, CON(C), Donna Holmes, RN, MN, CON(C), Margaret Samide, RN(EC), MScN, CON(C), Grand River Regional Cancer Centre, Kitchener, ON, Canada.

Concurrent Session I-4-B
The Integration of a Nurse Practitioner in Radiation Oncology Using the Participatory, Evidenced-Based, Patient-Focused Process for Advance Practice Nursing Role Development, Implementation, and Evaluation (PEPPA) Framework
Charmaine L. Lynden, RN, Adult NP, Cathy A. Kiteley, RN, Advance Practice Nurse, The Credit Valley Hospital and Peel Regional Cancer Centre, Mississauga, ON, Canada.
Workshop I-05
10:30 AM – 12:00 PM, Quebec Room

Utilizing Screening for Distress, the 6th Vital Sign as a Method to Enhance Advocacy

Linda C. Watson, RN, PhD(C), CON(C), Deborah McLeod, RN, PhD, Margaret I. Fitch, RN, PhD, Jennifer L. Anderson, RN, MN, Marie de Serrès, RN, MSc inf., CON(C), Denise Budz, RN, MSN(C), Dalhousie University, Halifax, NS, Canada, Sunnybrook Odette Cancer Centre, Toronto, ON, Canada, Alberta Health Services, Cancer Care, Calgary, AB, Canada, QEII Health Sciences Centre, Halifax, NS, Canada, Saskatchewan Cancer Agency, Saskatoon, SK, Canada, Centre Hospitalier Universitaire de Quebec, Quebec, QC, Canada, Canadian Partnership Against Cancer, Toronto, ON, Canada.

Concurrent Session I-06
10:30 AM – 12:00 PM

Concurrent Session I-06-A
NS/NFL Room

Advocacy, Integral to the Expanded Role of a Transition Oncology Nurse

Pam Barnaby, BScN, Dave Whiteside, BScN MN(C), AHS Cancer Care, Community Oncology, Edmonton, AB, Canada, AHS Cancer Care Community Oncology, Calgary, AB, Canada.

Concurrent Session I-06-B

Advocating for Patients to be Part of the Cure

Barbara Ammeter, RN, BN, CON(C), Donna M. Hewitt, RN, Patricia M. Benjaminson, RN CON(C), CancerCare Manitoba, Winnipeg, MB, Canada, University of Manitoba/CancerCare Manitoba, Winnipeg, MB, Canada.

Concurrent Session I-06-C

Creating A New Team To Improve Patient Care

Jacinthe Forget, RN, CON(C), Kelly-Anne Baines, RN, CON(C), Lucie Grenier, RN, Linda Healey, RN, Sandra Lowry, RN, Lynne Jolicoeur, RN, MScN, CON(C), The Ottawa Hospital, Ottawa, ON, Canada.

Amgen Oncology Lunch Symposium
12:15 PM – 1:45 PM, Provinces/Confederation Room

Anti-EGFR K-rasH Course:
Strategies for Proactively Managing Patients on Anti-EGFR Therapy for Metastatic Colorectal Cancer

Speaker:
Scot Dowden, MD, FRCP, Clinical Assistant Professor of Medicine and Oncology, University of Calgary, Director, Medical Oncology Training Program, Chair, Southern Alberta Gastrointestinal Tumour Group, Alberta Health Services

Dr. Scot Dowden is a Clinical Assistant Professor for the Department of Medical Oncology at the University of Calgary. His clinical practice focuses on the treatment of metastatic Gastrointestinal Tumors and Carcinoma of Unknown Primary. He is the Chair of the Southern Alberta Gastrointestinal Tumor Program and is involved in both clinical research and has received awards for excellence in teaching.

Description:
In this interactive K-rasH course for oncology nurses, Dr. Scot Dowden will review the current place for anti-EGFR monoclonal antibodies in metastatic colorectal cancer (mCRC) treatment. Drawing on his clinical experience, Dr. Dowden will present relevant case studies to illustrate strategies for achieving optimal efficacy and minimal toxicity with anti-EGFR therapies in mCRC and will discuss management of anti-EGFR monoclonal antibody-related rash.

Concurrent Session II-01
2:00 PM – 4:00 PM, Governor General I Room

Concurrent Session II-1-A

Patients Finding Support Through an Online Community — Find Out More

Heather Sinardo, BScN, MN, Canadian Cancer Society, Toronto, ON, Canada.
Concurrent Session II-1-B
Perspectives from Younger and Older Adults About Cancer Information: Implications for Oncology Nurses
Margaret I. Fitch, RN, PhD, Alison McAndrew, BA, RAP, Tamara Harth, BA(HON), MLIS, Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Concurrent Session II-1-C
Informational Needs Related to Chemotherapy Among Women Undergoing Treatment for Ovarian or Endometrial Cancer
Nadine Al-Hawari, BSc, MSc(A), RN', Silvia Pistagnesi-Sebastyan, BScN, MSc(A), RN', Joanne Power, RN, MScN, CON(C), CNS', Sonia Sernic, RN, PhD', 1McGill University Health Centre - Royal Victoria Hospital, Montreal, QC, Canada, 2McGill University Health Centre - Montreal Children's Hospital, Montreal, QC, Canada.

Concurrent Session II-1-D
Group-Based Patient Education in Lymphedema: Promoting Advocacy for Self Care
Susan L. Bowles, BScN, RN, Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

Concurrent Session II-02
2:00 PM – 4:00 PM, Governor General II Room

Concurrent Session II-2-A
Waiting as an Embodied Experience for Spousal Caregivers of Hematopoietic Stem Cell Transplant Recipients: Moving Beyond the Taken-for-Granted
Brenda M. Sabo, RN, PhD', Deborah L. McLeod, RN, PhD', 1Dalhousie University School of Nursing, Halifax, NS, Canada, 2Psychosocial Oncology Team, Cancer Care Program, Capital Health, Halifax, NS, Canada.

Concurrent Session II-2-B
Nurse Navigator Interventions and Time Requirements: Establishing a Province-Wide Consensus
Andréeanne Saucier, MSc, CON(C), Alain Biron, PhD, McGill University Health Centre, Montréal, QC, Canada.

Concurrent Session II-2-C
Initial Contact — Advocating for Patients Early in the Cancer Journey
Janice Chobanuk, MScN', Angeline Letendre, PhD', Gail Ganton, BScN, Debora Allatt, Director', 1AHS Cancer Care, Community Oncology, Edmonton, AB, Canada, 2AHS Cancer Care Community Oncology, Edmonton, AB, Canada, 3CCI Edmonton, Edmonton, AB, Canada, 4Tom Baker Cancer Centre, Calgary, AB, Canada.

Concurrent Session II-2-D
Cancer Patient Navigator: Educator, Resource, Supporter and Advocate. Sounds Good, but How Do We Get the System to Support the Role?
Janet E. Bates, RN, BScN, CON(C), BC Cancer Agency, Sindi Ahluwalia Hawkins Centre for the Southern Interior, Kelowna, BC, Canada.

Concurrent Session II-03
2:00 PM – 4:00 PM, Governor General III Room

Concurrent Session II-3-A
Couples' Preferences for Enrollment in a Sexual Rehabilitation Program Prior to Undergoing Surgical Treatment of Prostate Cancer
Joyce Davison, rN, MN, PhD', Andrew Matthew, PhD, C.Psych', 1College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada, 2Department of Psychiatry, University of Toronto, Toronto, ON, Canada, 3Department of Surgery, University of Toronto, Toronto, ON, Canada, 4The Prostate Centre, Princess Margaret Hospital, Toronto, ON, Canada.

Concurrent Session II-3-B
Advocating for Patients and Families Experiencing Head and Neck Cancer: Development of a Survivorship Program
Maureen McQuestion, rN, BScN, MSc, CON(C), Princess Margaret Hospital, Toronto, ON, Canada.

Concurrent Session II-3-C
Head and Neck Patient Discharge Planning Project
Patti Wilkins, RN', Susan Bartnick, RN, BSc(N), CHPC(C)', 1Putti Devion, RN, BSN, CON(C)', Erin Dykstra, RN, BSN', Vivian LaPointe, RN', Megan Stowe, RN, MSN, Frances Wong, MD, FRCP(C)', 1BC Cancer Agency, FVCC Fraser Valley Cancer Center, BC Cancer Agency, ACC Abbotsford Cancer Center.
Workshop II-04
2:00 PM – 4:00 PM, Les Saisons Room

Validating the Evaluation Results of the National Standards and Competencies for Cancer Chemotherapy Nursing Practice Implementation

Laura Rashleigh, RN, BScN, MScN, CON(C)¹, Sally Thorne, RN, PhD, FCAHS², Tracy Truant, RN, MSN², Barbara Fitzgerald, RN, MScN², Brenda Sako, RN, MA, PhD, 'de Souza Institute, Toronto, ON, Canada, 'University of British Columbia, Vancouver, BC, Canada, "University of British Columbia, School of Nursing, Vancouver, BC, Canada, 'Princess Margaret Hospital, Toronto, ON, Canada, "Dalhousie University School of Nursing, Halifax, NS, Canada.

Workshop II-05
2:00 PM – 4:00 PM, Quebec Room

Using Evidence to Advocate for Cancer Symptom Management: A Workshop for Oncology Nurses

Valerie Fiset, MScN, RN, CHPCN(C)¹,², Kathryn Nichols, RN, BScN, BA, MScN(C), CON(C)¹,², Dawn Stacey, RN, PhD, CON(C)¹,², "Algonquin College, Ottawa, ON, Canada, "University of Ottawa, Ottawa, ON, Canada, "The Ottawa Hospital, Ottawa, ON, Canada, "Ottawa Hospital Research Institute, Ottawa, ON, Canada.

Workshop II-06
2:00 PM – 4:00 PM, NS/NFL Room

Rad-vocating: The Nurse’s Role in Radiation Oncology

Myriam A. Skrutkowski, RN, MSc, CON(C)¹, Arlene Court, RN, BSc, CON(C)¹, Maureen McQuestion, RN, BScN, MSc, CON(C)¹, Renata Benc, BA, MScN(A), CON(C)¹, Christine Zgoyine, RN(EC), MSN, NP-Adult¹, Christina MacDonald, RN, BScN, MScN, CON(C)¹, Maryse Carignan, MSc.inf., CSIO(C)², "McGill University Health Centre, Montreal, QC, Canada, "Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, ON, Canada, "Princess Margaret Hospital, University Health Network, Toronto, ON, Canada, "Segal Cancer Center, Jewish General Hospital, Montreal, QC, Canada, "Juravinski Cancer Centre, Hamilton, ON, Canada, "Centre de soins de santé et de services de Laval (CSSSL), Laval, QC, Canada.

Focus Groups
4:30 PM – 6:00 PM

Roche Focus Group

Helping you Help patients. Working together to optimize patient care” Nurses with current experience and/or interest in oncology drug infusion as well as nurse educators who help initiate or guide patients through the infusion process are invited to participate.

Governor General I Room

Helping you Help patients. Working together to optimize patient care” Nurses with current experience and/or interest in oncology drug infusion as well as nurse educators who help initiate or guide patients through the infusion process are invited to participate.

Takeda Breakthrough Cancer Pain Focus Group: By invitation only.

Governor General III Room

Committee and Special Interest Groups Meetings
6:30 PM – 7:30 PM
[see page 26 for more information]

Welcome Reception
8:00 PM – 10:00 PM, Confederation II and III Room

Health Break
4:00 PM – 4:30 PM, Confederation II and III Room
Celgene Breakfast Symposium
6:30 AM – 7:45 AM
Provinces/Confederation Room

Back due to popular demand!
NEW strategies that lead to better outcomes in patients with hematological malignancies.

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

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

1. Identify strategies for incorporating and individualized approach to coaching patients with multiple myeloma and myelodysplastic syndromes.

2. Discuss practical tips for effectively managing patients’ expectations, including 
   a. Duration of therapy
   b. Expected and manageable adverse events
   c. When to report signs and symptoms

Keynote Presentation II: Barbara Mildon
8:15 AM – 9:15 AM, Provinces/Confederation Room

Barbara Mildon, RN, PhD, CHE, CCHNC(C), President Elect, CNA

Barbara Mildon's nursing experience spans the healthcare continuum, from hospital to home care, regulation to research, and bedside to boardroom. She is currently vice president of professional practice and research and chief nurse executive at the Ontario Shores Centre for Mental Health Sciences in Whitby, Ontario. A life long learner, Dr. Mildon’s graduate education includes a PhD in nursing from the University of Toronto. She has a long record of service to provincial and national nursing organizations and presently serves as CNAs president-elect. The recipient of several awards, including the CNA Centennial Award and the RNAO Award of Merit, Dr. Mildon has published and presented widely. Her abiding joy is speaking and being with nurses and supporting and celebrating nursing practice excellence.

Barbara Mildon, inf. aut., PhD, CHE, CCHNC(C), présidente élue, AIIC

Barbara Mildon a exercé les soins infirmiers sur le continuum des soins de santé, soit de l'hôpital aux soins à domicile, de la réglementation à la recherche, au chevet du patient à la salle du conseil. Elle siège présentement comme vice-présidente à la pratique professionnelle et la recherche et elle travaille comme directrice des soins infirmiers à l’Ontario Shores Centre for Mental Health Sciences de Whitby, Ontario. Étudiante perpétuelle, la formation de deuxième cycle de Dre. Mildon comprend un doctoral en sciences infirmières de l’Université de Toronto. Elle a longtemps siégé au service des organisations infirmières provinciales et nationales et elle est actuellement la présidente désignée de l’AIIC. Elle s'est méritée de nombreux prix, incluant le Prix du centenaire de l’AIIC et l'Award of Merit de l'AIIC en plus d’avoir été publiée et fait plusieurs présentations. Elle adore parler et discuter avec les infirmières en plus de soutenir et de célébrer l'excellence de la pratique infirmière.

Health Break and Poster Group 1 Presentations, Sponsored by Celgene
9:15 AM – 9:45 AM, Confederation II and III Room

Merck Lectureship
9:45 AM – 11:00 AM, Provinces/Confederation Room

Sex Talk And Cancer: Who Is Asking?

Deborah McLeod, RN, PhD1,2, Joan Hamilton, RN, MSc(A)N1,
1Capital Health District Authority QEII Health Sciences Centre, Halifax, NS, Canada, 2Dalhousie University, Halifax, NS, Canada.

Deborah McLeod is a clinician scientist in nursing with the Capital Health/QEII Cancer Care Program and holds a joint appointment with the School of Nursing at Dalhousie University in Halifax, Nova Scotia. She is a clinical member of a psychosocial oncology team, working with a variety of cancer populations. Her research interests include interventions for couples dealing with breast and prostate cancers, including sexual rehabilitation, nurse/family therapeutic relationships in cancer care and interprofessional education.
She is the President of the Canadian Association of Psychosocial Oncology and the project lead for the CAPO–Interprofessional Psychosocial Oncology Distance Education (IPODE) Project.

Joan Hamilton is a clinical nurse specialist in the Cancer Care Program of the Capital Health/QEII in Halifax. She has particular interest in advancing nursing practice in the area of sexual health as well as helping families explain serious illness and death to children. Joan holds a joint appointment as adjunct professor in the School of Nursing at Dalhousie University.

Abstract

The launch of screening for distress programs across Canada has increased opportunities to provide timely psychosocial support. Although distress about sexuality is common for people affected by cancer, there is considerable evidence that suggests that there are very few opportunities for patients and partners to discuss sexuality with their health professionals. Although most health care professionals, including nurses, agree that sexual concerns are within their scope of practice, according to one study only 4% inquire regularly about this. There is some evidence about why this might be the case, including mis-matched expectations between patients and health care professionals, structural barriers to talking about (and listening to) sexual concerns, and a fear of not knowing what to do to help. In this presentation we consider the evidence, the expectations and barriers, as well as the “what to dos”.

Parler de sexe : mais qui est à l’écoute?

Deborah McLeod, inf., PhD.1,2, Joan Hamilton, inf., MSc(A) N1, 1Régie Capital Health, QEII Health Sciences Centre, Halifax, N.-É., Canada, 2Université Dalhousie, Halifax, N.-É., Canada.

Biographies des auteures


Joan Hamilton est infirmière clinicienne spécialisée au Cancer Care Program offert par la région Capital Health au QEII, à Halifax. Elle s’intéresse particulièrement à l’avancement de la pratique infirmière dans le domaine de la santé sexuelle et à l’aide prodiguée aux familles souhaitant expliquer des maladies graves et la mort aux enfants. Mme Hamilton est également professeure auxiliaire à l’École des sciences infirmières de l’Université Dalhousie.

Abrégé

Le lancement de programmes de dépistage de la détresse un peu partout au Canada a accru les possibilités de fournir un soutien psychosocial en temps opportun. Bien que la détresse liée à la sexualité se rencontre fréquemment chez les personnes touchées par le cancer, il est largement démontré que les patients et leurs partenaires ont fort peu d’occasions de discuter de leur sexualité avec leurs prestataires de soins de santé. Quoique la plupart des professionnels de la santé, y compris les infirmières, conviennent que les préoccupations de nature sexuelle font partie de leur champ de compétence, selon une étude, seuls 4% d’entre eux posent régulièrement des questions à ce sujet. Certaines explications ont été avancées pour cet état de fait, notamment une inadéquation entre les attentes des patients et celles des professionnels de la santé, des obstacles structurels aux discussions relatives aux préoccupations d’ordre sexuel (dans les deux sens) et enfin, la crainte de ne pas savoir ce qu’il faut faire pour aider. Cette présentation examine les données probantes, les attentes et les obstacles ainsi que ce qu’il convient de faire.

Council of Chapters Meeting

11:00 AM – 12:00 PM, Provinces/Confederation Room

Janssen Lunch Symposium

12:00 PM – 1:30 PM, Provinces/Confederation Room

Presentation 1:

Castration Resistant Prostate Cancer (CRPC): Optimizing Outcomes

Learning Objectives:

At the conclusion of this activity, participants should be able to:

• Review current treatments for mCRPC in the context of emerging therapies
• Apply appropriate patient selection criteria in developing treatment plans, and manage potential treatment-related adverse reactions
• Explore future directions in the treatment of mCRPC

Speakers:

Christina Canil, MD FRCP (C), Medical oncologist, The Ottawa Hospital Assistant professor of Medicine, University of Ottawa

Presentation 2:

Treatment Options for Multiple Myeloma Transplant Eligible Patients

Learning objectives:

At the conclusion of this activity, participants should be able to:

• Provide more information on transplant eligible patients treatment options
• Introduce new concepts in transplant eligible patient’s treatment options
• Management of side effects in transplant eligible patients

Speakers

Cindy Manchulenko RN, BN, Clinicla Research Nurse, HRCU (Hematology Research and Clinical Trials Unit) Leukemia/BMT Program of BC

Concurrent Session III-01

1:45 PM – 3:15 PM, Governor General I Room

Concurrent Session III-1-A

What is the Role of Family in Promoting Fecal Occult Blood Test Screening? Exploring Physician, Average-Risk Individual, and Family Perceptions

Michelle Lobchuk, RN, PhD¹, Susan E. McClement, Professor², Sunita Bapuji, RN, BN³, Jeffrey J. Sisler, Director⁴, Alan Katz, Research Director⁵, Patricia Martens, Director⁶, Donna Turner, Epidemiologist/Provincial Director⁷, Kathleen Clouston, CIHR Post-Doctoral Fellow⁸, ¹University of Manitoba, Faculty of Nursing, Winnipeg, MB, Canada, ²Winnipeg Regional Health Authority, Winnipeg, MB, Canada, ³University of Manitoba, School of Infant and Child Health, Winnipeg, MB, Canada, ⁴Primary Care Oncology Program, CancerCare Manitoba, Winnipeg, MB, Canada, ⁵Department of Medicine, University of Manitoba, Winnipeg, MB, Canada, ⁶Department of Family Medicine, University of Manitoba, Winnipeg, MB, Canada, ⁷Population Oncology, Cancer Care Manitoba, Winnipeg, MB, Canada.

Concurrent Session III-1-B

The State of the Union: Addressing Cervical Cancer Screening, Human Papillomavirus (HPV) and Vaccines in the 21st Century

Catrion A Buick, RN, MN, CON(C), PhD (Student)¹, ², ³University Health Network/Princess Margaret Hospital, Toronto, ON, Canada, ²University of Toronto, Toronto, ON, Canada.

Concurrent Session III-1-C

Development of Psycho-Educational Telephone (PET) Intervention for Managing Uncertainty for Individuals with Inconclusive BRCA ½ Genetic Testing Results

Christine Maheu, RN, PhD¹, Mary Jane Espl en, RN, PhD², Wendy Meschino, MD³, Joanne Honeyford, MSc⁴, Xin Gao, PhD⁵, ¹University Health Network, Toronto, ON, Canada, ²York University, Toronto, ON, Canada, ³de Souza Institute, Toronto, ON, Canada, ⁴North York General Hospital, North York, ON, Canada.

Concurrent Session III-02

1:45 PM – 3:15 PM, Governor General II Room

Concurrent Session III-2-A

Unmet Supportive Care Needs and Desire for Assistance in Patients Receiving Radiation Treatment

Margaret I. Fitch, RN, PhD, John Maamoun, MRT(T), MSc, MB, BCh, Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Concurrent Session III-2-B

A Beaming Radiation Oncology Course for Nurses that Emits Innovation and Success

Esther Chow, BScN, MN, Joy A. Buns ko, BScN, CON(C), Lindsay Schwartz, BScN, MN, Jagbir Kohli, BScN, MN, BC Cancer Agency, Vancouver, BC, Canada.

Concurrent Session III-2-C

Creating a Bridge for Head and Neck Radiation Therapy Patients

Susan Curtis, RN, Whitney Traversy, RN, Fraser Valley Cancer Centre, Surrey, BC, Canada.
Concurrent Session III-03
1:45 PM – 3:15 PM, Governor General III Room

The CAMEO Program: Advocating for Improved Decision Support Interventions in the Conventional Cancer Care Setting

Tracy L. Truant, RN, MSN1, Lynda G. Balneaves, RN, PhD1, Marja Verhoef, PhD2, Brenda C. Ross, RN, BSN3, Margurite E. Wong, RN, BSN1, Carla Hilario, RN, BSN4, Antony Procino, BSc, PhD(C)5, 1University of British Columbia School of Nursing, Vancouver, BC, Canada, 2University of Calgary Department of Community Health Sciences, Calgary, AB, Canada, 3British Columbia Cancer Agency, Vancouver, BC, Canada, 4California State University, San Francisco, CA, USA, 5University of British Columbia, Vancouver, BC, Canada.

Concurrent Session III-3-B
Complementary Medicine Decision-Making Process in Chinese-Speaking Cancer Patients

Margurite E. Wong, RN, BA, BSN1, Lynda G. Balneaves, RN, PhD2, Tracy O. Traunt, RN, MSN3, Marja J. Verhoef, PhD4, Brenda Ross, RN, BScN5, Antony Porcino, BSc, PhD(C)6, 1British Columbia Cancer Agency, Vancouver, BC, Canada, 2University of British Columbia, Vancouver, BC, Canada, 3University of California, Berkeley, CA, USA, 4University of British Columbia, Vancouver, BC, Canada, 5Simon Fraser University, Burnaby, BC, Canada, 6University of British Columbia, Vancouver, BC, Canada.

Concurrent Session III-3-C
Development and Evaluation of an Online Complementary Medicine and Cancer Education Program for Oncology Health Care Providers

Brenda C. Ross, RN, BSc1, Lynda G. Balneaves, RN, PhD2, Tracy O. Traunt, RN, MSN3, Marja J. Verhoef, PhD4, Margurite E. Wong, RN, BSN1, Antony J. Porcino, BSc, PhD(C)6, Amanee Elchehimi, BSc4, 1British Columbia Cancer Agency, Vancouver, BC, Canada, 2University of British Columbia, Vancouver, BC, Canada, 3University of Calgary, Calgary, AB, Canada, 4Simon Fraser University, Burnaby, BC, Canada, 5The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session III-04
1:45 PM – 3:15 PM, Les Saisons Room

Reaching New Heights in Patient Safety by Applying Clinical Guidelines

Kim J. Chapman, MScN, CON(C), Horizon Health Network, Fredericton, NB, Canada.

Concurrent Session III-4-B
Sharing Lessons Learned in the Implementation of Smart Pump Technology at Five Regional Cancer Centres

Caroline Ehmann, MA1, Neil De Haan, BSc2, Lorna J. Roa, MSN, BSc, RN3, 1Vancouver Island Centre, BC Cancer Agency, Victoria, BC, Canada, 2Provincial Pharmacy, BC Cancer Agency, Vancouver, BC, Canada, 3Abbotsford & Fraser Valley Centres, BC Cancer Agency, Abbotsford, BC, Canada.

Concurrent Session III-5
1:45 PM – 3:15 PM, Quebec Room

The Role of Nurse Navigator — A Textbook Example of Nursing Patient Advocacy

Colleen S Sherriff, RN, BC Cancer Agency, Fraser Valley Centre, Surrey, BC, Canada.

Concurrent Session III-5-B
What’s Inuit Got to Do With It? A CANO/ACIO Chapter Patient Advocacy Initiative

Tooneejoulee Kootoo-Chiarello, Kim A. Franchina, CHPC(C), CON(C), The Ottawa Hospital, Ottawa, ON, Canada.

Workshop III-06
1:45 PM – 3:15 PM, NS/NFL Room

Nursing Advocates for Improved Patient Care Outcomes by Providing Leadership in Developing a Collaborative Interprofessional Knowledge Translation Plan for the Integration of Symptom Management Guidelines

Cathy A. Kiteley, RN, MSN, CON(C), Charmaine L. Lynden, RN, MN, Adult NP, The Credit Valley Hospital, Peel Regional Cancer Centre, Mississauga, ON, Canada.

Health Break, Sponsored by Amgen
3.15 PM – 3.45 PM, Confederation II and III Room
Concurrent Session IV-01
3:45 PM – 5:15 PM, Governor General I Room

Concurrent Session IV-1-A
Advocating for Oncology Nurse Professional Development: A New Innovative Radiation Therapy Course
Joanne Crawford, RN, MScN, CON(C), PhD (candidate), Liat Brudnoy, BA, MA, Tracy Soong, CCRA, Thomas Graham, BA, de Souza Institute, Toronto, ON, Canada.

Concurrent Session IV-1-B
Improving Outcomes for Head and Neck Cancer Patients: A Nurse-Led Initiative
Raji Nibber, RN, BSN, Vivian LaPointe, RN, BSN, Eileen VanPelt, RN, Radiation Therapy, BC Cancer Agency, Abbotsford, BC, Canada.

Concurrent Session IV-1-C
Continuous Quality Improvement (CQI) for HDR Cervix Brachytherapy: The Role of Oncology Nurses
Sandra M. Lowry, RN, CON(C), Lucie H. Grenier, RN, CON(C), Rajiv Samant MD, FRCP(C), DABR, Virginia Jarvis, RN, APN, Pain and Symptom Management, Chaoan E, MD, FRCP(C), Radiation Oncology, John Penning, MD, FRCP(C), Specialty: Anesthesiology, The Ottawa Hospital Cancer Center, Ottawa, ON, Canada.

Concurrent Session IV-02
3:45 PM – 5:15 PM, Governor General II Room

Concurrent Session IV-2-A
Telephone Care in Oncology
Nivea Douglas, RN, BN, Frankie Goodwin, RN, BN, Megan Stowe, RN, BN, MSN, Zahra Lalani, RN, BN, BC Cancer Agency, Vancouver, BC, Canada.

Concurrent Session IV-2-B
Clinical Practice Guidelines for Cancer Treatment-Related Symptoms: Appraisal of Their Quality and Relevance to Oncology Nursing
Dawn Stacey, RN, MScN, PhD, CON(C), COSTaRS Steering Committee, RN, Ottawa Hospital Research Institute, Ottawa, ON, Canada, Queen's University, Kingston, ON, Canada.

Concurrent Session IV-2-C
On-Board and On-Line: The Move to Electronic Documentation
Larissa Day, RN, BScN, MSc, CON(C), Arlene Court, RN, BScN, CON(C), Sunnybrook Health Sciences Centre, Odette Cancer Centre, Toronto, ON, Canada.

Concurrent Session IV-03
3:45 PM – 5:15 PM, Governor General III Room

Concurrent Session IV-3-A
Supporting Women with Advanced Breast Cancer: The Impact of Functional Status on Social Roles
Bai Qi Peggy Chen, BSc, MSN (candidate), Kimberly A. Gartshore, CNS, MSN, Monica P. Parmar, CNS, MSN, PhD student, McGill University, Montreal, QC, Canada, Segal Cancer Centre, Jewish General Hospital, Montreal, QC, Canada.

Concurrent Session IV-3-B
“Let’s Talk Evidence”: The Experience of Developing an Oncology Palliative Care Journal Club
Cathy A. Kiteley, RN, CONC, CHPCNC, MSN, Janet C. Rice, RN, BScN, CHPCN(C), Angela P. Kurtz-Melo, RN, CON(C), CHPCN(C), The Credit Valley Hospital Peel Regional Cancer Centre, Mississauga, ON, Canada.

Concurrent Session IV-3-C
Advocating for Appropriate Care for Oncology Patients in the Last Days And Hours of Life: Development of a Clinical Best Practice Guideline
Lynn E. Kachuik, RN, BA, MS, CON(C), CHPCN(C), Debbie Gravelle, RN, BScN, MHS, Christine McPherson, RN, BScN(HONS), MSC, PhD, Mary Ann Murray, RN, MScN, PhD, CON(C), GNC(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada, Bruyere Continuing Care, Ottawa, ON, Canada, University of Ottawa, Ottawa, ON, Canada.
Concurrent Session IV-04
3:45 PM – 5:15 PM, Les Saisons Room

Concurrent Session IV-4-A
Bridging the Gap Between Knowledge and Practice to Meet the Complex Needs of Oncology Patients
Liat Brudnoy, BA, MA, Komal Patel, RN, BScN, CON (C), CHPCN (C), CCN(C), Tracy Soong, BSc(C), Thomas Graham, BA, Mary Jane Esplen, PhD, RN, Jiahui Wong, PhD, de Souza Institute, Toronto, ON, Canada.

Concurrent Session IV-4-B
Creating a High Quality Cancer Nursing Workforce: The Benefits of Career and Professional Development
Denise Bryant-Lukosius, RN, PhD1, Ernie Avilla, BSc1, Brenda Cruz, RN, MN1, Ruby Gorospe RN, MN-PHCPN(C)1, Mary Jane Esplen, RN, PhD2, 1McMaster University, Hamilton, ON, Canada, 2de Souza Institute, Toronto, ON, Canada.

Concurrent Session IV-4-C
A Case Study of Collaboration Among Oncology Nurses
Jane Moore, RN, APN, MSc, PhD, Brock University, St Catharines, ON, Canada.

Workshop IV-05
3:45 PM – 5:15 PM, Quebec Room
So You’d Like to Do Research?
CANO/ACIO Research Committee: Sally Thorne, RN, PhD1, Catriona Buick, RN, MN, CON(C)2, Tracy Truant, RN, MSN, CON(C)3, Christine Maheu, RN, BScN, MScN, Ph4, Jacqueline Galica, RN, BScN, MSc, CON(C)4, 1University of British Columbia, Vancouver, BC, Canada, 2Princess Margaret Hospital, Toronto, ON, Canada, 3UBC Nursing, Vancouver, BC, Canada, 4York University, Toronto, ON, Canada.

Concurrent Session IV-06
3:45 PM – 5:15 PM, NS/NFL Room

Concurrent Session IV-6-A
Se garder et garder les nôtres à l’abri du cancer
Nicole Tremblay, Conseillère clinicienne en soins infirmiers, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada.

Day Three/Jour Trois
Saturday, October 13, 2012 / Samedi, 13 Octobre 2012

Pfizer Breakfast Symposium
6:30 AM – 7:45 AM, Provinces/Confederation Room

Title:
The Changing Paradigm of Lung Cancer

Learning Objectives:
1. Historical overview of chemotherapy in Non-Small Cell Lung Cancer
2. Identification of Multiple Lung Cancer Subtypes
3. Personalized Treatment based on these Subtypes
4. Role of Early Palliative Care

CANO/ACIO Annual General Meeting
8:00 AM – 9:15 AM, Provinces/Confederation Room

CANO/ACIO Awards Ceremony
9:15 AM – 10:00 AM, Provinces/Confederation Room
Health Break and Poster Group 3 Presentations, Sponsored by Roche
10:00 AM – 10:30 AM, Confederation II and III Room

Concurrent Session V-01
10:30 AM – 12:00 PM, Governor General I Room

Concurrent Session V-1-A
Advocating for Excellence in Preceptorship
Patricia A. Murphy-Kane, RN, BScN, MN, CHPCN(C), Charissa P. Cordon, RN, BScN, MN, CON(C), Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Concurrent Session V-1-B
Retention des nouvelles infirmières en oncologie : une expérience de formation sur la rétroaction constructive à partager
Catherine Genest, inf. MSc, (étudiante), Sylvie Dubois, PhD, Céline Corbeil, MSc, Centre hospitalier de l’Université de Montréal, Montréal, QC, Canada.

Concurrent Session V-1-C
An Innovative Education Program Focused on Developing Oncology Nursing Leaders in Ontario
Laura L. Rashleigh, RN, BScN, MScN, CON(C), Esther Green, RN, BScN, MSc(T), Joy Richards, RN, PhD, Sandra Li-James, RN, BScN, MEd., CCN(C), Mary Jane Esplen, RN, PhD, Jiahui Wong, PhD, *de Souza Institute, Toronto, ON, Canada, *University Health Network, Toronto, ON, Canada.

Concurrent Session V-02
10:30 AM – 12:00 PM, Governor General II Room

Concurrent Session V-2-A
Screening for Distress in Community-Based Cancer Support Organizations
Margaret I. Fitch, RN, PhD, Alison McAndrew, BA, RAP, Kellie Pang, MMSt, BSc (HON), Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Concurrent Session V-2-B
Improving Team Collaboration, Symptom Management and Patient Satisfaction Through a Programmatic Implementation of Screening for Distress, the 6th Vital Sign
Linda C. Watson, RN, PhD(C), Jennifer L Anderson, RN, MN, Barry Bults, PhD, R. Psych, Shannon Groff, BSc, Alberta Health Services, Calgary, AB, Canada.

Concurrent Session V-2-C
On a Scale of 1 to 10: Teaching and Documenting Toxicity Grading
Susan Horsman, RN, BScN, MN, NP-Adult, Kate Leyerzapf, BScN, RN, Alan Besecker, RN, Kristina Brkin, RN, Cross Cancer Institute, Edmonton, AB, Canada.

Concurrent Session V-03
10:30 AM – 12:00 PM, Governor General III Room

Concurrent Session V-3-A
Young Adults' Experiences of “Being Known” by Their Healthcare Team: A Qualitative Study in Cancer Care
Susanna K. Jacobsen, MSN1, Gabrielle M. Bouchard, MSN1, Karine Lepage, RN, MSN2, Jessica Emed, RN, MSN2, 1McGill University, Montreal, QC, Canada, 2SMBD Jewish General Hospital, Montreal, QC, Canada.

Concurrent Session V-3-B
The Hope Experience of Parents of Children Undergoing Treatment for Childhood Cancer: Preliminary Findings
Jill M. Bally, rN, PhD(C)1, Wendy Duggleby, RN, PhD, AOCN*, Lorraine Holtslander, RN, PhD, CHPCN(C)*, Chris Mpofo, MD, MBChB, MSc, FRCP(C)*, Shelley Spurr; RN, PhD*, Roanne Thomas-MacLean, BA, MA, BEd, PhD*, Karen Wright, RN, PhD*, 1College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada, *Faculty of Nursing, University of Alberta, Edmonton, AB, Canada, 2Saskatoon Cancer Centre, Saskatoon, SK, Canada, 3University of Ottawa, Ottawa, ON, Canada.

Concurrent Session V-3-C
Advocating for One of Our Own: A Case Study
Andrea E. Leao, RN, BScN, CON(C), Mario DaPonte, RN, BScN, Lynn E. Kachunik, RN, BA, MS, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada.
Concurrent Session V-04
10:30 AM – 12:00 PM, Les Saisons Room

Concurrent Session V-4-A
Newfoundland and Labrador Peer Navigation Project “Advocating for Women with Women’s Cancer”
Elaine M. Ledwell, BN, RN, MEd1, Judy Applin-Poole, BN, RN2, 1Breast Screening Program for Newfoundland and Labrador, Cancer Care Eastern Health, St. John’s, NL, Canada, 2Site Manager SBIHC Labrador Grenfell Health, Flowers Cove, NL, Canada.

Concurrent Session V-4-B
Advocacy and Support for the Role of Nurse Navigators in Breast Care in British Columbia
Colleen S. Sherriff, RN, Fraser Valley Centre, BC Cancer Agency, Surrey, BC, Canada.

Concurrent Session V-05
10:30 AM – 12:00 PM, Quebec Room

Concurrent Session V-5-A
Use Of Parenteral Nutrition (PN) In Cancer Patients — BCCA Guidelines
Elizabeth Beddard-Huber, RN, MSN, Janice Dirksen, BSN, BC Cancer Agency, Vancouver, BC, Canada.

Concurrent Session V-5-B
The Use of a Corporate Strategy to Support Implementation of Nursing Best Practice Guidelines Related to Vascular Access at the Ottawa Hospital
Sheryl A. McDiarmid, RN, BScN, MEd, MBA, ACNP, AOCN, The Ottawa Hospital, Ottawa, ON, Canada.

Workshop V-06
10:30 AM – 12:00 PM, NS/NFL Room
You Can’t Advocate if You Don’t Know
Ashleigh Pugh-Clarke, RN, BScN, MN, CON(C), Donalda McDonald, RN, CON(C), Liat Bradnog, B.A., M.A., Thomas Graham, B.A., Leah Miller, B.A., de Souza Institute, Toronto, ON, Canada.

SANOFI Lunch Symposium
12:15 PM – 1:45 PM, Provinces/Confederation Room

SANOFI
Title:
Geriatric Oncology: Optimizing the care of older adults with cancer
Learning objectives:
1. Understand the epidemiology of cancer in older persons.
2. Develop an approach to evaluating older patients with cancer.
3. Learn about certain assessment tools used in Geriatric Oncology.
4. Understand the role of the Nurse Navigator in Geriatric Oncology.
5. Learn how Oncology nurses can enhance the care of older cancer patients.

Speaker’s Credentials:
Doreen Wan-Chow-Wah, MD, FRCPC Geriatrician Division of Geriatric Medicine and Department of Oncology, McGill University, Medical Director, Consultation Service for Senior Oncology Patients, Segal Cancer Center, Jewish General Hospital.
Linda Victoria Alfonso, inf, M.Ed., Clinical Nurse Specialist, Senior Oncology
Fay J. Strohschein, RN, PhD (candidate), Nursing Clinical Consultant, Senior Oncology

Helene Hudson Lectureship and Award Presentation, Sponsored by Amgen
2:00 PM – 3:00 PM, Provinces/Confederation Room

Oncology
Positive Practice Change Using Appreciative Inquiry in Oncology Primary Care
Colleen P. Campbell, NP, MN, CON(C), Simcoe Muskoka Regional Cancer Center, Royal Victoria Regional Health Centre, Barrie, ON, Canada.
Colleen P. Campbell graduated from George Brown College, Toronto in 1982 from the diploma nursing program. She obtained certificates in gerontology, cardiology, adult education, and oncology. She achieved national certification in oncology in 2000 with the Canadian Nurses Association. She graduated from Ryerson University with a post RN BScN in 2006 and from the University of Western Ontario with a combined Masters of Nursing and Primary Health Care Nurse Practitioner Certificate in 2009. She had an adjunct clinical appointment with the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto 2011.

The majority of her career has been in oncology. She has been employed in a variety of roles including, systemic nurse, primary care nurse, unit coordinator, and member of the REACH (Urgent Care Clinic) team at Princess Margaret Hospital. Colleen is currently employed at the Simcoe Muskoka Regional Cancer Centre in Barrie as an Advanced Practice Coordinator in a combined clinical and administrative position.

**Abstract:**

Ambulatory oncology nurses struggle to meet the increasing demands placed on them by clerks, physicians, leadership, community agencies, and constant change. Many feel they have very little time with patients and families, and the role of ‘primary nurse’ has become distorted. Job dissatisfaction and the feeling of powerlessness have emerged in our current environment.

The appreciative inquiry process enables nurses to become engaged in planning and creating positive change based on their knowledge, experiences and clinical expertise as oncology professionals. Utilizing concepts from positive psychology to encourage strengths, the appreciative inquiry process empowers nursing staff to be their best while elevating the level of care for patients and families. Recognizing, sharing and building on individual and process strengths promotes exceptional performance and increases motivation; improving relationships between co-workers and improving nurse retention.

This project utilized the appreciative inquiry method to engage primary oncology nurses in; discovering what works well for them, identifying positive attributes and skills and focusing on these to dream of a vision for the future, designing a new reality and delivering a positive approach to improvement. This was accomplished through surveys and group work.

We have evolved the appreciative inquiry process from theory into positive practice changes, inspiring a new paradigm of primary oncology nursing. Through the promotion of innovation, we have inspired hope while advocating for our profession and increasing patient satisfaction.

**Soins intégraux en oncologie – améliorer la pratique en utilisant l’analyse positive**

Colleen P. Campbell, IP, MSc inf., CSIO(C), Simcoe Muskoka Regional Cancer Center, Royal Victoria Regional Health Centre, Barrie, ON, Canada.

**Biographie de l’auteure**


Elle a consacré la majorité de sa carrière à l’oncologie. Elle a assumé un éventail de rôles dont ceux d’infirmière en traitements systémiques, d’infirmière en soins intégraux, de coordonnatrice d’unité et de membre de l’équipe REACH (Clinique de soins d’urgence) à l’hôpital Princess Margaret. Elle travaille présentement au Centre régional de cancérologie Simcoe-Muskoka à titre de coordonnatrice de la pratique avancée, un poste à vocation administrative et clinique.

**Abrégé**

Les infirmières en oncologie ambulatoire ont du mal à faire face aux exigences croissantes de la part des commis, des médecins, de la direction, des organismes communautaires, d’une part, et aux changements constants, d’autre part. Beaucoup d’entre elles jugent qu’elles passent fort peu de temps auprès des patients et de leur famille et que le rôle de l’infirmière de soins intégraux s’est altéré. L’insatisfaction au travail et un sentiment d’impuissance ont vu le jour dans notre environnement actuel.

La méthode de l’analyse positive permet aux infirmières de s’impliquer dans la planification et la mise en œuvre de changements positifs en s’appuyant sur leurs connaissances, leurs expériences et leur expertise clinique à titre de professionnels en oncologie. En appliquant les concepts de la psychologie positive pour stimuler les forces, la méthode de l’analyse positive habilite le personnel infirmier à se surpasser tout en rehaussant le niveau des soins prodigués aux patients et à leurs proches. Reconnaître, partager et faire fructifier les forces individuelles et celles de la méthode encourage une performance exceptionnelle et accroît la motivation, améliore les relations entre collègues de travail et favorise le maintien en poste des infirmières. Ce projet a utilisé la méthode de l’analyse positive afin que les infirmières en soins intégraux en oncologie s’emploient à : découvrir ce qui fonctionne bien pour elles, cerner les caractéristiques et les compétences positives.
et se concentrer sur ces dernières pour rêver une vision de l'avvenir; concevoir une nouvelle réalité et mettre en œuvre une approche positive vers l'amélioration. Ceci a été accompli par le biais d'enquêtes et de travaux en groupes.

De simple théorie, l'analyse positive a débouché sur des changements positifs au niveau de la pratique lesquels ont inspiré un nouveau paradigme des soins infirmiers intégraux en oncologie. En promouvant l'innovation, nous avons insufflé de l'espoir tout en militant en faveur de notre profession et du rehaussement de la satisfaction des patients.

Health Break and Poster Group 4 Presentations
3:00 PM – 3:30 PM, Confederation II and III Room

Concurrent Session VI-01
3:30 PM – 5:00 PM, Governor General I Room

Concurrent Session VI-1-A
French Women's Breast Self-Examination Practices with Time After Undergoing BRCA ½ Genetic Testing
Christine Maheu, RN, PhD¹, Thémis Apostolidis, MD², Claire Julian-Reynier, MD³, York University, Toronto, Canada, INSERM, Marseille, France, Institut Paoli-Calmettes, Marseille, ON, France.

Concurrent Session VI-1-B
With a Little Help from My Friends: An Interprofessional Approach to Smoking Cessation in an Ambulatory Cancer Centre
Elaine Curle, RN, Leslie Gibson, OT Reg (Ont.) BHSc (OT), Bonnie Bristow, MRT(T), BSc, Arlene Court, RN, BScN, CON(C), Odette Cancer Centre Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

Concurrent Session VI-1-C
Colorectal Cancer Screening Behaviors in South Asian Immigrants: A Scoping Literature Review
Joanne Crawford, RN, MScN, CON(C), PhD (candidate), Brock University, St. Catharines, ON, Canada.

Concurrent Session VI-02
3:30 PM – 5:00 PM, Governor General II Room

Concurrent Session VI-2-A
Using Group Teaching by a Multidisciplinary Team to Foster Understanding, Support and Self-Advocacy Among Post-Operative Breast Cancer Patients
Janet E. Bates, RN, BScN, CON(C), BCCA Sindi Ahluwalia, BC Cancer Agency, Victoria, BC, Canada.

Concurrent Session VI-2-B
Virtual Pain and Fatigue Education for Patients
Jennifer Finck, RN, Megan Stowe, RN, BN, MSN, BC Cancer Agency, Victoria, BC, Canada.

Concurrent Session VI-2-C
An Evaluation of Two Educational Models to Deliver a Standardized Chemotherapy and Biotherapy Course for Oncology Nurses in Ontario
Laura Rashleigh, RN, MScN, CON(C)¹, Jiahui Wong, PhD², Donalda McDonald, RN, CON(C)³, Tracy Soong, BSc (candidate)¹, Liat Brudny, BA, MA¹, Leah Miller, BSc², Esther Green, RN, BScN, MSc(T)₃, de Souza Institute, Toronto, ON, Canada, Cancer Care Ontario, Toronto, ON, Canada.

Concurrent Session VI-03
3:30 PM – 5:00 PM, Governor General III Room

Concurrent Session VI-3-A
Utilizing Social Media and Interprofessional Problem Based Learning to Deliver Oncology Education for Pre-Licensure Health Program Students
Natasha Hubbard Murdoch, MN, CON(C), CMSN(C), Darlene J. Scott, MSc (CH&E), BSN, RN, Saskatchewan Institute of Applied Science and Technology, Saskatoon, SK, Canada.

Concurrent Session VI-3-B
Towards Excellence in Undergraduate Nursing Education: Building Foundations in Oncology
Manon Lemonde, RN, PhD¹, Charissa P. Cordon, RN, MN, CON(C)², Simone Simon, RN, MN (cand.) CON(C)², Susan Robinson, RN, MN³, University of Ontario Institute of Technology, Oshawa, ON, Canada, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.
Concurrent Session VI-3-C
The Meaning of Being an Oncology Nurse: Investing to Make a Difference
Lindsey A. Davis, RN, BScN, Frances Fothergill-Bourbonnais, RN, PhD, Christine J. McPherson, RN, PhD, University of Ottawa, School of Nursing, Ottawa, ON, Canada.

Concurrent Session VI-04
3:30 PM – 5:00 PM, Les Saisons Room

Concurrent Session VI-4-A
Knowledge Translation to Improve Patient Symptomatology
Jennifer L. Parkins, RN, BScN, MN, CON(C), Martha Karm, RN, BScN, CHPCN(C), Tara Moffatt, RN, BScN, MN, CHPCN(C), Anita Riddall, RN, BA, CON(C), Grand River Regional Cancer Centre, Kitchener, ON, Canada.

Concurrent Session VI-4-B
Providing Nursing Care in the Ambulatory Setting: A New Approach
Sherrol Palmer Wickham, RN, BScN, CON(C), Margaret Fitch, RN, PhD, Angela Boudreau, RN, BScN, MN, Stephanie Burlein-Hall, RN, BScN, MEd, Arlene Court, RN, BScN, CON(C), Day Larissa, RN, BScN, Maggie Ford, RN, CON(C), Anne Galand, RN, Holly Krol, RN, CON(C), Angela Leahey, RN, BScN, MN, CON(C), Fiona McCullock, RN, BScN, Debbie Miller, RN, BScN, MN, Claire Moroney, RN, MScN, NP, Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Concurrent Session VI-05
3:30 PM – 5:00 PM, Quebec Room

Concurrent Session VI-5-A
Partners in Care; Communication Needs for Survivorship
Donna Holmes, RN, MN, CON(C), Mary Mayer, NP, MScN, CON(C), Grand River Regional Cancer Centre, Kitchener, ON, Canada.

Concurrent Session VI-5-B
Making a Difference: The Actions of Exemplary Oncology Nurses When Further Interventions Seem Futile
Katherine J. Janzen, RN, MN1,2, Beth Perry, RN, PhD3, 1Alberta Health Services, Calgary, AB, Canada, 2Mount Royal University, Calgary, AB, Canada, 3Athabasca University, Athabasca, AB, Canada.

Workshop VI-06
3:30 PM – 5:00 PM, NS/NFL Room
Le “patient partenaire”, un concept qui prend réalité dans un contexte de cancer/maladie chronique : éduquer, apprendre, transmettre, informer
Louise Compagna, BSc, Francine Grondin, BSc, Caroline Provencher, MSc, Nicole Tremblay, MSc, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada.

Committee and Special Interest Group Meetings
5:15 PM – 6:15 PM
[see page 26 for more information]

Social Event: A Magical Fall Evening Social
7:00 PM onward
Join us for a “Magical Fall Evening” at the National Arts Centre. You will be awed as you climb the grand staircase to the Panorama Room that has breathtaking views of the Rideau Canal and city backdrop. Canada’s National Arts Centre is a unique and prestigious meeting venue, that is conveniently located a six-minute walk of the Westin Hotel. Be prepared to enjoy a beautiful gourmet dinner by an award winning chef. Then dance the night away to great music. Expect a few surprises throughout the evening!
Day Four / Jour Quatre
Sunday, October 14, 2012 / Dimanche, 14 Octobre 2012

Breakfast on Own

Keynote Presentation III: Josh Cassidy, Olympic Athlete
9:00 AM – 10:00 AM, Provinces/Confederation Room

Just weeks after his birth, Josh was diagnosed with neuroblastoma, cancer in the spine and abdomen. Given a very low chance of surviving the condition and two bouts of major surgery by age 7 months, Josh’s parents, friends, and family feared the worst... fortunately, Josh didn’t! Through the hand of fate, age 15, he was approached by a Canadian Team coach in a small restaurant, lending him his first racing chair. Fast forward to 2008, when, aged 23, Josh entered the Bird’s Nest Stadium, Beijing to represent Canada in the 2008 Paralympic Games. In front of 90,000 people, he finished with the 4th fastest 5000 m time in Paralympic history. On the road and track, Josh’s is now ranked in the world’s ‘top five’.

On top of his busy training schedule, Josh still finds time to pursue his love of art. Josh is a graduate in Illustration from the Sheridan College Institute of Technology and Advanced Learning. His passion is comic books and graphic novels. Josh makes a variety of public appearances. You may well have seen him on General Mills “Aspiring Olympians” cereal boxes or giving inspirational talks to school children. Josh’s “Driving Spirit” is now set on a world record and London 2012 Paralympic Gold.

Josh Cassidy, athlète olympique

C’est à peine quelques semaines après sa naissance que Josh a été diagnostiqué de neuroblastomes, des tumeurs affectant la colonne vertébrale et l’abdomen. Après avoir donné à Josh de faibles chances de survie à son affection et après avoir subi deux opérations chirurgicales d’envergure durant ses sept premiers mois d’existence, ses parents, sa famille et leurs amis s’attendaient au pire... heureusement, Josh n’était pas du même avis! À l’âge de 15 ans, il a eu la chance de rencontrer dans un petit restaurant un entraîneur de l’équipe canadienne qui lui a prêté son premier fauteuil roulant de course. Passons à 2008, l’année où Josh, alors âgé de 23 ans, est entré dans le stade Nid d’Oiseau de Beijing où il représentait le Canada dans le cadre des Jeux paralympiques. Devant quelque 90 000 spectateurs, il a établi le 4e meilleur temps au 5000 m de toute l’histoire des Jeux paralympiques. Sur piste et sur route, Josh fait désormais partie des cinq meilleurs athlètes du monde.


Sponsored by Amgen

Health Break
10:00 AM – 10:30 AM, Confederation II and III Room

Concurrent Session VII-01
10:30 AM – 12:00 PM, Governor General I Room

Concurrent Session VII-1-A
Launching Survivorship: Implications for Nursing Support as Primary Treatment Nears Conclusion
Sally E. Thorne, RN, PhD1, Kelli I. Stajduhar, RN, PhD2, John L. Oliffe, RN, PhD3, 1UBC, Vancouver, BC, Canada, 2University of Victoria, Victoria, BC, Canada, “UBC School of Nursing, Vancouver, BC, Canada.

Concurrent Session VII-1-B
Cognitive-Existential Intervention to Address Fear of Recurrence in Women with Cancer
Christine Maheu, RN, PhD1,2, Sophie Lebel, PhD, BSc3, Pamela Catton, MD1,4, Zeev Rosberger, PhD4, Scott R. Secord, MSW, RSW5,6, Christine Courbasson, PhD7, Monique M. Lefebvre, PhD8, Lynne J. Jolicoeur, RN, MSc, BSc9, Michael Fung Kee Fung10,11, MD10,11, 1University Health Network, Toronto, ON, Canada, 2York University, Toronto, ON, Canada, 3University of Victoria, Victoria, BC, Canada, “UBC School of Nursing, Vancouver, BC, Canada, 4University of Toronto, Ontario, ON, Canada, 5University of Toronto, ON, Canada, 6Princess Margaret Hospital, Toronto, ON, Canada, 7University of Toronto, ON, Canada, 8University of Ottawa, Ottawa, ON, Canada, 9Ottawa Regional Cancer Centre, Ottawa, ON, Canada, “Ottawa Regional Cancer Centre, Ottawa, ON, Canada.

CONFERENCES 2012 45

Ottawa, Thursday, October 11 to Sunday, October 14, 2012 CANO/ACIO CONFERENCE 2012
Concurrent Session VII-02
10:30 AM – 12:00 PM, Governor General II Room

Mobilizing Stem Cells. It’s Not About Having a Fitness Coach!

Nanette Cox-Kennett, MN, Cross Cancer Institute, Edmonton, AB, Canada.

Concurrent Session VII-2-B

Nurses Advocating for the Prevention of Pressure Ulcers on the In-Patient Oncology Units by Using the Braden Skin Assessment Tool

Sharon Greene, RN, BScN, Mary Ann Gamboa, RN, Mary-Jo Rhodes, RN, BScN, Sunnybrook Health Sciences Centre, North York, ON, Canada.

Concurrent Session VII-2-C

Interdisciplinary Collaboration and Development of a Teaching Guideline and DVD for Central Venous Catheter (CVC) Removal

Susan E. Horsman, RN, BScN, MN, NP-Adult1, Wayne Enders, RN2, Dave Whitehead, RN3, Valerie Smith, MD4, Charles Butts, MD4,5, Steve Follett, MD4, Janice Chobanuk, BScN, MN CON(C) CHPCN(C)5, 6, Cross Cancer Institute, Edmonton, AB, Canada, 7Alberta Health Services, Edmonton, AB, Canada, 8Alberta Health Services, Calgary, AB, Canada, 9Alberta Health Services, Camrose, AB, Canada.

Concurrent Session VII-03
10:30 AM – 12:00 PM, Governor General III Room

The Experiences of Advanced Head and Neck Cancer Patients Registered in the Odette Cancer Centre Program in Living with a Percutaneous Endoscopic Gastrostomy Tube

Margaret I. Fitch, RN, PhD1, Alison McAndrew, BA, RAP1, Elaine Posluns, RD2, Edith Stokes, RD2, Janna Kwong, RD3, Katherine Vandenburgis, BASc, RD3, Sunnybrook Health Sciences Centre - Odette Cancer Centre, Toronto, ON, Canada, Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

Concurrent Session VII-3-B

Advocating for Early Palliative Care Referrals with an Outpatient Leukemia Population

Patricia Murphy-Kane, RN, BSc, MN, CHPC(C), Cindy Murray, RN, BSc, MN, NP-Adult, Princess Margaret Hospital, Toronto, ON, Canada.

Concurrent Session VII-3-C

Advocating for Palliative Care Education in the Acute Oncology Care Setting

Jocelyn Brown, RN, MN, CHCPCN(C)1, Kelly McGuigan, RN, MN, CHCPCN(C), CON(C)5, Trish Murphy-Kane, RN, BSc, MN, CHCPCN(C)5, Christine Cameron, RN, BSc, CON(C)5, Sharon Reynolds, RN, BA, BSc, MHSc5, Corsita Garraway, RN(EC) MSc, CHCPCN(C), CON(C)5, Maria Lippa, RN, BSc, MN, CHCPCN(C)5, 6, Princess Margaret Hospital, Toronto, ON, Canada, University Health network (Toronto General hospital), Toronto, ON, Canada, University Health network (Toronto Western hospital), Toronto, ON, Canada.

Concurrent Session VII-04
10:30 AM – 12:00 PM, Les Saisons Room

Designing Innovative Cancer Services: Responding to the Unmet Supportive Care Needs of Patients with Newly Diagnosed Advanced Colon Cancer

Suganya Vadivelu, RN, CON(C), MSN1, Denise Bryant-Lukosius, RN, PHD1, Ann Mohide, RN, MSN2, Nancy Carter, RN, PHD1, 1Hamilton Health Sciences, Hamilton, ON, Canada, 2Mcmaster University, Hamilton, ON, Canada.

Concurrent Session VII-4-B

Qualitative Exploration of Nurses’ Experiences Caring for Patients and their Families dealing with Malignant Bowel Obstructions

Shari Moura, RN, MN, CON(C), CHPCN(C)1, Patricia Daines, RN, MN, CHPCN(C)1, Kalli Stilos, RN, MScN, CHPCN(C)1, Alison McAndrew, BA, RAP1, Ashlinder Gill, HBSc, PhD(C)1, Margaret Fitch, RN, PhD1, Frances Wright, MD, MED, FRSC1, 1Princess Margaret Hospital - University Health Network, Toronto, ON, Canada, 2Sunnybrook Health Sciences Centre, Toronto, ON, Canada, 3Sunnybrook Health Sciences Centre, Toronto, ON, Canada, Odette Cancer Centre - Sunnybrook Health Sciences Centre, Toronto, ON, Canada.
Concurrent Session VII-05
10:30 AM – 12:00 PM, Quebec Room

Concurrent Session VII-5-A
Back to Work, Back to Normal? What Nurses Need to Know About Return to Work for Patients
Anne Katz, RN, PhD, CancerCare Manitoba, Winnipeg, MB, Canada.

Concurrent Session VII-5-B
“I Can’t Sleep!” An Innovative Intervention for Insomnia in Cancer Patients
Nancy (Surya) A. Absolon, BA, RN, BSN, Lynda G. Balneaves, RN, PhD, Rosemary L. Cashman, MA, MSc(A), NP(A), Tracy L. Truant, MSN, RN, Manisha B. Witmans, MD, FRCP(C), FAAP, FASM, Margurite E. Wong, RN, MSN, BC Cancer Agency, Vancouver, BC, Canada, UBC School of Nursing, Vancouver, BC, Canada, Stollery Children’s Hospital, Edmonton, AB, Canada, University of Alberta, Edmonton, AB, Canada.

Workshop VII-06
10:30 AM – 12:00 PM, NS/NFL Room
CONJ Reviewers - Advocating for Quality Nursing Knowledge in Practice
Heather B. Porter, BScN, PhD, HBPorter & Associates, Waterloo, ON, Canada.

Novartis Lunch Symposium
12:15 PM – 1:45 PM, Provinces/Confederation Room

Adherence to Oral Medications: What’s in it for the Oncology Patient?

Objectives:

- To discuss challenges that oncology healthcare providers and patients face when oral medications are prescribed
- To exchange best practices that will help improve adherence in oncology patients
- To review existing patient support programs in the community as potential help in bridging the gap

Chair:
Nancy Pringle RN, Princess Margaret Hospital, Toronto, ON

Speakers:
Biljana Spirovski BSc.Pharm, Humber River Regional Hospital, Toronto, ON
Kimberley Roberts Chiang RN, Director, Client Services, McKesson Specialty Canada

Concurrent Session VIII-01
2:00 PM – 3:30 PM, Governor General I Room
Who Said Nursing and Information Technology Cannot Get Along? Lessons About Collaboration and Patient Advocacy Provide Patient Centred Care
Cynthia A. McLennan, RN, BScN, MBA, CON(C), The Ottawa Hospital Cancer Centre, Ottawa, ON, Canada.

Concurrent Session VIII-1-B
Regional Collaboration in Colorectal Cancer Care Through Communities of Practice
Marlene M. Mackey, RN, BNSc, MHSM, The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session VIII-02
2:00 PM – 3:30 PM, Governor General II Room
Supporting Patients Through Re-Evaluating Patient Education Strategies Related to Febrile Neutropenia
Barbara A. Ballantyne, RN, BNSc, MScN, CON(C), Debra Bakker, RN, BNSc, MSc, PhD, Denise Chaumont, RN, CON(C), Lissa Gagnon, RN, BScN, MScN, Mike Conlon, PhD, Northeast Cancer Center, Health Sciences North, Sudbury, ON, Canada, Laurentian University, Sudbury, ON, Canada.
Concurrent Session VIII-2-B
The Needs of Nurses and the Need for Nurses: Findings from a Performance and Educational Needs Assessment in Breast and Colorectal Cancer
Patrice Lazure, MSc1, Sean Hayes, PsyD2, France St-Germain, BSc3, Robert Gryfe, MD4, Maureen Trudeau, MD5, Sunil Verma, MD6, AXDEV Group Inc., Brossard, QC, Canada, 3Sanofi Canada, Laval, QC, Canada, 4Samuel Lunenfeld Research Institute, Toronto, ON, Canada, 5University of Toronto, Toronto, ON, Canada.

Concurrent Session VIII-2-C
Patient Engagement — A Key Driver Behind Patient Advocacy
Gwen Barton, RN, BNSc, MHA, Brian McKee, PHD, The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent Session VIII-03
2:00 PM – 3:30 PM, Governor General III Room

Concurrent Session VIII-3-A
Implementing the CANO/ACIO National Chemotherapy Standards and Competencies: Opportunities for Advocacy, Engagement, and Transformation in Practice and Education
Karen A. Janes, RN, MSN1, Allison Filewich, RN, BSN2, John A. Larret, RN, MN2, Laura Mercer, RN, BSN, CON(C)3, G. Anne Hughes, RN, BSN, MN, CON(C)4, Caroline Ehmann, OT, MA5, 1BC Cancer Agency, Vancouver Centre, Vancouver, BC, Canada, 2BC Cancer Agency - Sindi Ahluwalia Hawkins Centre for the Southern Interior, Kelowna, BC, Canada, 3BC Cancer Agency - Abbotsford Centre, Abbotsford, BC, Canada, 4BC Cancer Agency - Vancouver Island Centre, Victoria, BC, Canada.

Concurrent Session VIII-3-B
Supporting Ambulatory Redesign Through Nursing Leadership
Milijana Buzanin, RN, BSN, MN(C), Lisa M. Tinker, RN, BScN, CON(C), CCRP, Sabrina C. Bennett, RN, BScN, Cynthia Bocaya, RN, CON(C), Anne E. Embleton, RN, BScN, MN, OCN, CON(C), Iryna Tyomoshyk, RN, MN, Sheila Webster, RN, BScN, OCN, University Health Network - Princess Margaret Hospital, Toronto, ON, Canada.

Concurrent Session VIII-3-C
Cancer Patient Navigation Services
Angeline Letendre, PhD1, Janice Chobanuk, MScN1, Linda Watson, MScN, PhD(C)2, Pam Barnaby, BScN3, 1AHS Cancer Care, Community Oncology, Edmonton, AB, Canada, 2Tom Baker Cancer Centre (Holy Cross), Calgary, AB, Canada.

Workshop VIII-04
2:00 PM – 3:30 PM, Les Saisons Room
An Interprovincial Collaboration in Continuing Education to Promote Professional Excellence Across Canada
Linda C. Watson, RN, PhD(C), CON(C)1, Jennifer L. Anderson, RN, MN2, Laura Rashleigh, RN, BScN, MScN, CON(C)3, Jiahui Wong, PhD4, Mary Jane Esplen, RN, PhD5, Sandra Li-James, RN, BScN, MEd, CCN(C)6, 1Alberta Health Services, Calgary, AB, Canada, 2de Souza Institute, Toronto, ON, Canada.

Workshop VIII-05
2:00 PM – 3:30 PM, Quebec Room
Comparative Models of Survivorship Care Delivery — Trans-Disciplinary Survivorship Care
Shari Moura, RN, MN, CON(C) CHPC(C), Scott Secord, MSW, RSW, Aleksandra Chafranskaia, PT, MHScc, Carol Townsley, MD, MSc, Pamela Catton, MHPE, FRCPC, MD, Princess Margaret Hospital - University Health Network, Toronto, ON, Canada.

Workshop VIII-06
2:00 PM – 3:30 PM, NS/NFL Room
CANO/ACIO Think Tank: Exploring Strategies to Address Health and Well-Being for Oncology Nurses as a Foundation for Excellence in Practice
Laura Rashleigh, RN, BScN, MScN, CON(C)1, Karyn Perry, RN, BSN, CON(C)2, Barbara Fitzgerald, RN, MScN3, Brenda Sabo, RN, MA, PhD4, 1de Souza Institute, Toronto, ON, Canada, 2Cross Cancer Institute, Edmonton, AB, Canada, 3Princess Margaret Hospital, Toronto, ON, Canada, 4Dalhousie University, School of Nursing, Halifax, NS, Canada.

Closing Ceremonies and Abstract Award Presentation
3:30 PM – 4:00 PM, Provinces/Confederation Room
Abstract Listing

Concurrent Session I-01
10:30 AM – 12:00 PM, Governor General I Room

Concurrent Session I-1-A
Influence of Health Information Seeking Behaviour and Personal Factors on Preferred Role in Treatment Decision Making in Men Newly Diagnosed with Prostate Cancer
Joyce Davison, RN, MN, PhD, College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada.

Prostate cancer (PC) patients continue to have unmet information needs at the time of diagnosis and are often unable to communicate their preferences to physicians at treatment discussions. This study was conducted to determine the impact of health information seeking behavior (HISB) and personal factors on patients’ preferred role in treatment decision making. 150 men newly diagnosed with PC seen at two urology clinics in Western Canada completed a survey questionnaire to gather information on HISB, personal factors influencing treatment choice and decision control. Over 90% of participants reported a preference to play either an active or collaborative role in treatment decision making (TDM), and having either an ‘intense’ or ‘complementary’ HISB. No significant association was found between HISB and preferred role in TDM. Impact of treatment on survival and urinary function, and the urologist’s recommendation were identified as the three main factors influencing the treatment decision. At the time of diagnosis, the majority of men want to be involved in TDM and have access to information. Our findings suggest that the type and amount of information men want to access may be dependent on HISB. Assessing factors having an impact on TDM may prove useful to guide patient-physician treatment discussions. This survey provides a method for nurses to assess the information and decision preferences of men newly diagnosed with prostate cancer and factors having an influence on treatment choice.

Concurrent Session I-1-B
Standardized Education? No Way – Way!
Barbara Fitzgerald, RN, MScN, Pamela Savage, RN, MAEd, CON(C), Charissa Cordon, RN, MN, CON(C), Anne Emberton, RN, Diana Incebol, RN, MScN, CON(C), Simone Simon, RN, BScN, CON(C), Anet Julias, RN, MN, CON(C), Allison Loucks, RN, BA, BScN, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Specialized Oncology Nurses face the challenge of caring for patients with increasing acuity in an environment that is progressively complex. At a large urban quaternary hospital we have nurses who are new to the hospital, new to specialized oncology disease site groups and nurses requiring continuing specialized oncology nursing education. It is important to align the education opportunities to individual learning needs.

This presentation will discuss the development and implementation of Education Pathways that promote oncology nursing and specialty certification. The education is aligned with the patient experience across the continuum of care and incorporates education about all three treatment modalities. The principles of education include the concept of novice to expert and life long learning. The overall goal is to establish a standard of care that is patient centered and safe. It is hoped that standard pathways streamline education offerings and create a standard approach that consolidates the efforts of the nurse manager, assistant nurse manager and the educator promoting clear expectations for all involved.

We will focus on the process of developing standard education pathways that incorporated the CANO standards of practice, a learning needs assessment, recommended curriculum that includes de Souza course work, hospital specific course work and annual individual performance/needs review. Pilot results in Head and Neck, Genitoruinary and Malignant Hematology disease sites will be presented.

Concurrent Session I-1-C
Passport to Safety
Anne E. Embleton, RN, BScN, MN, OCN, CON(C), Sheila J. Webster, RN, BScN, OCN, Sabrina C. Bennett, RN, BScN, Cynthia Bocaya, RN CON(C), Milija Buzanin, RN, BScN, MN(C), Lisa M. Tinker, RN BScN CON(C) CCRP, Iryna Tymoshyk, RN, MN, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Many cancer patients today are receiving complex concurrent treatments using chemotherapy and radiation treatments. They require careful navigation and management as they travel through the health care setting. At Princess Margaret Hospital, management for this group of patients was reviewed by a safety task force. Objectives of this committee were to:

1. Establish clear accountability for patient care
2. Ensure proper coordination of treatment
3. Develop mechanisms to review and update all members of the health care team
4. Make recommendations on how to ensure safety for patients on concurrent therapies

It was recommended to develop a document or “patient passport”. This document would travel with the patient throughout their treatment. A literature review revealed few examples of tools that were currently in use for the cancer population. The passport was developed to outline the patient’s treatment plan, healthcare team members, contact information, key treatment decisions...
and document patient education. This presentation will review the design, implementation and results of the pilot using this passport in the lung, gastro-intestinal, head and neck, and gynaecological patient populations receiving concurrent chemotherapy and radiation treatments.

**Concurrent Session I-02**
*10:30 AM – 12:00 PM, Governor General II Room*

**Concurrent Session I-2-A**
**Under Pressure: Understanding the Link Between Brain Tumours and Hydrocephalus**

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

Primary brain tumours occur in 8 out of 100,000 individuals and 32 per 100,000 individuals when metastatic tumours are included. It is estimated that 55,000 Canadians are surviving with a brain tumour. Brain tumours are the leading cause of solid cancer death in children under the age of 20. They are the third leading cause of solid cancer death in young adults ages 20-39.

Hydrocephalus is a condition which results from an imbalance between cerebral spinal fluid production and absorption. Increased fluid volume causes dilation of the ventricular system and is often associated with increased intracranial pressure. This condition can be acute or chronic and can occur in association with a number of underlying neurological conditions and diseases including brain tumours. Hydrocephalus can be present at the time of diagnosis of the tumour, may occur during or after tumour treatment or may develop if the tumour recurs. Prolonged increased intracranial pressure is usually fatal.

The purpose of this presentation is to review the pathophysiology, diagnosis, presentation and management of this challenging condition. Case studies will be used to illustrate the link between brain tumours, hydrocephalus and increased intracranial pressure. Oncology nurses working with pediatric or adult primary or metastatic brain tumour patients need to understand this very challenging clinical entity. Appropriate identification, assessment and intervention improve clinical outcomes for affected patients.

**Concurrent Session I-2-B**
*Governor General II*

**Families Advocating for Loved Ones Based on Culture**

*Maura Eleuterio, RN, BScN, CON(C), Laurie Anne Holmes, RN BScN, CON(C), The Ottawa Hospital, Ottawa, ON, Canada.*

Nurses advocate daily for patients and families by respecting their wishes and providing them with optimal care within our scope of practice. The nursing profession must respect and acknowledge that medical treatment decisions are influenced by a patient's gender, culture and religion. This presentation will discuss the challenges the health care team encountered while caring for a young Muslim gentleman with Down Syndrome diagnosed with Glioblastoma Multiforme. In the Muslim culture healing comes from God Allah, and it is the health care teams obligation to heal. In this situation the patient was unable to make decisions about his care allowing the family to make decisions for him which at times was in conflict with the values of the health care team.

Nursing profession also has a culture. Values such as caring, empathy, promoting health and autonomy, and respecting client choices influence how the nurses interact with clients. Reflecting on our cultural beliefs, and interacting with clients and colleagues from different cultures can broaden nurses' understanding of culture.

**Concurrent Session I-2-C**

**Advocacy: Sharing a Patient's 14-Month Journey**

*Katherine Winters, RN, CON(C), Kaelyn Burnie, RN, Ottawa Hospital, General Campus, Ottawa, ON, Canada.*

Nurses in cancer care promote well being and quality of life during the illness experience by advocating for the patient and family especially when discharge is not an option.

Advocacy helps to support and promote the patient's rights allowing the provision of quality care focused on the individual's unique needs. However, at times, oncology nurses may experience an internal struggle when the patient's desires are in conflict with standard practices.

This case study presentation will explore the views of both novice and experienced nurses who supported care decisions made by a substitute decision maker on behalf of one of our patients during an extended stay in hospital.

Some of the concerns voiced by our oncology nursing team included: How do we meet the patient’s expectation of care as requested by the spouse while adhering to nursing policies and procedures? Can the goals of care change from active treatment to supportive and palliative care without the full agreement of the patient and caregiver?

We will describe the case of a 45 year old woman who spent 14 months on our inpatient oncology unit due to inability to access appropriate community care. We will share our experiences and conflicts while empowering the patient and her family including: developing a consistent approach, providing care aligned with her desires and advocating within the health care team for her expressed wishes.
Concurrent Session I-03
10:30 AM – 12:00 PM, Governor General III Room

Concurrent Session I-3-A

Advocating for Improvement in Oncology Pain Management: Using Ipad Technology to Deliver the Message

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C), Marlene Mackey, RN, BScN, MHS, The Ottawa Hospital, Ottawa, ON, Canada.

Quality indicators are important measures of effectiveness in patient care. One key oncology indicator is pain. Studies indicate that 30% of newly diagnosed cancer patients, 40% of those undergoing treatment, and 75% of those in the terminal phase of disease have unrelieved pain.

To assess pain management in our oncology patient population, we instituted oneday pain prevalence studies across all oncology inpatient units at our tertiary level hospital. Key information collected included: pain severity, interventions implemented, patient reassessment, patient education and patient satisfaction with current pain management. However, manual data collection caused substantial delays in communicating results and promoting changes in practice.

This interactive presentation will demonstrate the innovative use of new technology to expedite data collection, data analysis and dissemination of results to the point of care. Technology allowed us to improve pain management through timely access to research findings where we were able to decode the evidence and share the knowledge gained (IPADS).

We will discuss the implementation of technology during pain prevalence studies and demonstrate the use of iPads to complete assessments, interviews and chart audits. We will describe the advantages of iPads in contrast to previous paper based data collection and share trends identified across multiple prevalence studies. We will also facilitate discussion of emerging technology as an innovative communication tool for timely transfer of data to drive improvements in oncology pain management.

Concurrent Session I-3-B

Advocating for Continuity of Care: Technology Facilitates Clear Inter-Professional Communication in Palliative Care Consultations

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

Ensuring continuity of care for complex patients requiring palliative care interventions is often a challenge in a tertiary level setting. This is compounded when the patient is transferred to another setting. Our Supportive and Palliative Care specialist team is consulted on approximately 2500 inpatients and 2000 outpatients across three sites per year. This makes timely access to clearly articulated, comprehensive consultations not only important but often extremely difficult. In addition, in the academic setting we train many fellows and residents each year creating an additional layer of complexity to ensuring comprehensive, consistent consults.

A well written consult is a key mechanism for knowledge transfer, delineating issues, recommendations and their rationale. In 2010, we audited 150 random team consults to assess their consistency, clarity and comprehensiveness. Based on audit results we developed an electronic consult template as well as a summary of involvement document to be used at discharge or completion of service. Both documents were made available on our electronic health record.

This presentation will describe the results of a second audit completed 6 months after implementation of the electronic template to review the comprehensiveness, legibility and effectiveness of our new consult format. We will describe the templates and the use of technology to expedite the process training our dragons. We will share team member and colleague satisfaction with our new consult format and compare pre and post audit results.

Concurrent Session I-04
10:30 AM – 12:00 PM, Les Saisons Room

Concurrent Session I-4-A

Advanced Practice Nursing Leadership

Jennifer L. Parkins, RN, BScN, MN, CON(C), Donna Holmes, RN, MN, CON(C), Margaret Samide, RN(EC), MScN, CON(C), Grand River Regional Cancer Centre, Kitchener, ON, Canada.

Advanced practice nurses (APNs) are Clinical Nurse Specialists and Nurse Practitioners with expanded knowledge who serve the needs of specialized patient populations within an ever changing oncology care setting. APNs demonstrate the domains of direct clinical care, education, research, organizational leadership, and professional/scholarly development (CANO, 2001; Ontario Oncology Advanced Practice Nursing Community of Practice, 2009). This presentation will discuss the development and implementation of four unique advanced practice nursing roles within the lung, breast, hematology, and inpatient oncology care setting of an integrated regional cancer program. The use of the PEPPA framework: participatory, evidenced informed patient-focused process for promoting the effective introduction and evaluation of advanced practice nursing roles (Bryant-Lukosius, 2009) will be highlighted. The ongoing evaluation of APN role
effectiveness will be discussed. Specifically, APN caseload, improvement’s in patient’s symptomatic concerns, and overall patient satisfaction with APN care will be reviewed. It is evident; APN role introduction is an important component of building enhanced capacity to serve the complex needs of individuals with cancer and their families within a regional cancer program.

References


Concurrent Session I-4-B

The Integration of a Nurse Practitioner in Radiation Oncology Using the Participatory, Evidenced-Based, Patient-Focused Process for Advance Practice Nursing Role Development, Implementation, and Evaluation (PEPPA) Framework

Charmaine L. Lynden, RN, Adult NP, Cathy A. Kiteley, RN, Advance Practice Nurse, The Credit Valley Hospital and Peel Regional Cancer Centre, Mississauga, ON, Canada.

In 2010, our cancer centre was funded for an additional Advanced Practice Nurse (APN). There is substantive international evidence about the effectiveness of APN roles on patient, provider and health systems outcomes. However, in Canada the cancer system has not fully explored the full potential of these roles to best meet the needs of patients’ and families (Bryant-Lukosius, 2009).

We began our process with an invitation to nurse physician teams within our centre to attend an informational session to discuss steps required to successfully integrate a new APN into our setting. Objectives were to identify the background and context regarding the opportunity for an additional APN role, clarity about the 2 types of APN roles, and to introduce the PEPPA Framework. Teams were requested to develop a proposal for an APN role within their specialty area. Radiation Oncology responded to this call, and hence, further work occurred to explore and design a role for an APN in radiation oncology.

This presentation will outline the process, our successes and barriers, and lessons learned. The results of a 6 month role evaluation and ongoing steps in refining the role will also be discussed.

This presentation would be good for new APN’s working on role integration, administrators and decision makers who are considering the integration of an APN into their clinical setting, and staff nurses who are in the process of career planning.

Workshop I-05

10:30 AM – 12:00 PM, Quebec Room

Utilizing Screening for Distress, the 6th Vital Sign as a Method to Enhance Advocacy

Linda C. Watson, RN, PhD(C), CON(C)1, Deborah McLeod, RN, PhD3,4, Margaret L. Fitch, RN, PhD4, Jennifer L. Anderson, RN, MN1, Marie de Serres, RN, MSc Inf., CON(C)4, Denise Buds, RN, MSN(C)1, Dalhousie University, Halifax, NS, Canada, 2Sunnybrook Odette Cancer Centre, Toronto, ON, Canada, 3Alberta Health Services, Cancer Care, Calgary, AB, Canada, 4QEII Health Sciences Centre, Halifax, NS, Canada, 5Saskatchewan Cancer Agency, Saskatoon, SK, Canada, 6Centre Hospitalier Universitaire de Quebec, Quebec, QC, Canada, 7Canadian Partnership Against Cancer, Toronto, ON, Canada.

Oncology nurses contribute to the delivery of quality cancer care through provision of physical and emotional care, care coordination, system navigation, education, and by facilitating referrals to other health care professionals as required. The term “distress” characterizes overarching physical, psychosocial and practical concerns that accompany the diagnosis of cancer and its treatment, which left unmanaged, can negatively impact quality of life. Screening for Distress [SFD] provides an opportunity for rapid identification of patients and families unique concerns, thereby assisting oncology nurses to address, manage and/or advocate for meaningful supports and referrals where indicated. The SFD also supports the interdisciplinary team to understand what care has been provided and where further supports are required. SFD has been shown to have numerous benefits to both the patient and the health care system. Through dynamic and interactive small group sessions, this workshop will provide participants with:

- The evidence behind SFD as a driver of person centered care,
- An opportunity to explore how systematic utilization of SFD can enhance oncology nurses ability to effectively advocate for meaningful supports and symptom management for their patients,
- An opportunity to work with SFD tools, conversation guides and e-based educational supports and
- An opportunity to explore how these could be utilized in any practice setting.

This workshop will be useful to front line nurses, managers, educators and leaders engaged in actualizing person centred care.
Scientists in the laboratory develop and investigate. It can also begin in the laboratory where scientists test their theories on samples from patients trying to understand new molecular origins of cancer cells, regulation of genetic programming and the biochemical action of drugs on cells.

Translational research requires participation from many disciplines. The primary care nurses identify patients, introduce the program and ask patient’s permission for the research nurse to speak to them. The research nurses consent and coordinate specimen collection from people with cancer and a control group without cancer. They provide patient education about current knowledge of their disease and some of the hopes for the future.

Participation in translational research gives patients the chance to contribute to knowledge which will help others in the future. It gives primary nurses a chance to include patients in a positive opportunity to be part of the cure.

Creating a new team to improve patient care

Jacinthe Forget, RN, CON(C), Kelly-Anne Baines, RN, CON(C), Lucie Grenier, RN, Linda Healey, RN, Sandra Lowery, RN, Lynne Jolicoeur, RN, MScN, CON(C), The Ottawa Hospital, Ottawa, ON, Canada.

Concurrent chemotherapy and radiation protocols have been used to treat women with gynaecological cancers for more then a decade. Despite this long experience, patients are still unclear as to which team member they should consult to address their needs and concerns. This lack of clarity is also an ongoing concern for nurses. Most oncology teams at our centre are organized by treatment modality which creates vertical silos. Patients, however, navigate through their cancer experience horizontally; within a disease site and along a somewhat predefined cancer trajectory.

After a few consecutive frustrating patient and staff events, an informal working group of nurses met to articulate the issues and to clarify roles and responsibilities.

Over four informal lunch meetings; nurses from external radiation, brachytherapy, systemic therapy and clinics, developed a working document that outlines the most common patient issues and the most responsible care providers along the treatment trajectory. More important then the creation of the document, a new sense of team started to emerge. The group also identified areas of improvement, such as a better smoking cessation, medication reconciliation and sexual health. The group recognized the need to engage other care provider in the discussion, such as the radiation therapist.

During this presentation, the clinical nurses will describe: what they have learned during this process and how this work will be used to advocate for change in this patient population.

As urban cancer centres have become busier, the clinical staff have limited time to identify and assist in coordination and referral of patients to the smaller community cancer centres closer to the patient’s home. In an effort to advocate and support patients to receive cancer treatments closer to home, an innovative role called the transition nurse was established in two urban cancer centres. This role identifies patients eligible to receive services in a cancer centre closer to their home and coordinates seamless referrals from urban centres to rural facilities. Providing support to transition patients to a rural cancer centre requires a patient-centred approach and partnering with clinicians and community stakeholders to ensure continuity of care. Impacts of this role include enhanced support for patients and reduced workload for staff in the community and urban centres. Patient benefits include reduced financial burden due to less travel, decreased lodging and parking costs: minimized time away from work; and patients remain closer to established forms of support.

The goal of this role is to help reduce the burden of cancer by ensuring all patients have access to quality cancer programs and services in or as close to their home communities. This presentation will describe the expanded role of the transition nurse and how the referral processes have improved and streamlined the coordination of patients from urban centres to the community.

Advocating for Patients to be Part of the Cure

Barbara Ammeter, RN, BN, CON(C), Donna M. Hewitt, RN, Patricia M. Benjaminson, RN CON(C), CancerCare Manitoba, Winnipeg, MB, Canada, University of Manitoba/ CancerCare Manitoba, Winnipeg, MB, Canada.

Translational Research is a new program where nursing has had an important development role. It is an area where primary care nurses can advocate for their patients to be a part of changing cancer care.

Translational research describes the application of scientific knowledge from the laboratory to the clinical setting, the goal being to improve patient care and outcomes. The search for new treatments can begin in the clinic where clinicians ask important questions which scientists in the laboratory develop and investigate. It can also begin in the laboratory where scientists test their theories on samples from patients trying to understand new molecular origins of cancer cells, regulation of genetic programming and the biochemical action of drugs on cells.
Patients report information plays an important role in their capacity to cope and adjust throughout the cancer journey. Perspectives about the importance of information and satisfaction with the information provided may differ based on age. Younger adults may be better able to access the information they need in contrast to older adults. This study was undertaken to explore the perspectives of young adults with cancer (45 years and younger) and older adults (65 years and older).

A standardized instrument was used to capture ratings from cancer patients concerning the importance of cancer related information and satisfaction with the information actually provided.

213 patients 45 years and younger and 1055 cancer patients 65 years and older completed the survey. In both groups, items concerning medical condition, treatment options and side effects were rated as most important. Satisfaction mean scores across items ranged from 3.46 to 2.29 for the younger group and 3.49 to 2.41 for the older group. The correlation coefficients between information and satisfaction ratings were significant (P<0.01) for all items in the older age group, but varied in the younger group.

All cancer patients rate information as important but satisfaction with what they receive varied. The provision of information needs to be tailored to the individual. Assessment to identify the topics a patient sees as important and wants to learn more about should be the starting point for interactions with patients.

A gynecologic oncology unit at a university teaching hospital established a service providing outpatient chemotherapy on their inpatient unit. There was no standardized program for providing chemotherapy information to outpatients receiving chemotherapy on this unit. The purpose of this study was to explore the informational needs related to chemotherapy among women undergoing outpatient chemotherapy for ovarian or endometrial cancer. The main research questions for this study included: 1) What information have women with ovarian or endometrial cancer received in relation to their chemotherapy treatment?, and 2) What are the perceived needs and preferences of women with ovarian or endometrial cancer in relation to chemotherapy information? A qualitative descriptive study design was used. Women diagnosed with ovarian (n=6) or endometrial (n=2) cancer, and undergoing chemotherapy treatment for the first time, participated in semi structured interviews. The data were analyzed using content analysis. Participants’ descriptions of their experiences receiving chemotherapy information revealed 4 themes: readiness to receive chemotherapy information, access to chemotherapy information, the need for more detailed chemotherapy information, and changes in informational needs over time. Preferences for timing and content of information varied depending on participants’ individualized needs. The findings suggest the need for an individualized approach to chemotherapy information delivery. Study findings will guide the development of a standardized program to enable health care professionals on the unit to provide tailored information to women receiving outpatient chemotherapy.
Concurrent Session II-1-D

Group-Based Patient Education in Lymphedema: Promoting Advocacy for Self Care

Susan L. Bowles, BScN, RN, Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

For the past 10 years, an outpatient oncology centre has had a nurse-led lymphedema clinic and has seen an increase in the number of referrals, individuals who have or who are at risk for lymphedema. Prior to November 2009, lymphedema management was taught at the initial appointment along with an individual assessment. Repeating the same fundamental lymphedema information during valuable clinic time contributed to increased wait time for new referrals. Three specialized oncology nurses are now trained to work in the lymphedema clinic, and provide a consistent teaching program to all new patients prior to their individualized assessment. Education before the initial visit allows time for the patient to reflect on their needs and for the nurse to reinforce the particulars appropriate to the patient at this visit.

The overall aims of the group-based education session were to increase the clinic’s capacity to see new consults and to allow for the delivery of accurate consistent information.

An Advanced Practice Nurse and the lymphedema nurses developed the presentation’s content. The classes are one hour in length, and are currently held in a learning facility within the cancer centre. Patients are encouraged to attend with family and friends. The lymphedema nurses share the teaching responsibilities. A phase I evaluation and demographic data captured over a 13 month period will be shared. Plans for a phase II evaluation will also be discussed.

Concurrent Session II-02

2:00 PM – 4:00 PM, Governor General II Room

Concurrent Session II-2-A

Waiting as an Embodied Experience for Spousal Caregivers of Hematopoietic Stem Cell Transplant Recipients: Moving Beyond the Taken-for-Granted

Brenda M. Sabo, RN, PhD1,2, Deborah L. McLeod, RN, PhD1,2, *Dalhousie University School of Nursing, Halifax, NS, Canada, *Psychosocial Oncology Team, Cancer Care Program, Capital Health, Halifax, NS, Canada.

Purpose: Few studies have explored the meaning of waiting within the context of cancer beyond wait times, watchful waiting, or waiting for relapse. Even fewer studies have explored the meaning of waiting as it applies to spousal caregivers.

Methods: An interpretative phenomenological approach within a mixed method exploratory study was used to bring to light the meaning of caregiving across interviews at 4 points in time. Waiting emerged as one of four key findings which examined spouses caring for hematopoietic stem cell transplant recipients. This finding highlighted the complexity and multiple interpretations spouses assign to waiting. Furthermore, it shed light on the taken-for-granted nature of waiting.

Results: The phenomenon of waiting has historically been perceived as linear time. For spousal caregivers waiting extended beyond linearity to include embodied time and its residency within liminal space.

Conclusions: Conceptualizing waiting as liminal space may offer an alternative perspective to understanding this phenomenon by suggesting that waiting is a time of transition and/or transformation where individuals create and recreate the self as they bridge the gulf between their old world and the new.

Relevance for research, policies/programs: Further research on the embodied experience of waiting is necessary before interventions, education and policy may be developed to support caregivers within the context of hematological cancer.

Concurrent Session II-2-B

Nurse Navigator Interventions and Time Requirements: Establishing a Province-Wide Consensus

Andreenne Saucier, MSc, CON(C), Alain Biron, PhD, McGill University Health Centre, Montréal, QC, Canada.

The Infirmière Pivot en Oncologie (IPO), also known as Nurse Navigator, was implemented in 2005 in Québec. The question about the adequate caseload for IPO to appropriately intervene with cancer patients is currently unknown and is required to support province-wide human resources planning.

This project aims to identify IPO’s interventions and the associated time required for each intervention. An expert panel of 12 IPO identified 4-5 interventions along with the time required to conduct them, in each phase of a typical patient trajectory. The information gained from the panel was used to construct a Delphi survey. This Delphi survey was disseminated to all IPO currently employed in Québec (N=230). 29 interventions and corresponding time were listed. IPO were asked if they agreed with the time suggested for each intervention, if they disagreed, they were asked to select an appropriate time form a list of 3-5 alternatives. 122 IPO completed the first round (53% response rate). A Consensus of time was achieved in 16 of 29 interventions. A second round survey with the 13 remaining interventions without a consensus was resubmitted to those participants that completed the first round. Response rate was 68% and consensus was reached for 7 of the 13 remaining interven-
greatly diminished the time for patient/nurse interactions. While this is beneficial for tax payer and patient, it has allowed for the majority of oncological therapies to be delivered on an ambulatory basis. Gone are the days when cancer care was delivered almost exclusively to inpatients.

An exciting strategy is underway in six cancer centres called the “Initial Contact Project”. The overarching goal of this project is to enhance communications early in the cancer care journey between the cancer facility, the patient and the referring physician. The project ensures the patient and physician are notified that the referral to the cancer centre has been received within two days and the patient is contacted with a confirmed appointment date within two business days of receiving a referral. Autotask technology is used to notify physicians of the receipt of the referral to the cancer centre within two business days. In an effort to further improve communications and support patients during this stressful waiting period, a healthcare provider calls the patient directly to confirm their referral has been received and links them to the most appropriate health provider if they have concerns and provides a contact number. In addition, triage coordinator roles have been established in these centres to respond to questions from new referrals as required, to ensure a smooth triage process occurs, and to improve communications with the patient, referring physician with the cancer centre. Objectives of this initiative include rapid communication between the cancer centre, the patient and referring physician upon receipt of referral and telephone assessment of the patient to ensure no current issues are occurring.

Advances in treatment delivery and side effect management have allowed for the majority of oncological therapies to be delivered on an ambulatory basis. Gone are the days when cancer care was delivered almost exclusively to inpatients. We now measure treatment times in minutes, not days. While this is beneficial for tax payer and patient, it has greatly diminished the time for patient/nurse interactions and teaching opportunities. This is not without cost, when measured by patient satisfaction.

While still a relatively new role, Cancer Patient Navigation is rooted in traditional oncology nursing. The navigator serves as educator, resource, supporter and advocate to ensure that patients receive quality care in a timely fashion. In a time of fiscal restraint how do you justify the expense of a role that is relatively new, not fully understood and usually very low tech?

As a program lacking core funding Interior Breast – Rapid Access Program for Investigation and Diagnosis hopes that proving efficacy will be enough. The presentation will look at the data we have collected thus far for IB-RAPID. It will look at patient satisfaction, but also examine if this program has had an impact on wait times management. It will also discuss if this is enough to be recognized as worthy of funding in a system that often favours bigger, better, faster, more powerful and frequently more costly.

Cancer Patient Navigator: Educator, Resource, Supporter and Advocate. Sounds Good, but How Do We Get the System to Support the Role?

Janice Chobanuk, MScN¹, Angeline Letendre, PhD², Gail Ganton, BScN³, Debora Allatt, Director⁴, ¹AHS Cancer Care, Community Oncology, Edmonton, AB, Canada, ²AHS Cancer Care Community Oncology, Edmonton, AB, Canada, ³CCI Edmonton, Edmonton, AB, Canada, ⁴Tom Baker Cancer Centre, Calgary, AB, Canada.

Couples’ Preferences for Enrollment in a Sexual Rehabilitation Program Prior to Undergoing Surgical Treatment of Prostate Cancer

Joyce Davison, RN, MN, PhD⁴, Andrew Matthew, PhD, C.Psych¹,²,³, ¹College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada, ²Department of Psychiatry, University of Toronto, Toronto, ON, Canada, ³Department of Surgery, University of Toronto, Toronto, ON, Canada, ⁴The Prostate Centre, Princess Margaret Hospital, Toronto, ON, Canada.

Urologists have identified a need for their patients to participate in a sexual rehabilitation program (SRP) following radical prostatectomy (RP), but little is known about the readiness of patients and their partners to engage in such programs. This study evaluated the readiness of couples to engage in a SRP, couple’s levels of sexual function and intimacy pre-operatively, and barriers to participation in a SRP prior to RP. Prior to surgery, patients (n = 143) completed the International Index of Erectile Function (IIEF), and partners (n = 104) the Female Sexual Function Index (FSFI). All couples completed the Miller Social Intimacy Scale (MSIS). Participants were then seen by a sexual health clinician to assess readiness to enroll in a SRP following surgery, and to identify potential barriers to participation in a SRP. 41% of patients agreed to participate in this study. Although patients (87%) reported having erections firm enough for penetration, their partners’ FSFI scores indicated a need for medical evaluation. Couples’ reported high levels of intimacy. Partner nonparticipation was identified as the main barrier for patients’ participation in a SRP.
The length of time required to participate in a SRP following RP was cited as a major barrier by participants. Clinicians need to assess couples’ willingness to participate in a SRP prior to surgery, and partners’ sexual concerns need to be addressed within the context of any SRP.

**Concurrent Session II-3-B**

**Advocating for Patients and Families Experiencing Head and Neck Cancer: Development of a Survivorship Program**

Maurene McQuestion, RN, BScN, MSc, CON(C), Princess Margaret Hospital, Toronto, ON, Canada.

Survivorship programs have traditionally been developed to meet the needs of women with breast cancer (Lost in Transition, 2005; Livestrong, 2006). As programs have evolved and expanded to address the needs of patients with other types of cancer, the reports and studies that form the basis of survivorship care are often over representative of Caucasians with breast, prostate or colorectal cancer; those with higher income, undergraduate or graduate level of education, who are younger and have private health insurance. Little attention has been paid to the unique and challenging needs of those living with head & neck (H&N) cancer.

Individuals with H&N cancer experience a cluster of physical, functional, emotional, psychological, social, practical and informational needs related to the disease, treatment and the long term impact of both, including anxiety, depression, pain, xerostomia, dysphagia, eating problems, dental risks, self-image issues, relationship problems and social isolation (Duke, et. al., 2005; Eades, et. al., 2009, Ziegler, et. al., 2004). While survivorship programs must address the needs of patients with various cancers, care providers must advocate for programs and resources that meet the unique and different concerns faced by patients living with H&N cancer.

This presentation will highlight the development of a H&N survivorship / transitional care program, designed to meet the multidimensional needs of patients & families. The clinical, education and research platforms as well as outcomes to date will be shared.

**Concurrent Session II-3-C**

**Head and Neck Patient Discharge Planning Project**

Patti Wilkins, RN1, Susan Bartnick, RN, BScN, CHPC(C)2, Patti Devion, RN, BSN, CON(C)2, Erin Dykstra, RN, BSN3, Vivian LaPointe, RN2, Megan Stowe, BN, MSN4, Frances Wong, MD, FRCP(C)1, 2, 4, BC Cancer Agency, FCVC Fraser Valley Cancer Center, 2 BC Cancer Agency, ACC Abbotsford Cancer Center.

A pilot study was conducted among patients diagnosed with head and neck cancer. The purpose of this study was to obtain feedback regarding patients experience of receiving discharge planning care and to evaluate their satisfaction level to this approach of transition care.

Patients with head and neck cancer who are treated with radical radiation therapy are followed for 3-7 years to manage post treatment side effects and to monitor possible new primary cancers or recurrent disease. Patients are then discharged for follow up in the community. The patient may receive verbal information from the oncologist regarding recommended follow up plans in the community and their family doctor will receive a note regarding this discharge.

To improve support to these patients a team was formed to develop a process to provide better transition care after discharge from the cancer center.

The process consisted of the development of a cancer treatment summary for the patient and a telephone call from an RN. In the phone call the RN reviews the detailed summary of their treatment including follow up instructions. Those patients requiring further information on home support, palliative benefits and advanced planning information will receive these along with referral. Patients were sent a copy of the information reviewed.

A follow up survey questionnaire will be sent to participants regarding the phone call from nursing and written material received.

This presentation will focus on the use of communication and advocating for support within this challenging patient population.

**Workshop II-04**

2:00 PM – 4:00 PM, Les Saisons Room

**Validating the Evaluation Results of the National Standards and Competencies for Cancer Chemotherapy Nursing Practice Implementation**

Laura Rashleigh, RN, BScN, MScN, CON(C)1, Sally Thorne, RN, PhD, FCACHS2, Tracy Truant, RN, MSN4, Barbara Fitzgerald, RN, MScN2, Brenda Sabo, RN, MA, PhD4, de Souza Institute, Toronto, ON, Canada, 1University of British Columbia, Vancouver, BC, Canada, 2University of British Columbia, School of Nursing, Vancouver, BC, Canada, 3Princess Margaret Hospital, Toronto, ON, Canada, 4Dalhousie University School of Nursing, Halifax, NS, Canada.

The National Strategy for Chemotherapy Administration is a three phased special initiative of Canadian Association of Nurses in Oncology/Association canadienne des infirmières en oncologie (CANO/ACIO) in which standards and competencies for cancer chemotherapy nursing practice were developed and disseminated. In the third phase, which will be completed in 2012, the national standards and competencies implementation will be evaluated, utilizing a multi pronged
Approach that includes a pan-Canadian electronic survey, qualitative interviews and a validation process via an expert panel. A working group from CANO/ACIO’s Research Committee will oversee the evaluation strategy, ensuring the process is rigorous and analyzing the results.

The expert panel will be convened at the 2012 national conference in Ottawa with nursing representatives experienced in the subject matter from across Canada. During this invitational workshop the results of the electronic survey and qualitative interviews will be reviewed and validated. The multi-pronged evaluation will address the uptake of the National Standards and Competencies for Cancer Chemotherapy Practice in Canada, considering standards utilization and implementation feasibility, strengths and gaps, as well as best practices for implementation. Additionally the evaluation will explore the need to develop quality indicators for cancer chemotherapy nursing practice. Recommendations will be developed for a long term evaluation strategy. The evaluation results and insights will be disseminated to CANO/ACIO’s national membership.

Workshop II-05
2:00 PM – 4:00 PM, Quebec Room

Using Evidence to Advocate for Cancer Symptom Management: A Workshop for Oncology Nurses

Valerie Fiset, MScN, RN, CHPCN(C)\textsuperscript{1,2}, Kathryn Nichol, RN, BScN, BA, MScN(C), CON(C)\textsuperscript{3,4}, Dawn Stacey, RN, PhD, CON(C)\textsuperscript{3,4}, \textsuperscript{1}Algonquin College, Ottawa, ON, Canada, \textsuperscript{2}University of Ottawa, Ottawa, ON, Canada, \textsuperscript{3}The Ottawa Hospital, Ottawa, ON, Canada, \textsuperscript{4}Ottawa Hospital Research Institute, Ottawa, ON, Canada.

Cancer patients undergoing treatment frequently experience symptoms. When patients’ symptoms are not managed appropriately, they may have reduced functional status, diminished quality of life, and increased risk of death. Despite the existence of evidence-based guidelines for cancer symptom management, they have not been formatted for and adopted routinely in clinical practice. Furthermore, oncology nurses have described a number of barriers to the use of practice guidelines.

The goal of this interactive workshop is to provide nurses with an opportunity to expand their knowledge about using evidence based guidelines to support the physical and psychosocial needs of patients and their families.

Participants will:

a) Find and assess the quality of available guidelines;

b) Demonstrate skills in using guidelines for patients experiencing symptoms; and

c) Discuss how to overcome barriers to using them in clinical practice. Using a variety of symptom management guidelines (rano, cco & costars) participants will engage in small group discussions and work through case studies using electronic and paper based tools.

Workshop II-06
2:00 PM – 4:00 PM, NS/NFL Room

Rad-vocating: The Nurse’s Role in Radiation Oncology

Myriam A. Skrutkowski, RN, MSc, CON(C)\textsuperscript{1}, Arlene Court, RN, BSc, CON(C)\textsuperscript{2}, Maureen McQuestion, RN, BScN, MSc, CON(C)\textsuperscript{3}, Renata Beno, BA, MScNA, CON(C)\textsuperscript{4}, Christine Zywine, RN(EC), MSN, NP-Adult\textsuperscript{5}, Christina MacDonald, RN, BScN, MScN, CON(C)\textsuperscript{6}, Maryse Carignan, MScInf, CSIO(C)\textsuperscript{7}, ‘McGill University Health Centre, Montreal, QC, Canada, \textsuperscript{8}Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, ON, Canada, \textsuperscript{9}Princess Margaret Hospital, University Health Network, Toronto, ON, Canada, \textsuperscript{10}Segal Cancer Center, Jewish General Hospital, Montreal, QC, Canada, \textsuperscript{11}Juravinski Cancer Centre, Hamilton, ON, Canada, \textsuperscript{12}Centre de soins de santé et de services de Laval (CSSSL), Laval, QC, Canada.

The specialty of radiation oncology nursing encompasses knowledge, expertise, and competencies to address symptom management of patients with a diagnosis of cancer receiving radiotherapy for either curative or palliative intent. An important role of nursing practice in radiation oncology is to rad-vocate, to speak on behalf of patients in order to address their needs. Nurses who understand treatment related issues across the radiotherapy pathway provide essential communication about patient care to other members of the interprofessional health care team.

The goal of this workshop is to explore the advocacy role of the nurse in radiation oncology as it relates to the following areas

1. The patient care pathway in the radiation oncology setting as delivered by various team members.

2. The management of radiation induced skin reactions and consideration to the patient’s preferred approach to care

3. A case study description of a patient diagnosed with Head and Neck cancer receiving concomitant therapy for curative intent whereby communication across treatment settings enhances patient care delivery

It is expected that information gained from the workshop will guide nurses to improve their understanding of the collaborative advantage to communicate patient care delivery within and beyond the radiation oncology team.
Concurrent Session III-01
1:45 PM – 3:15 PM, Governor General I Room

Concurrent Session III-1-A

What is the Role of Family in Promoting Fecal Occult Blood Test Screening? Exploring Physician, Average Risk Individual, and Family Perceptions

Michelle Lobchuk, RN, PhD¹, Susan E. McClement, Professor², Sunita Bapuji, RN, BN³, Jeffrey J. Sisler, Director⁴, Alan Katz, Research Director⁵, Patricia Martens, Director⁶ Donna Turner, Epidemiologist/Provincial Director⁷, Kathleen Clouston, CIHR Post-Doctoral Fellow⁸, ¹University of Manitoba, Faculty of Nursing, Winnipeg, MB, Canada, ²Winnipeg Regional Health Authority, Winnipeg, MB, Canada, ³Primary Care Oncology Program, CancerCare Manitoba, Winnipeg, MB, Canada, ⁴Department of Family Medicine, University of Manitoba, Winnipeg, MB, Canada, ⁵Primary Care Oncology Program, CancerCare Manitoba, Winnipeg, MB, Canada, ⁶Population Oncology, Cancer Care Manitoba, Winnipeg, MB, Canada.

Background: Only 40% of Canadians aged 50 years or older reported they had engaged in recommended faecal occult blood test (FOBT). The notion of ‘partnerships’ that is inclusive of physicians, individuals at average risk for colorectal cancer, and family is receiving more attention in primary health care literature on promoting health maintenance behaviour. There are no known studies that have taken a tripartite approach in describing perspectives of these three key stakeholders on the role of family in promoting FOBT adherence. Our aim was to describe the perspectives of primary care physicians, individuals at average risk for colorectal cancer, and family on family role in promoting adherence to FOBT screening.

Method: Semi-structured interviews were held with 15 physicians, 27 patients at average risk for colorectal cancer, and 19 family members from urban and rural Manitoba between October 2008 and March 2010. Interviews were audio recorded, transcribed verbatim, and analyzed using content analysis and constant comparative techniques.

Results: Physicians identified barriers in working with family to promote FOBT screening: lack of time, privacy and confidentiality concerns, and family dynamics. Conversely, patients and family described instrumental, emotional, informational, and appraisal roles that family play in promoting FOBT outside medical encounters.

Conclusion: Further research is required to explore support mechanisms involving family members outside medical encounters that hold promise in boosting self efficacy, overcoming barriers, and gaining positive reinforcement for individuals at average risk to engage in FOBT.

Concurrent Session III-1-B

The State of the Union: Addressing Cervical Cancer Screening, Human Papillomavirus (HPC) and Vaccines in the 21st Century

Catriona J. Buick, RN, MN, CON(C), PhD (Student)¹, ²University Health Network/Princess Margaret Hospital, Toronto, ON, Canada, ³University of Toronto, Toronto, ON, Canada.

The oncogenic strains of HPV are the major risk factor for cervical cancer; 99.7% of tumors containing HPV-DNA (Walboomers et al, 1999). This discovery highlighted the rationale for HPV-DNA testing in cervical screening programs and the development of HPV vaccines. These innovations have not been without implications for provincial screening programs and the patients.

This presentation will review the current state of cervical screening programs in Canada to highlight the impact of HPV-DNA testing and the HPV vaccine on women. Furthermore, it will discuss the current use of HPV vaccines, including it use in males and the addition of a second vaccine. Finally, as HPV-DNA testing has been integrated into screening programs, it is crucial to understand the implications of an HPV diagnosis on women in order to address their needs. An HPV diagnosis can lead to an increase in psychosocial burden as a result of informing women of an increased risk of cervical cancer and a diagnosis of a sexually transmitted infection (McCaffery et al, 2004).

By providing oncology nurses with a review of both the system level and individual perspective of the current state of cervical cancer screening, the HPV vaccine and HPV-DNA testing, this presentation aims to equip nurses with the skills to educate and inform their patients, families and communities.

Concurrent Session III-1-C

Development of Psycho-Educational Telephone (PET) Intervention for Managing Uncertainty for Individuals with Inconclusive BRCA ½ Genetic Testing Results

Christine Maheu, RN, PhD¹,², Mary Jane Esplen, RN, PhD³, Wendy Meschino, MD⁴, Joanne Honeyford, MSc⁵, Xin Gao, PhD⁶, ¹University Health Network, Toronto, ON, Canada, ²York University, Toronto, ON, Canada, ³University Health Network/Princess Margaret Hospital, Toronto, ON, Canada, ⁴York University, Toronto, ON, Canada, ⁵de Sousa Institute, Toronto, ON, Canada, ⁶North York General Hospital, North York, ON, Canada.

Individuals receiving inconclusive results for breast cancer susceptibility (BRCA 1/2 genetic testing) exhibit similar distress levels as individuals known to have a cancer mutation. This pilot study addresses an urgent need aimed at developing an intervention that focuses on the emotional and behavioral impact of receiving inconclusive result to enhance the comprehension of genetic testing experience of individuals and to promote optimal coping and screening behaviors.
Purpose: Develop, describe and standardize a psycho-educational telephone intervention for individuals with a personal and family history of breast cancer who test inconclusive for BRCA 1/2 and to examine the impact of this intervention on pre-and post-intervention measures. The primary study outcomes will include psychosocial functioning and levels of uncertainty.

Research Method: Single arm pilot study. Individuals are recruited from a hereditary cancer program in Toronto. Statistical analyses (ANOVA) will be employed to assess the differences and changes over time. Individuals are tested before and after receiving genetic testing, at three and twelve months after receiving the intervention. The intervention consists of pamphlet with relaxation CD followed by one time telephone intervention one month following receiving the pamphlet.

Results: Initial recruitment is complete. Follow-ups are ongoing. Findings from pregenetic testing to one moth post testing and post intervention will be presented.

Relevance of the project to breast cancer research: Our proposed research has direct implications for the development of new clinical genetic services and for cancer patients living with multiple form of future uncertainty.

Concurrent Session III-02
1:45 PM – 3:15 PM, Governor General II Room

Concurrent Session III-2-A
Unmet Supportive Care Needs and Desire for Assistance in Patients Receiving Radiation Treatment
Margaret I. Fitch, RN, PhD, John Maamoun, MRT(T), MSc, MB, BCh, Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Cancer patients undergoing radiation treatment may experience a number of supportive care needs. Identifying unmet needs is an important first step in tailoring appropriate plans of care.

The purpose of our project was to design a way to systematically identify radiation patients who would benefit from intervention or referral to a supportive care service.

We designed a self report tool that would allow rapid identification of patient concerns during active radiation treatment. The items were based on the Supportive Care Framework and frequently experienced unmet needs as reported in the literature. Data were collected on Day 5, 7 and 16 of treatment using the new tool.

115 individuals participated including 41 men and 74 women. A cross section of disease sites are represented including 51 with breast cancer and 24 with prostate cancer. Worry, nervousness, access to information, and fatigue were reported most frequently as concerns at Day 5 and Day 7. Worry, fatigue, sleep disturbances, and pain were reported most frequently as concerns at Day 16. Up to 50% of patients indicated they did not want help with the identified concern at each point of data collection.

The new screening tool provides rapid identification of unmet supportive care needs and for which ones patients desire assistance. Use of this tool can assist interprofessional teams in busy ambulatory settings identify patients who would benefit from supportive care services.

Concurrent Session III-2-B
A Beaming Radiation Oncology Course for Nurses that Emits Innovation and Success
Esther Chow, BScN, MN, Joy A. Bunsko, BScN, CON(C), Lindsay Schwartz, BScN, MN, Jagbir Kohli, BScN, MN, BC Cancer Agency, Vancouver, BC, Canada.

Radiation oncology nursing is a relatively new and evolving role in cancer care. Approximately 50% of all oncology patients will receive radiotherapy during their cancer care journey. It is only within the last few decades that nurses have carved a distinct role in the field of radiation oncology. Previous education had a heavy focus on the technical delivery of radiotherapy, with limited attention to the multi-faceted care needs of radiation oncology patients. Given rapid technological advancement, rising patient acuity and specialized knowledge required by radiation nurses, a radiation oncology nursing course was developed to address this knowledge gap and further support nurses working in our regional cancer centers. Incorporating feedback and evaluations from radiation nurses, the 2012 BC Cancer Agency’s radiation oncology nursing course offers interactive theoretical and clinical components placing high value on best practice evidence. The use of a logic model will serve as a guide to course development and evaluation. Several expected outcomes include increased nurse competency, confidence and skill in caring for patients receiving radiation as well as enhanced quality care delivery. Advanced knowledge in radiation oncology further supports nurses wishing to obtain specialty certification in this field. Future possibilities include sharing this course with oncology nursing partners. Making headway on previously untraveled paths has it's roadblocks but with nursing driving innovation, excellence in patient care will be the ultimate destination.

Concurrent Session III-2-C
Creating a Bridge for Head and Neck Radiation Therapy Patients
Susan Curtis, RN, Whitney Traversy, RN, Fraser Valley Cancer Centre, Surrey, BC, Canada.
Approximately 6% of patients receiving curative radiation treatment for cancer in BC are head and neck (BC Cancer Agency, 2007). As patients begin the treatment trajectory, they are informed that side effects from radiation will worsen during the 2 weeks after treatment is completed. Patients and caregivers are offered the opportunity to see an RN with questions or concerns anytime during their treatment; but what about when they are finished?

We conducted a small survey of 22 people at their 6 week post radiation therapy follow up appointment. Of these, 16 were seen at 1-2 weeks post completion of treatment for symptom management assessment and support. All 22 people stated it would have been or was very beneficial to seen an RN at 2 weeks post treatment. Moist desquamation of skin, pain and constipation were the most problematic symptoms requiring assistance and counseling.

The results of our study have led to a standard of practice change; including joint nutrition/nursing appointments 1-2 weeks post radiation treatment in our Nurse-Led clinics to allow our patients to bridge the gap between completion of cancer treatment and symptom management in their personal journey. This small change to our client centred care has proven to be anxiety reducing and promoting confidence in our patients and caregivers.

Concurrent Session III-03
1:45 PM – 3:15 PM, Governor General III Room

Concurrent Session III-3-A

The CAMEO Program: Advocating for Improved Decision Support Interventions in the Conventional Cancer Care Setting

Tracy L. Truant, RN, MSN1, Lynda G. Balneaves, RN, PhD4, Marja Verhoef, PhD3, Brenda C. Ross, RN, BSN4, Lynda G. Balneaves, RN, PhD4, Marja Verhoef, PhD3, Brenda C. Ross, RN, BSN4, Marja J. Verhoef, PhD5, Brenda Ross, RN, BScN4, Antony Procino, BSc, PhD(C)4, 1British Columbia Cancer Agency, Vancouver, BC, Canada, 2University of British Columbia, Vancouver, BC, Canada, 3British Columbia Cancer Agency, Vancouver, BC, Canada.

Up to 80% of cancer patients use complementary medicine (CAM), yet most do not receive adequate decision support from health professionals to safely integrate CAM into their cancer treatment plan. This gap in care leads to concerns about safety when combining CAM with cancer treatments, and possible missed benefits from CAM therapies for which positive evidence exists.

The Complementary Medicine Education and Outcomes (CAMEO) program, a collaborative knowledge translation research project, addresses this gap by developing and testing a variety of interventions that support cancer patients, families, and health professionals in making evidence-informed shared decisions about CAM. In addition to providing these interventions, the CAMEO program invites all consenting patients, families and health care professional who participate in any of the CAMEO interventions to participate in the CAMEO database.

The CAMEO database currently includes over 1000 participants, gathering information on demographics, CAM use (e.g. therapies used/not used, reasons for use, information needs, knowledge and attitudes about CAM) decision-making processes (e.g. how decision were made, level of support needed), and conventional cancer treatment received. Analysis of this database holds the potential to offer new insights into understanding CAM decision making across the cancer trajectory. This presentation provides an overview of the key outcomes of the CAMEO database analysis, including implications for nursing practice, education, and research.

Concurrent Session III-3-B

Complementary Medicine Decision-Making Process in Chinese-Speaking Cancer Patients

Margurite E. Wong, RN, BA, BSN1, Lynda G. Balneaves, RN, PhD4, Tracy O. Truant, RN, MSN3, Marja J. Verhoef, PhD5, Brenda Ross, RN, BScN4, Antony Procino, BSc, PhD(C)4, 1British Columbia Cancer Agency, Vancouver, BC, Canada, 2University of British Columbia, Vancouver, BC, Canada, 3University of British Columbia, Vancouver, BC, Canada, 4University of Calgary, Calgary, AB, Canada.

Concurrent Session III-3-B

Complementary medicine (CAM) is highly popular in the Chinese-speaking cancer populations worldwide.

In North America, the prevalence of CAM use is higher among Chinese-speaking cancer patients relative to their English-speaking counterparts. Despite the popularity of CAM, there is a lack of CAM information and decision-making support services to help them make safe and informed decisions. The Complementary Medicine Education and Outcomes Program (CAMEO), which is a nurse-led research program, has been working to advocate for culturally appropriate CAM education and decision support services for this patient population. Creating such services requires a thorough knowledge of their decision-making processes in order to determine the unique needs of this population. Semi-structured interviews were conducted with 20 Chinese-speaking cancer patients and their families based on the interpretive descriptive approach to explore their CAM decision-making experience. A focus group was completed following initial data analysis to confirm the findings and interpretation of the interviews and enhance the rigor of the research. In this presentation, we will describe details of this ethnocultural population’s CAM decision-making process, including unique culturally influenced understandings about cancer and its treatments, reasons for CAM use, sources of CAM information, the CAM therapy selection processes, and challenges faced during the decision-making process. Clinical implications and future CAMEO plans to support these patients to make safe and informed decisions also will be shared.
Concurrent Session III-3-C
Development and Evaluation of an Online Complementary Medicine and Cancer Education Program for Oncology Health Care Providers

Brenda C. Ross, RN, BSc¹, Lynda G. Balneaves, RN, PhD², Tracy O. Truant, RN, MSN, PhD(C)³, Margurite E. Wong, RN, BSc⁴, Antony J. Porcino, PhD(C)⁴, Marja Verhoef, PhD⁴, Amanee Elchehimi, BSc⁴, BC Cancer Agency, Vancouver, BC, Canada, ²UBC School of Nursing, Vancouver, BC, Canada, ³University of Calgary, Vancouver, BC, Canada, ⁴Simon Fraser University, Burnaby, BC, Canada.

Despite the wide spread use of complementary medicine (CAM) by people living with cancer, oncology health care providers (OHPs) may not ask patients about CAM or may unintentionally shut down patients’ efforts to discuss CAM. In turn, patients may not disclose their CAM use, instead relying on friends, families, media, and the internet as sources of information. As a result, patients may lack knowledge about the risks and benefits of using CAM particularly during conventional cancer treatments. It is imperative that nurses and other OHPs develop the knowledge and skill to open the dialogue and communicate respectfully about CAM to ensure safe, evidence-informed patient-centred care.

A needs assessment conducted at one regional cancer center revealed that OHPs lacked the knowledge and skill needed to support patients to make evidence-informed CAM and cancer decisions. To better prepare OHPs working in diverse clinical settings to develop foundational CAM decision support skills, an online CAM education program was developed and piloted. Course content, learning strategies, the process used to evaluate the course, the challenges experienced, as well as preliminary results of the pilot will be presented. This paper will be of interest to those considering online education programs for continuing professional development as well as those advocating for open discussions about CAM with their patients.

Concurrent Session III-4-B
Sharing Lessons Learned in the Implementation of Smart Pump Technology at Five Regional Cancer Centres

Caroline Ehmann, MA¹, Neil De Haan, BSc², Lorna J. Roe, MSN, BSc, RN³, ¹Vancouver Island Centre, BC Cancer Agency, Victoria, BC, Canada, ²Provincial Pharmacy, BC Cancer Agency, Vancouver, BC, Canada, ³Abbotsford & Fraser Valley Centres, BC Cancer Agency, Abbotsford, BC, Canada.

This presentation will discuss the interdisciplinary collaboration required and the challenges faced during the successful implementation of Dose Error Reduction System (DERS) infusion pumps at five regional cancer centres in Canada. In November 2008 a project steering group was established to respond to the Institute of Safe Medication Practice Guidelines recommending the use of DERS infusion pumps. The project involved evaluating available DERS pumps on the market replacing existing infusion pumps at five regional cancer centres with new smart pump technology.

To optimize the use of the DERS technology the regional cancer centres dedicated a significant budget for purchasing the technology and allocated resources for the implementation of the system. Ongoing operational costs including software maintenance and licensing, drug library creation and updating, continuous quality improvement and report analysis, and costs related to training and maintaining nurse proficiency.

The project team established a Drug Library Creation Team to work with the vendor on a customized chemotherapy drug library. A Clinical Nursing Group was also established to create nursing education resources, policy and practice documentation to support nurse’s pre and post implementation. Information technology had a comprehensive role in implementing a wireless network at each centre to facilitate ongoing drug library updates. Collaboration with Biomedical Engineering and Supply Chain teams at each location was also central to the success of the project.
Concurrent Session III-05
1:45 PM – 3:15 PM, Quebec Room

Concurrent Session III-5-A
The Role of Nurse Navigator — A Textbook Example of Nursing Patient Advocacy
Colleen S Sherriff, RN, BC Cancer Agency, Fraser Valley Centre, Surrey, BC, Canada.

Background: Nursing and advocate/navigation roles are so intertwined and inseparable that advocacy and navigation are not only an accepted but expected part of nursing care. The definitions of both have communication, coordination of care and ensuring the optimal delivery of health care rooted in their descriptions. The psychosocial impact of cancer diagnosis and treatment on patients has been shown to be reduced with the introduction of navigation roles.

Method: Psychosocial impact of the role of a nurse navigator for patients undergoing care for locally advanced breast cancer at a regional cancer treatment centre was examined in a small qualitative research project in 2009. It utilized interviews and involved 13 subjects, 6 in the navigated group and the remainder in standard care. A follow up study, using the GAD-7 anxiety tool, was undertaken to confirm outcomes from the initial study. Patients completed the GAD-7 tool prior to start of their consultation appointment and their second appointment. Patients were provided information on their treatments and undertook to confirm outcomes from the initial study. In this current study utilizing the GAD-7 tool prior to start of their consultation appointment and their second appointment. Patients were provided information on their treatments and offered needed supports by the clinic nurse navigator at their consultation appointment and provided with contact information for access between appointments.

Outcomes: The 2009 study showed a reduction in anxiety and uncertainty for the navigated patients secondary to reduction of barriers to seeking information and timely assurance. The current study utilizing the GAD-7 tool shows confirms reduction in anxiety between first and second appointments.

Concurrent Session III-5-B
What’s Inuit Got to Do With It? A CANO/ACIO Chapter Patient Advocacy Initiative
Tooneejoulee Kootoo-Chiarello, Kim A. Franchina, CHPC(C), CON(C), The Ottawa Hospital, Ottawa, ON, Canada.

Did you know that the Inuit population of Canada has the highest rates of lung, colorectal and cervical cancer? (Canadian Cancer Statistics, 2011). Two advocates, who share a passion of the Inuit people, will share the realities of life up north and the Inuit culture.

Discussion surrounding health disparities as well as inequalities and its resultant impact on generations to come will lead to an enhanced understanding of the Inuit people, and will reveal potential ways to begin to address these issues.

Northern and southern practices can be quite different with respect to how health issues are death with. Northern health practices often include addressing health issues collectively as a family, rather than in isolation with just health professions.

As a caregiver in the new partnership between a major cancer centre in Ontario and the Nunavut health district, you will gain insight into how to create as well as strengthen partnerships through a renewed understanding of the Inuit culture. You will become a more informed patient advocate when this compromised population is in your care.

Workshop III-06
1:45 PM – 3:15 PM, NS/NFL Room

Nursing Advocates for Improved Patient Care Outcomes by Providing Leadership in Developing a Collaborative Interprofessional Knowledge Translation Plan for the Integration of Symptom Management Guidelines
Cathy A. Kiteley, RN, MSN, CON(C), Charmaine L. Lynden, RN, MN, Adult NP, The Credit Valley Hospital, Peel Regional Cancer Centre, Mississauga, ON, Canada.

Integrating symptom management guides (SMG’s) into practice facilitates a standardized evidence based approach to symptom management and can improve the patient experience across the cancer journey (CCO, 2011). However, SMG’s do not automatically change practice. Changing practice is complex and takes time. Leaders must use a process that is deliberate, logical and systematic. They must also take into account the local context.

Committed to ensuring implementation of 3 targeted SMG’s into our cancer centre, we brought together an inter-professional working team led by nursing. The guiding principles for this group included commitment to an inter-professional collaborative approach (IPC), and the use of a knowledge to action framework. An IPC Professional development/workshop day on SMG’s resulted in over 95% off all staff including physicians coming together to learn with and from each other using case based learning. This was followed by ongoing educational information via Electronic Delivery. Pre and post chart audits were completed and results have demonstrated a definite positive trend to the use of SMG’s. Staff evaluations highlight the value of inter-professional education and collaboration.

In this workshop we will provide participants with a Basic understanding of knowledge translation and how knowledge to action frameworks can guide decision making towards successful uptake and integration of Clinical Practice Guides. We will provide very practical strategies on how to integrate practice change in large complex settings such as cancer centre’s.
Concurrent Session IV-01
3:45 PM – 5:15 PM, Governor General I Room

Concurrent Session IV-1-A
Advocating for Oncology Nurse Professional Development: A New Innovative Radiation Therapy Course

Joanne Crawford, RN, MScN, CON(C), PhD (candidate),
Liat Brudnoy, BA, MA, Tracy Soong, CCRA, Thomas Graham, BA, de Souza Institute, Toronto, ON, Canada.

Among patients who undergo cancer treatment, over 50% will have radiation therapy. As oncology nurses, an enhanced understanding of radiation therapy, side effects, and symptom management are essential when caring for patients. To support professional development, a Radiation Therapy course was created using a blended learning model that combined a four-week online module component with a face-to-face workshop. This innovative course enabled participants to acquire new knowledge and skills to enhance nursing practice.

The Radiation Therapy course focuses on key principles of radiation therapy, including implications for use, treatment related side effects, and supportive care. The online modules are comprised of animated diagrams, avatars, learning games and quizzes, and discussion forums. Weekly forums create a “learning community,” whereby, nurses engage in active discussions, facilitate others’ learning, and reflect on practice.

From the onset of the course, participants were guided through a step-by-step process of completing an oral or poster presentation on a site specific radiation treatment protocol relevant to practice. This process enhanced learning about radiation therapy and contributed to skill development, such as abstract writing, and developing an oral or poster presentation. Upon completing the modules, participants submitted an abstract for feedback from the instructor, and presented their projects at a conference style workshop. Participants received peer and instructor evaluations, and were further encouraged to present to nurses in their organization, and to submit an abstract to the CANO conference.

Concurrent Session IV-1-B
Improving Outcomes for Head and Neck Cancer Patients: A Nurse-Led Initiative

Raji Nibber, RN, BSN, Vivian LaPointe, RN, BSN, Eileen VanPelt, RN, Radiation Therapy, BC Cancer Agency, Abbotsford, BC, Canada.

Patients undergoing radiation therapy or dual modality treatment for head and neck cancer often have difficulty with multiple symptoms further complicated by psychosocial concerns. Many physical symptoms such as dermatitis, diarrhea, constipation, pain, nausea, xerostomia and mucositis can be managed and/or treated with timely referrals to nursing. Patients with such complex needs require a formalized plan of care and processes to alert appropriate disciplines of status changes while minimizing the overlapping of available resources.

Reliance on communication solely through documentation in the paper or electronic chart makes for a disjointed multidisciplinary team. This disconnect can lead to patients suffering needlessly with severe symptoms for extended lengths of time and in some cases lead to hospitalization. Adhoc interdisciplinary rounds, patient education, care plans and routine nursing appointments decreased: patient anxiety, symptom severity and healing time. Successful spur of the moment collaboration created grounds for formalizing a routine interdisciplinary process. An opportunity presented itself for nurses to embrace the advocate and change leader roles by revolutionizing the care trajectory of these patients.

The goal of this project is to pilot the new process created by front-line nurses. Patient care will involve new: patient education, care plans, interdisciplinary rounds and post-treatment completion nursing appointments weeks one, two and PRN until the physician follow up. Evidence supportive of this endeavor will create grounds to expand this project to include other tumor site patient populations.

Raji Nibber, RN, BSN1, Vivian LaPointe, RN BSN1
1BC Cancer Agency, Abbotsford, BC, Canada.

Concurrent Session IV-1-C
Continuous Quality Improvement (CQI) for HDR Cervix Brachytherapy: The Role of Oncology Nurses

Sandra M. Lowry, RN, CON(C), Lucie H. Grenier, RN, CON(C), Rajiv Samant MD, FRCPC, DABR, Virginia Jarvis, RN, APN, Pain and Symptom Management, Choan E, MD, FRCPC, Radiation Oncolgy, John Penning, MD, FRCPC, Speciality: Anesthesiology, The Ottawa Hosiptal Cancer Center, Ottawa, ON, Canada.

Background: In 2008 The Ottawa Hospital Cancer Center (TOHCC) initiated an HDR cervix brachytherapy program using conscious sedation. Pain and symptom management are crucial components of this program. As nurses, we understood the concept of total pain from this invasive procedure and wanted to ensure optimal symptom control from the patients’ perspective.

Objective: To achieve pain scores of 4 or less during the procedures.

Method: We initiated a continuous quality improvement (CQI) process to implement an effective and safe nurse
administered intravenous conscious sedation protocol. We articulated the issues, consulted with pain specialists from palliative care and anesthesia, evaluated suggested alternatives and reviewed our outcomes.

**Results:** After the 13th patient we initiated our 3rd version of the conscious sedation pain protocol in order to maximize patient comfort using a CQI philosophy. This protocol has now been used for over 20 pts, and includes pre-emptive medications and IV conscious sedation. The pain protocol has been embedded in pre-printed orders and other best practice tools. Our results indicate mean and median pain scores of 1.1 and 1.2 during the entire 1.5 hour procedure.

**Conclusion:** We have demonstrated the importance of CQI when initiating our conscious sedation protocol and the vital role that nurses play in program development. We will describe the barriers/facilitators to CQI and good pain control in the HDR program, our current protocol and best practice tools, and future plans to expand the protocol.

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**Concurrent Session IV-02**

**3:45 PM – 5:15 PM, Governor General II Room**

**Concurrent Session IV-2-A**

**Telephone Care in Oncology**

**Nivea Douglas, RN, BN, Frankie Goodwin, RN, BN, Megan Stowe, RN, BN, MSN, Zahra Lalani, RN, BN, BC Cancer Agency, Vancouver, BC, Canada.**

Providing telephone based symptom management and support for oncology patients is an important nursing service in the complex multi-modality environment of cancer care. However, with limited resources available, this can be a challenging service to establish. None the less, in a large Oncology Treatment Centre, staff, utilizing LEAN Improvement methodology and tools, reviewed the process of telephone care across Programs within the Centre, identified barriers to providing care and committed to establishing an effective, safe and quality telephone care service.

This presentation will discuss how the use of LEAN Improvement tools helped to create common ground across organizational silos, challenged nurses to review their practice and eased the introduction of practice support tools. We will highlight how our organization wove together the improvement of the phone line with the introduction of symptom management guidelines, an e-learning module for telephone care and engagement with provincial telehealth to create an environment of growth and support for nurses providing telephone care.

**Concurrent Session IV-2-B**

**Clinical Practice Guidelines for Cancer Treatment-Related Symptoms: Appraisal of Their Quality and Relevance to Oncology Nursing**

**Dawn Stacey, RN, MScN, PhD, CON(C)1,2, COSTaRS Steering Committee, RN3,4 Ottawa Hospital Research Institute, Ottawa, ON, Canada, 5University of Ottawa, Ottawa, ON, Canada, 6Queen's University, Kingston, ON, Canada.**

**Background:** Oncology patients receiving chemotherapy and/or radiation therapy frequently experience symptoms. Clinical practice guidelines are available to guide practitioners in the management of these symptoms.

**Objective:** To evaluate the quality of currently published clinical practice guidelines for management of cancer-treatment related diarrhea or neutropenia, and determine their relevance to oncology nursing practice.

**Methods:** A systematic search of databases and internet resources for guidelines about cancer treatment-related diarrhea or neutropenia published in English or French on or after 2002. Four appraisers evaluated each guideline using the AGREE instrument (version 1). AGREE consists of 6 domains with a total of 23 items ranked on a 4-point Likert scale. Scores, calculated for each domain, were standardized out of 100.

**Results:** Of 97 citations, we identified 11 guidelines: 6 diarrhea, 4 neutropenia, and 1 both. AGREE scores were highest for clarity of presentation (median 79; range 31-90) and scope/purpose (69; 31-92). Scores were moderate for rigour (48; 8-86) and stakeholder involvement (33; 10-65). Scores were lowest for editorial independence (13; 0-92) and applicability (22; 8-61). All reviewers recommended six guidelines, half recommended four guidelines, and none recommended 1 guideline.

**Conclusions:** Half the guidelines were consistently recommended as relevant for nursing practice. However, the quality of guidelines for management of diarrhea and neutropenia is variable. Therefore, oncology nurses should consider AGREE scores in selecting a guideline and use AGREE items if involved in guideline development.

**Concurrent Session IV-2-C**

**On-Board and On-Line: The Move to Electronic Documentation**

**Larissa Day, RN, BScN, MSc, CON(C), Arlene Court, RN, BScN, CON(C), Sunnybrook Health Sciences Centre, Odette Cancer Centre, Toronto, ON, Canada.**

Current literature emphasizes the benefits of electronic documentation in enhancing the provision of optimal
Concurrent Session IV-03
3:45 PM – 5:15 PM, Governor General III Room

Concurrent Session IV-3-A
Supporting Women with Advanced Breast Cancer: The Impact of Functional Status on Social Roles

Bai Qi Peggy Chen, BSc, MSN (candidate), Kimberley A. Garthshore, CNS, MSN, Monica F. Purman, CNS, MSN, PhD student, "McGi ll University, Montreal, QC, Canada, "Segal Cancer Centre, Jewish General Hospital, Montreal, QC, Canada.

Background: Progress in the treatment of breast cancer has led to reduced mortality rates. Despite longevity, metastasis specific symptoms continue to impact patients’ functional status and quality of life. Limited research has explored the relationship between altered functional status and women’s social roles while living with this disease. Improved understanding will facilitate nursing advocacy for supportive cancer care interventions and required policy changes to enable this.

Purpose: To explore the social roles of women in the context of advanced breast cancer and altered functional status.

Methods: Ten women with metastatic breast cancer and altered functional status (ECOG ≥ 1) were recruited from an urban university affiliated Cancer Centre. Qualitative descriptive design through the use of semi-structured interviewing was implemented. Interview transcription, coding, and content analysis were performed concurrently with data collection.

Results: Two themes emerged from the data including: Redefined Social Roles, which encompasses decreased participation, the struggle to maintain normalcy, and modification of existing relationships; and Transformation in Perception through the process of living with adversity, relinquishing social roles, and learning to accept help.

Conclusion: The results of this study support the need for routine nursing assessment and interventions focusing on altered functional status and the impact on women’s social roles. Advocacy at the level of the system is also required to enable appropriate resource allocation.

Concurrent Session IV-3-B
“Let’s Talk Evidence”: The Experience of Developing an Oncology Palliative Care Journal Club

Cathy A. Kiteley, RN, CONC, CHPCNC, MSN, Janet C. Rice, RN, BScN, CHPCN(C), Angela P. Kurtz-Melo, RN, CON(C), CHPCN(C), The Credit Valley Hospital Peel Region al Cancer Centre, Mississauga, ON, Canada.

Journal clubs have been used for years as an effective tool for learning. They can be an effective strategy for evaluating literature on a specific topic and translating into practice. One year ago, the palliative care nurses working in a cancer centre were invited to join a of journal club originally developed for residents as part of their palliative care training. For the first three months, nurses’ prepared for the journal club by pre-reading the research article and attending meetings. Knowing much more could be achieved, these nurses along with the advance practice nurse set out to increase their competence with research appraisal sills. A pocket guide for systematic appraisal of quantitative research articles was reviewed through an informal “dine and learn “setting. Thereafter, these nurses met independently prior to each journal club meeting to review the articles using the structured “Introduction, Methods, Results and Methods” (IMRAD) critical appraisal tool (Loiselle, 2004). With critical appraisal skills, these nurses were able to explore more fully nursing related implications of the research. It also has provided for a wonderful opportunity to bond as palliative care nurses and discuss both the richness and challenges of this specialty.

In this presentation we will describe our steps towards developing a sustainable nursing led journal club. We will also share our experience and the benefits of coming together to enhance personal and professional growth and development.
Advocating for Appropriate Care for Oncology Patients in the Last Days And Hours of Life: Development of a Clinical Best Practice Guideline

Lynn E. Kachuik, RN, BA, MS, CON(C), CHPCN(C)1, Debbie Gravelle, RN, BScN, MHS2, Christine McPherson, RN, BScN(HONS), MSG, PhD2, Mary Ann Murray, RN, MSCN, PhD, CON(C), GNC(C), CHPCN(C)2, 1The Ottawa Hospital, Ottawa, ON, Canada, 2Bruyere Continuing Care, Ottawa, ON, Canada.

Oncology nurses are uniquely positioned to advocate for safe, high quality care for those living with advanced cancer. However, oncology nurses’ knowledge and skills related to care at the end of life are often inadequate. A common perception is that the dying will receive care in specialized palliative care settings. In reality, many die in acute care hospitals or settings where practitioners lack specific palliative care expertise.

Although patients/families could benefit from evidence-informed end of life care, oncology nurses are frequently unable to recognize the terminal phase of illness or signs of impending death. Improving nurses’ knowledge to effectively manage the dynamic, complex situations surrounding care at end of life and integrating a palliative philosophy earlier into the disease trajectory are strategies that have been shown to substantially enhance quality of life for those living and dying with advanced cancer.

This presentation will discuss the development of a best practice guideline focused on care during the last days and hours of life. We will review key recommendations including: identification of those who are dying; comprehensive assessment; interventions to manage commonly experienced symptoms; patient/family decision support and shared decision making; as well as educational and organizational planning considerations to support nurses in the provision of high quality care in the last days and hours of life. Practical tips and tools gleaned from the literature will be also be highlighted.

Concurrent Session IV-04
3:45 PM – 5:15 PM, Les Saisons Room

Concurrent Session IV-4-A
Bridging the Gap Between Knowledge and Practice to Meet the Complex Needs of Oncology Patients

Liat Brudnoy, BA, MA, Komal Patel, RN, BScN, CON (C), CHPCN (C), CCN(C), Tracy Soong, BSc(C), Thomas Graham, BA, Mary Jane Esplen, PhD, RN, Jiahui Wong, PhD, de Souza Institute, Toronto, ON, Canada.

Background: As cancer rates continue to rise, it is essential for nurses working with oncology patients in any practice setting to be equipped with the latest information, best practice guidelines and skills to meet the complex needs of patients and their families. Over the past four years, an innovative Institute in Ontario has made great advances in providing nurses with a continuum of oncology education.

Purpose: Self-paced and instructor led curricula enable adult learners of any age, geographic region, or level of comfort with technology to pursue continuing education anytime, anywhere. The Institute encourages nurses to engage in their ideal way of learning while fostering use of information technology and supporting lifelong learning.

Methods: With educational offerings delivered through video conference, eLearning, mLearning and in-person workshops, the Institute has effectively leveraged the power of technology to bring the latest evidence and tools to nurses at the point of care and build capacity within their organizations. Online courses feature full motion video, animated presentations, learning games and quizzes and enable nurses to engage in a bustling online learning community.

Results: 4000 nurses have engaged in courses ranging from cancer prevention to palliative care. Learners have indicated that engagement in educational offerings has invigorated and empowered them. They feel more confident that their practice is based on the latest evidence and they are able to contribute as integral members of interprofessional teams.

Concurrent Session IV-4-B
Creating a High Quality Cancer Nursing Workforce: The Benefits of Career and Professional Development

Denise Bryant-Lukosius, RN, PhD1, Ernie Avilla, BSc1, Brenda Cruz, RN, MN1, Ruby Gorospe RN, MN-PHCNP(C)1, Mary Jane Esplen, RN, PhD2, 1McMaster University, Hamilton, ON, Canada, 2de Souza Institute, Toronto, ON, Canada.

Recruiting and retaining a highly qualified nursing workforce is a challenge for jurisdictions around the world responsible for cancer care. Nurses and nursing students are often not aware of the rewards offered by a career in oncology nursing or are not involved in activities to remain engaged and thrive professionally.
A provincewide assessment of oncology nurse mentorship and professional development needs was conducted to inform the development of new services. It included an electronic survey completed by over 600 nurses and interviews and focus groups involving 80 key informants. A formative and pre/post evaluation design is ongoing to monitor progress in achieving program outcomes.

Most survey respondents (77%) had not participated in formal career planning or mentorship. Barriers and facilitators to their involvement in professional development activities were identified.

Mentorship and career development have a powerful influence on creating positive oncology nursing work environments. Investments in these professional development activities are associated with improvements in the quality of nursing care and patient health outcomes. They also lower human resource costs by reducing sick time and overtime and improving recruitment and retention.

This session is relevant to all nurses who want to learn of ways to remain engaged professionally while working in a challenging oncology nursing environment.

Concurrent Session IV-4-C

A Case Study of Collaboration Among Oncology Nurses

Jane Moore, RN, APN, MSc, PhD, Brock University, St Catharines, ON, Canada.

Aim: This presentation will report on a case study that described and analyzed the collaborative process between nurse practitioners and registered nurses in oncology outpatient settings in order to understand and improve collaborative practice among nurses.

Background: Changes in the health system have created new models of care delivery such as collaborative nursing teams. This has resulted in the increased opportunity for enhanced collaboration between nurse practitioners and registered nurses.

Methods: Qualitative data were collected in 2010 using direct participant observations and individual and joint (nurse dyads) interviews in four outpatient oncology settings at one hospital in Ontario, Canada.

Results/Findings: Thematic analysis revealed four themes: 1) Together Time Fosters Collaboration, 2) Basic Skills: The Brickworks of Collaboration, 3) Road Blocks: Obstacles to Collaboration, and 4) Nurses’ Attitudes toward their Collaborative Work.

Conclusion: Collaboration is a complex process that does not occur spontaneously. Collaboration requires nurses to not only work together but also spend time socially interacting away from the clinical setting. While nurses possess the conceptual knowledge of the meaning of collaboration, findings from this study showed that nurses struggle to understand how to collaborate in the practice setting. Strategies for improving nurse-nurse collaboration should include: the support and promotion of collaborative practice among nurses by hospital leadership, and the development of clinical/educational institution partnerships that would focus on developing innovative opportunities for students to learn about intraprofessional collaboration in the practice setting.

Workshop IV-05

3:45 PM – 5:15 PM, Quebec Room

So You’d Like to Do Research?

CANO/ACIO Research Committee: Sally Thorne, RN, PhD1, Catriona Buick, RN, MN, CON(C)2, Tracy Truant, RN, MSN, CON(C)3, Christine Maheu, RN, BScN, MScN, PhD4, Jacqueline Galica, RN, BScN, MSc, CON(C)5, 1University of British Columbia, Vancouver, BC, Canada, 2Princess Margaret Hospital, Toronto, ON, Canada, 3UBC Nursing, Vancouver, BC, Canada, 4York University, Toronto, ON, Canada.

When nurses gather together to discuss ideas, you may find yourself inspired to consider the possibility of someday actually getting involved in research yourself. But how to get from here to there can sometimes feel like a major hurdle. While the PhD degree is the mainstay of formal research training in Canadian nursing, it is not the only way to get involved! This session is intended for nurses who are considering graduate education, or who are considering finding ways to get involved in research projects in their clinical roles, or who just want to learn a bit more about what being involved in nursing research might entail.

Among the topics that will be covered are: How much formal research training do you really need to be a researcher? How to choose a training program that will really meet your needs? How to get involved in research without going back to school? How to create a team of interested colleagues to create a research project? How to get launched into a research project in your own clinical setting without outside support? How to add value to a research team as a clinical expert member? By sharing ideas, insights, stories and suggestions with the Director-at-Large for Research, you will be helping CANO understand your needs for future sessions and hopefully come away inspired for the next steps toward your own research future!
Concurrent Session IV-06
3:45 PM – 5:15 PM, NS/NFL Room

Concurrent Session IV-6-A

Se garder et garder les nôtres à l’abri du cancer
Nicole Tremblay, Conseillière clinicienne en soins infirmiers, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada.

Nos jeunes mangent mal : croustilles, boissons sucrées et restauration rapide. Au fil du temps, ils sont devenus à risque d’obésité et de diabète, mais aussi de cancer. Une mauvaise alimentation est mise en cause dans le tiers des décès liés au cancer. Comme si cela ne suffisait pas, les Canadiens bougent peu. Or, la sédentarité est associée à un risque plus élevé de certains cancers. À peine la moitié des Québécoises de 25 à 44 ans sont suffisamment actives pour en retirer des bienfaits pour la santé. Mais l’adoption de bonnes habitudes de vie faitelle la différence en matière de prévention des principaux cancers? Oui! Alors comment motiver nos troupes, y compris nous-mêmes, à bougeret à croquer de la couleur. Cette présentation vise à cerner les gestes qui comptent en matière de prévention des principaux cancers à partir des enquêtes de santé publique, de même qu’à dégager les meilleures pratiques pour favoriser l’adoption de nouveaux comportements.

Concurrent Session IV-6-B

Suivi clinique des radiodermites en radio-oncologie: un projet novateur signé CHUM-CHUQ

Catherine Derval, MSN1, Lise Doucet, MSN2, Sylvie Dubois, PhD1, Thérèse Pelletier, MSN2, 1Centre hospitalier de l’Université de Montréal (CHUM), Montréal, QC, Canada, 2Centre hospitalier universitaire de Québec (CHUQ), Québec, QC, Canada.

Plus de 60% des personnes atteintes de cancer ont recours à des traitements de radiothérapie durant la trajectoire de soins (Gieringer et al. 2011). Ces traitements entraînent plusieurs effets secondaires, notamment des brûlures cutanées. Ces brûlures, communément appelées radiodermites, peuvent survenir chez plus de 95% de la clientèle (McQuestion, 2011), démontrant la nécessité de l’apport de l’exercice infirmier au sein d’une prise en charge collaborative. Déterminer le plan de traitement thérapeutique en lien avec les plaies et altérations de la peau et téguments et prodiguer les soins requis font désormais partie des activités autonomes de l’exercice infirmier.

Dans un souci d’améliorer les soins offerts à la clientèle en regard des radiodermites, les équipes de radio oncologie du Centre hospitalier de l’Université de Montréal (CHUM) et du Centre hospitalier universitaire de Québec (CHUQ) ont joint leur expertise pour explorer cette problématique clinique. Cette communication présentera les différentes étapes du processus d’implantation d’un formulaire d’évaluation et de suivi des plaies et d’un outil de collecte de données dans les deux sites. Les infirmières de radio oncologie et les conseillères en soins spécialisés des deux centres ont participé à la collecte de données (14 variables) en répertoriant tous les patients rencontrés (N= 200) pour un suivi de radiodermite sur une période de quatre mois. Une analyse des données permettra de formuler des pistes d’amélioration continue pour développer une pratique infirmière optimale et interdisciplinaire.

Concurrent Session V-01
10:30 AM – 12:00 PM, Governor General I Room

Concurrent Session V-1-A

Advocating for Excellence in Preceptorship
Patricia A. Murphy-Kane, RN, BScN, MN, CHPCN(C), Charissa P. Cordon, RN, BScN, MN, CON(C), Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

Orientation programs which include preceptorship to the area of practice, need to provide a positive, supportive, and welcoming learning environment (Willemensen-McBride, 2010). The Canadian Nurses Association (CNA, 2004) states that it is a nurses’ professional obligation to support (preceptor) their peers, in building and maintaining competencies required for safe, ethical, and effective nursing practice.

As nurse leaders in practice and education, we advocated to the senior nursing leadership team to fund and support a newly designed preceptorship program. Budget constraints and workplace demands make it difficult for potential preceptors to attend an eight hour education day. Recognizing this, we developed an innovative preceptorship program that highlighted fundamental skills of effective preceptorship, an opportunity to learn from each other, share stories and experiences. This innovative preceptorship program consists of three components: a selection criteria tool; a workbook in conjunction with an eLearning course and; a four hour face-to-face workshop.

This successful program, now in its second year, has educated nurses working in various oncology practice areas such as in ambulatory clinics, and inpatient units. The program was evaluated by the participants, the facilitators and the nurse managers.

The preceptorship curriculum, content of the program, results of the evaluations, lessons learned and next steps will be shared in this presentation. Excellence in preceptorship plays a fundamental role in assisting the new nurse transition to being an independent oncology nurse.
Concurrent Session V-1-C
An Innovative Education Program Focused on Developing Oncology Nursing Leaders in Ontario
Laura L. Rashleigh, RN, BScN, MScN, CON(C)^1, Esther Green, RN, BScN, MSc(T)^2, Joy Richards, RN, PhD^2, Sandra Li-James, RN, BScN, Med., CCN(C)^1, Mary Jane Esplen, RN, PhD^2, Jiahui Wong, PhD^2, *de Souza Institute, Toronto, ON, Canada, ^1Cancer Care Ontario, Toronto, ON, Canada, ^2University Health Network, Toronto, ON, Canada.

The cancer system is challenging and changing requiring leaders to develop competencies that enable strategic thinking and innovation. Leadership programs exist in many institutions, but none target developing specialized approaches to leading at a system level. To address this, an education program was developed targeting oncology nurses in leadership and advanced practice roles. The vision of the program is to build confident, skilled leaders in cancer services, nursing, clinical, education and program management increasing capacity across the system and enabling succession planning. Participants engage in a rigorous eight month program exploring five leadership domains: people, strategic leadership, innovation and execution, change initiation and management, and professional relationships. Participants engage with local, national and global nursing leaders, integrating course concepts in their practice through project work and mentoring relationships. A mentor-mentee relationship is established prior to the program and maintained throughout.

The course content was developed systematically through consultation with recognized Canadian leaders. Multiple learning modalities are utilized to facilitate knowledge uptake and application including workshops, videoconference sessions, and eLearning. Participants engage in reflection of their integration of the course competencies in their practice and project work through online discussions, mentor-mentee dialogues and critical self-evaluation assignments.

Evaluation results of the program will be presented including participant satisfaction, mentoring relationship quality and perceived confidence changes in leadership competencies. Implications will be reviewed with recommendations for program enhancement and replication in other provinces.

Concurrent Session V-02
10:30 AM – 12:00 PM, Governor General II Room

Concurrent Session V-2-A
Screening for Distress in Community-Based Cancer Support Organizations
Margaret I. Fitch, RN, PhD, Alison McAndrew, BA, RAP, Kittie Pang, MMS^t, BSc (HON), Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Distress has been recognized as the 6th vital sign in cancer. Screening for distress has engendered attention in clinical settings as a strategy for identifying what patients are most concerned about during a clinic visit and having a conversation about what interventions would be helpful. Recently interest has been expressed from community-based cancer support organizations about the relevancy of screening for distress in their settings. The purpose of this project was to develop and field test a distress screening approach in community settings.

The project utilized a literature review to identify relevant screening tools for a community-based setting. Focus groups with patients/survivors, volunteers, and staff members of...
Outcomes is essential. This presentation will examine the experience and how implementation influences patient and provider satisfaction. The 6th Vital Sign, the implementation of distress screening into standard care has shown improvements in team collaboration, symptom management and patient satisfaction. The experiences and learnings from one jurisdiction to another can provide valuable learning. As cancer care institutions across Canada strive to meet this new Accreditation Standard, leveraging the experiences and learnings from one jurisdiction to inform the work in other jurisdictions makes sense. Integration of SFD into standard care has shown improvements in team collaboration, symptom management and patient satisfaction and therefore should be expedited.

Concurrent Session V-2-B
Improving Team Collaboration, Symptom Management and Patient Satisfaction Through a Programmatic Implementation of Screening for Distress, the 6th Vital Sign

Linda C. Watson, RN, PhD(C), Jennifer Anderson, RN, MN, Barry Bultz, PhD, R. Psych, Shannon Groff, BSc, Alberta Health Services, Calgary, AB, Canada.

A diagnosis of cancer is always an unexpected and distressing event, but the degree of distress patients and families experience is unique. Research has shown that early identification of distress and timely tailored interventions can improve patient outcomes. Screening for distress (SFD) provides a mechanism for rapid identification of distress and facilitates a system response to symptoms that are distressing to the patient. As SFD is now an accreditation standard in Ambulatory Oncology, understanding how to implement and how implementation influences patient and provider outcomes is essential. This presentation will examine the experience of one provincial cancer agency’s implementation of SFD at three diverse cancer sites. The implementation included educational and process interventions as well as pre and post evaluations across four key components: Screening and early identification of distress, staff education and training, teamwork and collaboration, and patient engagement. Implementation strategies, evaluation data and anecdotal evidence from both patients and providers will be shared. Understanding the process of implementation as well as the impact on practice and patient outcomes holds much valuable learning. As cancer care institutions across Canada strive to meet this new Accreditation Standard, leveraging the experiences and learnings from one jurisdiction to inform the work in other jurisdictions makes sense. Integration of SFD into standard care has shown improvements in team collaboration, symptom management and patient satisfaction and therefore should be expedited.

Concurrent Session V-03
10:30 AM – 12:00 PM, Governor General III Room

Concurrent Session V-3-A
Young Adults’ Experiences of “Being Known” by Their Healthcare Team: A Qualitative Study in Cancer Care

Susanna K. Jacobsen, MSN1, Gabrielle M. Bouchard, MSN2, Karine Lepage, RN, MSN1, Jessica Emed, RN, MSN2, 1McGill University, Montreal, QC, Canada, 2SMBD Jewish General Hospital, Montreal, QC, Canada.

Background: Within oncology, young adults have been recognized as a sub population of patients that have been largely understudied and under represented and yet have unique and complex needs. Young adulthood is time of great change; the addition of the non-normative event of a cancer diagnosis at this life stage can have a great impact. “Being known” refers to the human connection
between patients and their healthcare providers. It has been identified as an important concept within the general cancer care population as a key component of successful communication and thus has the potential to greatly influence the experiences of young adults.

Objective: The purpose of this study is to explore how young adult cancer patients experience “being known” by their healthcare team.

Methods: A qualitative descriptive design using semi-structured interviews will be applied. Participants will include oncology patients aged 18-39 from a university affiliated hospital. Interviews will be conducted from June - September 2012. Thematic analysis will be used to interpret the data, and the main themes will be presented and discussed.

Conclusions: By focusing attention on the unique needs of young adults with cancer and their experiences of “being known” by their healthcare team, it is hoped that we may begin to better understand the needs of this unique and understudied population.

Concurrent Session V-3-B

The Hope Experience of Parents of Children Undergoing Treatment for Childhood Cancer: Preliminary Findings

Jill M. Bally, RN, PhD(C)1, Wendy Duggleby, RN, PhD, AOCN®2, Lorraine Holtslander, RN, PhD, CHPCN(C)3, Chris Mpofu, MD, MBChB, MSc, FRCPC(C)4, Shelley Spurr, RN, PhD5, Roanne Thomas-MacLean, BA, MA, BEd, PhD6, Karen Wright, RN, PhD7, 1College of Nursing, University of Saskatchewan, Saskatoon, SK, Canada, 2Faculty of Nursing, University of Alberta, Edmonton, AB, Canada, 3Saskatoon Cancer Centre, Saskatoon, SK, Canada, 4Faculty of Health Sciences, University of Ottawa, Ottawa, ON, Canada.

Background: Treatment for childhood cancer can be lengthy and stressful for children and their parents. It is marked by frequent hospitalizations, numerous procedures, and by the difficulties in providing medical care at home. Hope has been identified as an essential psychosocial resource by many families who provide care during a family member’s illness.

Purpose: To gain a clear understanding of the hope experiences of parents of children undergoing treatment for cancer.

Methods: Currently, 29 open-ended interviews and 11 journals have been completed with 14 participants. The preliminary data have been analyzed using a constructivist grounded theory approach.

Findings: Preliminary findings indicate that parents experienced hope in the social context of the potential loss of their child following an unexpected diagnosis of cancer. While parents hoped that their child would survive and that their child would continue ‘a life full of big milestones’, they also prepared themselves for the worst case scenario, the death of their child. In hoping for the best, parents kept hope possible using it as a guide to support the movement between preparing for the worst and hoping for the best as they cared for their child, day to day. This information can help in developing a program of research for individualized care and support for parents.

Concurrent Session V-3-C

Advocating for One of Our Own: A Case Study

Andrea E. Leao, RN, BScN, CON(C), Mario DaPonte, RN, BScN, Lynn E. Kachuik, RN, BA, MS, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada.

Advocacy is defined as the provision of active support. Oncology nursing practice often requires advocacy on behalf of patients and families. CANO Oncology Nursing Standards state that “the nurse focuses on who the individual and their family is and what their needs are as compared to a focus on treatment modalities. The nurse considers patient hopes and desires, the wholeness of the individual and their family context. The nurse is visionary, creative and innovative.”

This case presentation will describe a fourth year nursing student, diagnosed with terminal cancer who was cared for on multiple admissions to our medical oncology unit. We will relate her journey and the major role of advocacy as she approached the end of life. One of the wishes on her “bucket list” was to receive her nursing degree. We will describe the nature of the nursing therapeutic relationship that led to informal discussions revealing her goals. We will also chronicle the process of advocating with colleagues, her family and the university in creative and innovative ways to achieve her final wish. She was formally recognized in our hospital journal as the new RN on our unit. She made an indelible impression on our staff, patients and families. We will never forget her inspirational mantra “It’s not what’s been taken from you; it’s what you do with what you have left.”

Concurrent Session V-04

10:30 AM – 12:00 PM, Les Saisons Room

Concurrent Session V-4-A

Newfoundland and Labrador Peer Navigation Project “Advocating for Women with Womens Cancer”

Elaine M. Ledwell, RN, BN, MEd7, Judy Applin-Poole, BN, RN8, 1Breast Screening Program for Newfoundland and Labrador, Cancer Care Eastern Health, St.John’s, NL, Canada, 2Site Manager SBIHC Labrador Grenfell Health, Flowers Cove, NL, Canada.
Purpose: The NL Lupin Partnership (The Community Capacity Building Partnership for NL) is a province wide network of stakeholders. The purpose of Peer Navigation is to advocate and enhance at the community level, accessibility to information, support and education for women with women's cancers.

Method: This project saw the development of a training manual, resource manual and a documentation binder for volunteer Peer Navigators. During this project volunteers had to be recruited as Trainers and as actual Peer Navigators.

We will provide an overview of the role and illustration of how as an advocate, the peer navigator works with women, community groups and the health care team to raise awareness about ways to make services more accessible in a timely manner and supporting women through the cancer care system.

Conclusions: This presentation will demonstrate how women within the community can advocate, support and counsel other women who are at risk of or have been diagnosed with women's cancer. A review of a case study will demonstrate to the audience how advocacy is a key role of the peer navigator.

Concurrent Session V-4-B
Advocacy and Support for the Role of Nurse Navigators in Breast Care in British Columbia

Colleen S. Sherriff, RN, Fraser Valley Centre, BC Cancer Agency, Surrey, BC, Canada.

Background: Advocacy in nursing is focused on patients. We seldom consider advocating for ourselves. Multiple Canadian provinces have adopted the role of nurse navigators as a core function in oncology care. In BC the role is in early development and not adopted as a core function at all sites. Support for these nurses is limited to the networks they developed. Most are unique in their sites of practice, leading to a degree of isolation.

Method: Between 2009 and 2011 an informal network of nurses working in navigation roles in breast health diagnostic units, surgical care sites and cancer treatment centres developed. It expanded as navigation type roles increased and new members reached out to define and develop their roles. Network participants shared information on patient resources, care pathways, role performance and educational opportunities. The network existed virtually until December 2011 when a group met to plan a larger education based meeting.

Outcome: An educational grant was solicited to fund the costs associated for a group meeting and assist with traveling costs for out of town members so both rural and urban members could attend. A one day educational meeting and pre meeting dinner networking opportunity is organized for April 27th and 28th, 2012. Speakers on surgical care of breast cancer patients, the role of nurse navigators and advocacy have been arranged. Members attending will present on their area of expertise.

Concurrent Session V-05
10:30 AM – 12:00 PM, Quebec Room

Concurrent Session V-5-A
Use Of Parenteral Nutrition (PN) In Cancer Patients — BCCA Guidelines

Elizabeth Beddard-Huber, RN, MSN, Janice Dirkson, BSN, BC Cancer Agency, Vancouver, BC, Canada.

The use of Parenteral Nutrition (PN) in cancer patients has sparked multiple discussions around the appropriateness of its use. The decision making process and the treatment plan with respect to PN is often difficult and influenced by individual situations, education, as well as cultural and ethical issues. No official guidelines exist in the literature outlining the appropriate use of PN in this population.

Due to challenges encountered by health care providers around the use of PN, a PN working group was established at BCCA consisting of physicians, clinical dietitian, clinical pharmacist, clinical nurse leader, social worker and advanced practice nurses. The purpose of the group was to develop a tool to guide health care providers with clinical decision making regarding the initiation, continuation and discontinuation of PN for cancer patients.

Supportive Care Guidelines were developed for the use of PN in cancer patients identifying three indications for when PN may be considered. The indications included: PN as support for acute toxicity; PN as a bridging modality and PN as support for advanced cancer patients not receiving further active treatment, who would be candidates for home PN. Ethical issues of consent, standardization and allocation of resources come into play when making decisions about the use of parenteral nutrition. The seven step decision making process supports the practice of family meetings with an interdisciplinary team, when PN is used for a bridging modality or supportive care.

Concurrent Session V-5-B
The Use of a Corporate Strategy to Support Implementation of Nursing Best Practice Guidelines Related to Vascular Access at the Ottawa Hospital

Sheryl A. McDiarmid, RN, BScN, MEd, MBA, ACNP, AOCN, The Ottawa Hospital, Ottawa, ON, Canada.
In April 2008 The Ottawa Hospital (TOH) implemented a Corporate Vascular Access Program to ensure institutional support for the implementation of the Registered Nurses Association of Ontario Best Practice Guidelines related to patient assessment, device selection and ongoing care and maintenance of central venous catheters.

Over the subsequent 4 years the Registered Nursing (RN) staff has inserted 11,816 Peripherally Inserted Central Catheters (PICCs), assisted with the insertion of 1,183 subcutaneously implanted ports (PORTs), and organized the insertion of 282 tunneled, cuffed catheters (TC). In addition to the insertion activity the RNs have responded to 4481 device related problems.

Although the overwhelming majority of PORT and TC insertions are for oncology patients, only 33% of the PICC insertions n=3954 have been for oncology patients for administration of chemotherapy. This group includes patients with haematological malignancies and those receiving a stem cell transplant (BMT).

This presentation will focus on the organizational issues around the insertion and maintenance of these central vascular access devices as well as discuss some of the clinical findings that have been identified through research projects and publications related to the program. These include outcome data related to the rate of deep vein thrombosis in oncology patients, the decreased wait time for TC insertions in patients newly diagnosed with acute leukemia, and the finding that 76% of patients presenting with PORT problems require removal and replacement of their device.

Workshop V-06
10:30 AM – 12:00 PM, NS/NFL Room
You Can't Advocate if You Don't Know
Ashleigh Pugh-Clarke, RN, BScN, MN, CON(C),
Donalda McDonald, RN, CON(C), Liat Brudny, B.A., M.A.,
Thémis Apostolidis, MD2, Claire Julian-Reynier, MD4, 1York University, Toronto, Canada, 2INSERM, Marseille, France, 3Institut Paoli-Calmettes, Marseille, ON, France.

Nurses need baseline knowledge, not only to provide good care but also to build the confidence required to advocate for their patients. There is no standardized curriculum available for nurses caring for cancer patients. This impacts the level of care received, whether in dedicated cancer units or in “non–oncology” settings.

In January 2011, a foundational oncology nursing course, based on provincial and national standards, began via online learning. In total, 26 modules including topics such as cell biology, genetics, oncologic emergencies, symptom management and site specific cancers, were offered in a free, open-access, asynchronous online format. The course was offered at no cost to RNs, RPNs and nursing students living in one of the most populous Canadian provinces.

By March 2012, enrollment reached 1030, and is expected to continue to rise as many organizations have adopted this course as an “orientation” for newly hired nurses. The nature of the course allows for unlimited enrollment, has infinite growth potential, and would require very little modification to be expanded nationally.

In this 90 minute workshop, attendants will not only have the opportunity to see the course outline but also engage with one complete module live through the online learning centre.

Concurrent Session VI-01
3:30 PM – 5:00 PM, Governor General I Room
Concurrent Session VI-1-A
French Women's Breast Self-Examination Practices with Time After Undergoing BRCA ½ Genetic Testing
Christine Maheu, RN, PhD1, Thémis Apostolidis, MD4, Claire Julian-Reynier, MD4, 1York University, Toronto, Canada, 2INSERM, Marseille, France, 3Institut Paoli-Calmettes, Marseille, ON, France.

Objective: To assess the impact of BRCA 1/2 genetic test results on cancer free women's breast self-examination (BSE) practices and to prospectively determine their influence on psychological functioning. Methods: A French prospective longitudinal study on BSE practices and frequency in BRCA 1/2 carriers (N = 217) and non-carriers (N = 313) one and two years following disclosure of the test results, along with psychological functioning.

Results: Before disclosure, BSE was practised by 47.2% of the women, and increased to 57.3% one year later. No change in the women's practices was noted between 12 and 24 months after the test. Carriers and non-carriers practicing BSE at baseline were respectively eight to six times more likely to be practising BSE regularly at 12 months after being tested. Among the carriers, having fewer depressive symptoms at baseline and believing in the ability of BSE to detect breast cancer were found to be the most decisive factors associated with BSE practices one year after disclosure, following adjustment for BSE baseline practices. Among the non-carriers, believing in the ability of BSE to detect breast cancer, greater post-test anxiety, and a higher perceived risk of breast cancer were found to be predictors of post-test BSE practices after adjusting for BSE baseline practices.

Conclusions: In France, where performing BSE is neither mandatory nor recommended, an increase in BSE practices was found to occur after disclosure of women's genetic test results, regardless of their carrier status.
Concurrent Session VI-1-B
With a Little Help from My Friends: An Interprofessional Approach to Smoking Cessation in an Ambulatory Cancer Centre

Elaine Curle, RN, Leslie Gibson, OT Reg (Ont.) BHSc (OT), Bonnie Bristow, MRT(T), BSc, Arlene Court, RN, BScN, CON(C), Odette Cancer Centre Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

Smoking is responsible for approximately 27% of all cancer deaths in Canada. According to the CANO standards, the role of the specialized oncology nurse is to advocate a healthy lifestyle and health promoting activities (Standard 5). Smoking cessation is recognized as one of the most important interventions in preventative medicine and it has additional benefits following cancer diagnosis. Data demonstrates that advice from health care professionals can significantly improve smoking cessation rates and therefore smoking cessation needs to be addressed by all healthcare professionals involved in direct patient care. Smoking interferes with chemotherapy and radiation therapy and can lead to increased side effects as well as contribute to decreased wound healing. Patients who quit smoking are less likely to experience a recurrence of disease or an additional primary cancer. This presentation will highlight the implementation of an innovative initiative aimed at providing intervention for tobacco users in our ambulatory cancer centre using minimal intervention based on the 5 A Model (Ask, Advise, Assess, Assist and Arrange). An interprofessional team consisting of a nurse, radiation therapist and an occupational therapist, has been developed to support and sustain integration of smoking cessation into the daily practice of oncology health care professionals. Interprofessional collaboration helps build organizational capacity to sustain best practice over time.

Concurrent Session VI-1-C
Colorectal Cancer Screening Behaviors in South Asian Immigrants: A Scoping Literature Review

Joanne Crawford, RN, MScN, CON(C), PhD (candidate), Brock University, St. Catharines, ON, Canada.

Health inequities in cancer screening exist in sub-groups of the population; whereby, rates are lower than the general population. South Asian immigrant populations have low colorectal cancer (CRC) screening rates. This presentation examines cancer screening behaviors of South Asian immigrants.

A scoping literature review was undertaken using Arksey and O’Malley’s (2005) framework using a five stage process: a) establishing the research question to maximize breadth of empirical literature retrieval; b) identification of relevant studies using multiple data bases and grey literature; c) study selection criteria to determine studies for inclusion; d) charting of study results of included studies; and, e) a summary of findings.

The key findings from the scoping literature review included: a) beliefs and attitudes such as, the importance of family, fatalism, the belief that screening was not necessary, lack of social support, language proficiency, and preference for holistic health care; b) lack of knowledge of CRC, individual risk, and rationale or benefits of screening; c) individual level emotional states such as fear, embarrassment, and low self-confidence; and, d) attitudes that created barriers to access screening, such as gender preferences of physicians, no local access to physicians or screening services, no physician recommendation, and transportation and cost barriers. Additional findings reported on low overall cancer screening uptake rates, and low colorectal cancer screening rates in South Asian immigrant populations.

Concurrent Session VI-02
3:30 PM – 5:00 PM, Governor General II Room

Concurrent Session VI-2-A
Using Group Teaching by a Multidisciplinary Team to Foster Understanding, Support and Self-Advocacy Among Post-Operative Breast Cancer Patients

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

Simultaneously with the development of an increasingly complex cancer care system we have created the expectation that patients will be active decision makers, self advocates and self-navigators. We expect them to do this with little preparation and at a time when they are unable to absorb much beyond the fact they now have CANCER.

Add to these expectations a system that no longer provides what were once considered the basics, such as a hospital bed for a few days, a bag of dressing supplies at the time of discharge, homecare that came to the home, access to a family physician that sometimes even made house calls and it is not surprising that patients sometimes feel abandoned and disappointed by the system.

To help address some of the concerns of breast cancer patients in the post–operative period the BCCA Sindi Ahluwalia Hawkins Centre for the Southern Interior and the Kelowna General Hospital have partnered to develop and present for women recovering from breast cancer surgery.

The presentation will focus on how and why the multidisciplinary team came together to develop the program, the process undertaken to develop content and to have that content approved. We will also discuss how
patients have responded to the sessions we call BRAG – Breast Recovery Awareness Group, why they think it makes them better self-advocates and ways BRAG may change and develop in the future.

Concurrent Session VI-2-B
Virtual Pain and Fatigue Education for Patients
Jennifer Finck, RN, Megan Stowe, RN, BN, MSN, BC Cancer Agency, Victoria, BC, Canada.

Symptom management after treatment for cancer patients can be a challenging when considering the best way to provide resources to support patients. One solution our agency developed in the past was to provide ‘Pain Teach’. This program took place in the cancer agency. Patients and families were invited to learn about pain management and complications from treatment such as constipation in a group setting. This teaching was facilitated by our interdisciplinary team – which includes a nurse and pharmacist. The program has been running for several years and feedback from attending patients has been very positive with exception of the travel involved attending the program.

To address the issue of travel, we evolved the delivery of the program to be accessible on line. Our group was awarded a bursary from our agency to develop ‘Pain Teach’ materials that could be accessed from home. We developed an online format that can be accessed through a computer with internet access. To provide the best possible program, our group produced and scripted videos, incorporated evidence based information and appropriated links to supportive websites.

The overwhelming success of this development also led our group to develop ‘Fatigue teach’, another online program which supports patients and families with cancer related fatigue.

The presentation will share these dynamic materials, feedback from patients involved and lessons learned from our group.

Concurrent Session VI-2-C
An Evaluation of Two Educational Models to Deliver a Standardized Chemotherapy and Biotherapy Course for Oncology Nurses in Ontario
Laura Rashleigh, RN, MScN, CON(C)1, Jiahui Wong, PhD2, Donalda McDonald, RN, CON(C)2, Tracy Soong, BSc (candidate)2, Liat Brudnoy, BA, MA1, Leah Miller, BSc2, Esther Green, RN, BScN, MSc(T)2, 1 de Souza Institute, Toronto, ON, Canada 2 Cancer Care Ontario, Toronto, ON, Canada.

A Provincial Standardized Chemotherapy and Biotherapy course has been offered by an oncology learning institute in Ontario since 2009 to support nurses developing their competency in chemotherapy and biotherapy administration and care. The program reflects provincial, national and international standards for chemotherapy delivery. Currently, the course consists of 15 hours of learning via videoconference, delivered simultaneously across the province, with an in person workshop day that includes a skill’s lab with standardized patients.

Since its inception, more than 1000 Ontario nurses have participated in this course. A new online version of this course will be piloted in 2012 with the same content and the in person workshop day. The eLearning course aims to augment the participants’ learning potential by integrating multimedia design and interactive features that maximize application of concepts and facilitate deep learning.

To evaluate the effectiveness of the online course in comparison with the videoconference teaching method, the following domains will be assessed: knowledge quiz scores, learners’ perceived confidence, and course exit exam success rate. User satisfaction regarding content, quality and access of this course will be analysed. Evaluation results will be discussed with insights gained on the integration of information technology in the delivery of high quality educational programs to address oncology nurses learning needs.

Concurrent Session VI-03
3:30 PM – 5:00 PM, Governor General III Room

Concurrent Session VI-3-A
Utilizing Social Media and Interprofessional Problem Based Learning to Deliver Oncology Education for Pre-Licensure Health Program Students
Natasha Hubbard Murdoch, MN, CON(C), CMSN(C), Darlene J. Scott, MSc (CH&E), BSN, RN, Saskatchewan Institute of Applied Science and Technology, Saskatoon, SK, Canada.

To meet professional association expectations, health science programs are required to incorporate interprofessional (IP) competencies, such as communication and shared leadership, into curricula. In Winter 2012, all nursing students participated in an IP experience when seven different offerings were successfully implemented thanks to 11 different professional program partnerships.

In the traditional IP model, students work face-to-face to develop a management plan for a problem. However, schedules, timing and availability of faculty create barriers to implementation, hence the need for unique IP delivery. In particular, we create oncology specific, three part scenarios, delivered online and modified every year to acknowledge the unique knowledge base of each health program involved. Students post to a secure social media platform; resources, ideas, questions, and plans for a patient case rolled out over three weeks.
The purpose of this presentation is to provide participants with opportunity to discuss how oncology content, scope of practice and interprofessional cancer care teams can be promoted by social media in undergraduate education.

**Concurrent Session VI-3-B**

Towards Excellence in Undergraduate Nursing Education: Building Foundations in Oncology

Manon Lemonde, RN, PhD1, Charissa P. Cordon, RN, MN, CON(C)2, 3, Simonne Simon, RN, MN (cand.) CON(C)3 Susan Robinson, RN, MN4, 5, University of Ontario Institute of Technology, Oshawa, ON, Canada, 6Princess Margaret Hospital, University Health Network, Toronto, ON, Canada.

There is an increasing need for oncology nurses. Innovative approaches to profile oncology nursing and grow future oncology nurses are needed now more than ever. We need to attract nursing students into oncology. To address this, oncology nurses working in the clinical setting and nursing academia collaborated to develop state-of-the-art educational opportunities in oncology for undergraduate nursing students, with the end goal of enabling the students to be marketable in oncology upon graduation. Through advocacy and collaboration, several opportunities emerged out of this initiative: (1) a one day introduction to oncology nursing with lectures from clinicians along with an observational opportunity in the radiation treatment unit and a half day job shadowing experience, (2) pre-consolidation and consolidation placement in oncology, (3) an online elective course in oncology entitled: Providing supportive care to oncology patients-nursing implications, (4) a cross faculty appointment for a clinical nurse educator, and (5) improved communication, collaboration and cohesion between the clinical environment and academic setting.

This initiative, started in 2008 had positive outcomes. 75% of nursing students involved in this initiative were hired in oncology institutions upon graduation. Through our informal discussion with oncology nurse managers, they feel that students involved in this initiative are better equipped with oncology knowledge and skills, are better able to advocate for patients and embody attributes of an oncology nurse. This presentation will include a description of this initiative, student experience and future directions.

**Concurrent Session VI-3-C**

The Meaning of Being an Oncology Nurse: Investing to Make a Difference

Lindsey A. Davis, RN, BScN, Frances Fothergill-Bourbonnais, RN, PhD, Christine J. McPherson, RN, PhD, University of Ottawa, School of Nursing, Ottawa, ON, Canada.

The landscape of cancer care is evolving and as a result nursing care continues to develop and respond to the changing needs of oncology patients and their families. There is a paucity of qualitative research examining the experiences of being an oncology nurse on an inpatient unit. Therefore, a qualitative study using an interpretive phenomenological approach was undertaken to discover the lived experience of being an oncology nurse. Indepth tape recorded interviews were conducted with six oncology nurses working on two adult inpatient oncology units. van Manen's interpretive phenomenological approach was used to analyze the data by subjecting the transcripts to an analysis both line by line and as a whole. The overarching theme was: Investing to Make a Difference. The themes that reflect this overarching theme are: Walking a Fine Line, Being an Advocate, Feeling Like You are Part of Something Good and Caring for the Whole Person. For these nurses, being an oncology nurse meant an investment of themselves into the lives of others and continued development of their clinical knowledge and maturity so that nursing care could be provided in ways that were meaningful to each individual patient. These research findings serve to acknowledge the meaning of oncology nurses’ work and inform the profession's understanding of what it means to be an oncology nurse.

**Concurrent Session VI-04**

3:30 PM – 5:00 PM, Les Saisons Room

**Concurrent Session VI-4-A**

Knowledge Translation to Improve Patient Symptomatology

Jennifer L. Parkins, RN, BScN, MN, CON(C), Martha Karn, RN, BScN, CHPCN(C), Tara Moffatt, RN, BScN, MN, CHPCN(C), Anita Riddall, RN, BA, CON(C), Grand River Regional Cancer Centre, Kitchener, ON, Canada.

Within an integrated regional oncology program, a committed group of oncology nurses across the outpatient and inpatient setting embraced the recommendations and utilization of evidenced based guidelines for the nursing care of individual’s experiencing the symptoms of nausea/vomiting and dyspnea. This presentation will discuss “Carlile’s Integrative Framework for Managing Knowledge Across Boundaries” in addition to the innovative strategies that were pivotal in the education and implementation of
the provincially endorsed guidelines to influence front line nursing practice. Engagement of key stakeholders and a review of the knowledge transfer process with oncology nurses will be presented. The experience of the oncology nurse in utilizing the evidence based guidelines when providing care and the challenges and benefits of guideline translation will be highlighted. The patient’s quantitative and qualitative experience with the nurse led pharmacological and non-pharmacological interventions will be reviewed. Key learnings and plans for sustainability and further utilization of other evidenced based guidelines will conclude the presentation. This quality care initiative is recognized as a creative approach to influence nursing practice to improve quality care and positive patient outcomes.

References


Concurrent Session VI-4-B

Providing Nursing Care in the Ambulatory Setting: A New Approach

Sherrol Palmer Wickham, RN, BScN, CON(C), Margaret Fitch, RN, BScN, CON(C), Angela Boudreau, RN, CON(C), Stephanie Burlein-Hall, RN, BScN, PhD, Arlene Court, RN, BScN, CON(C), Day Larissa, RN, BScN, Maggie Ford, RN, CON(C), Anne Galand, RN, BScN, CON(C), Angela Leahey, RN, BScN, MN, CON(C), Fiona McCullock, RN, BScN, Debbie Miller, RN, BScN, MN, Claire Moroney, RN, MScN, NP, Sunnybrook Odette Cancer Centre, Toronto, ON, Canada.

Our cancer centre is redesigning how we deliver care and improve the patient experience. The nursing care provided to oncology patients has always been viewed as exceptional. However, with the increasing complexity of treatments, new and innovative approaches to delivering care (e.g. survivorship, Diagnostic Assessment Units) and increasingly constrained resources, we struggled to maintain this level of care in the present and into the future. We needed to look at how to provide care differently.

We have been working with a collaborative partnership with oncologists for 20 years. This model was no longer sustainable or truly effective. We reviewed the literature, performed environmental scans nationally and internationally and sought patient input through surveys and focus groups, to determine what patients want and what the successful ways of working with patients might be. After several months and adopting a LEAN approach to process improvement, we developed a site based nursing approach to working with oncologists and other team members, aimed at improving the patient experience throughout their cancer journey. Each site team has the opportunity to determine their approach to working with patients, (i.e. a team approach, consultation approach or case management).

This presentation will outline the process taken to implement site based nursing, identify the challenges we have faced and the successes, outline where we are today and the lessons we have learned.

Concurrent Session VI-05

3:30 PM – 5:00 PM, Quebec Room

Concurrent Session VI-5-A

Partners in Care; Communication Needs for Survivorship

Donna Holmes, RN, MN, CON(C), Mary Mayer, NP, MScN, CON(C), Grand River Regional Cancer Centre, Kitchener, ON, Canada.

According to the Canadian Cancer Society (2011), 62% of people are expected to live at least 5 years after cancer treatment and this number is expected to increase in the future. Development of a model of care that improves survivor health related quality of life and satisfaction with care would improve survivors experience along every step of the cancer journey.

Many questions arise for the individual who has completed treatment and these can bring about new fears and concerns. As nurses, we felt a need to define and develop a plan of care for patients as well as their care providers to answer the many questions they have and help to alleviate their fears.

The purpose of our survivorship care plan is to improve communication between key stakeholders in order to optimize continuity and coordination of care. An effective survivorship program enables the patient to navigate through transition points.

Through literature search, surveys, (patient and physician) and focus groups we have created a survivorship care map for the breast and hematology patients to improve communication and provide evidence based care on management and follow up.

The care map includes; medical screening for future health problems, signs of relapse, testing required, summary of treatment and/or complications, surveillance schedule including routine testing. Psychosocial issues include; distress, diet, exercise/physical activity, healthy lifestyle, sexuality and fertility.
Concurrent Session VI-5-B
Making a Difference: The Actions of Exemplary Oncology Nurses When Further Interventions Seem Futile

Katherine J. Janzen, RN, MN1,2, Beth Perry, RN, PhD3, 
1Alberta Health Services, Calgary, AB, Canada, 2Mount Royal University, Calgary, AB, Canada, 3Athabasca University, Athabasca, AB, Canada.

“There is nothing more that can be done.” While less common, this thought may still occur to oncology nurses. The literature is emphatic that patients should never be told there is nothing more that can be offered. Yet, the literature is lacking practical nursing interventions to assist patients in which further nursing interventions seem futile. For this study Canadian clinical oncology RNs were recruited though advertisements that directed them to a research website. Written descriptions of times during their practice when they took action in a situation where others felt that no more could be done were collected online. Patients in these situations were at various phases of the care trajectory (diagnosis, treatment, or palliation). Qualitative data were analyzed using hand coding for themes and QRS NVivo9 software. Demographic data were analyzed using descriptive statistics. Data collection and analysis will be complete by September, 2012. To date findings have generated new knowledge about actions clinical oncology nurses take in these patient-care situations. In sum, it is creative, individualized, compassionate nursing interventions (many of which involve advocacy and are not textbook interventions) that make a positive difference to these patients. The most effective interventions seem simple but have profound effects. Further, nurses are empowered as a result of their experiences in these challenging situations. This study, funded by CANO, has implications for quality of patient care, nurse well-being, and nurse retention.

Workshop VI-06
3:30 PM – 5:00 PM, NS/NFL Room

Le “patient partenaire”, un concept qui prend réalité dans un contexte de cancer/maladie chronique : éduquer, apprendre, transmettre, informer

Louise Compagna, BSc, Francine Grondin, BSc, Caroline Provancher, MSc, Nicole Tremblay, MSc, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada.

Les diverses modalités thérapeutiques employées dans le traitement du cancer peuvent être infiniment complexes et exigeantes en terme d’intensité de traitements, d’étapes à franchir et d’autosoins pour la clientèle.

Depuis trois ans, nos équipes de soins ont mis sur pied différentes classes interdisciplinaires d’enseignement de groupe pour la clientèle oncologique : préparatoire à la chimiothérapie, préparatoire à la greffe de cellules hématopoïétiques et préparatoire à la chirurgie du sein. Ces rencontres nous apprennent toujours plus en tant que professionnelles sur la valeur du partenariat infirmière-patient. Tel que retrouvé sur le site web de la Faculté de médecine de l’Université de Montréal : “La réussite du partenariat de soins entre les patients/proches et les professionnels de la santé demeure certainement un des leviers les plus efficaces pour l’amélioration significative de leurs conditions respectives”. Le patient peut être un partenaire d’enseignement, de recherche et de soins. Laissons nous la chance d’entendre ce qui lui est important afin de favoriser un échange conducteur de sens et de qualité. Cette communication permettra d’exposer la démarche effectuée pour mettre sur pied ces différentes classes d’enseignement, ainsi que les résultats obtenus tels que l’optimisation du temps d’éducation consacré à la clientèle, le dépistage précoce de vulnérabilité chez la clientèle pour qui des interventions préventives à la crise doivent être amorcées et la prise en charge optimale de la clientèle dans un mode ambulatoire.

Concurrent Session VII-01
10:30 AM – 12:00 PM, Governor General I Room

Concurrent Session VII-1-A

Launching Survivorship: Implications for Nursing Support as Primary Treatment Nears Conclusion

Sally E. Thorne, RN, PhD1, Kelli I. Stajduhar, RN, PhD2, John L. Oliffe, RN, PhD3, 1UBC, Vancouver, BC, Canada, 2University of Victoria, Victoria, BC, Canada, 3UBC School of Nursing, Vancouver, BC, Canada.

Cancer patients typically approach the conclusion of their initial course of active treatment expecting that life will return to normal, and that the expert care they have received from oncology specialists will evolve naturally into a coherent followup plan, protecting them into the future. Instead, many experience this phase as an abrupt withdrawal of services and relationships upon which they have come to depend, concurrent with entry into a new and often highly complex survivorship process. Within an ongoing longitudinal qualitative cohort study of the changing needs of cancer patients across the experiential cancer trajectory, we analyzed patient accounts of communications with their care providers around the time primary treatment concluded. From these data, we generated an interpretive description of thematic patterns in patient accounts, surfacing various contradictions, confusions and paradoxes associated with the experience. Consideration of what patients recall about what was said and done, how it felt, and how their clinical communications influenced their practical and
Cancer affects 40% of Canadian women. The majority of cancer patients successfully completes treatment and become survivors. Studies show that survivors have unmet needs, the most frequently cited one being fear of cancer recurrence (FOCR). FOCR is associated with increased functioning impairment, psychological distress, stress response symptoms, and lower quality of life. Despite evidence that FOCR is highly prevalent among survivors, little evidence exists that these problems are being addressed by current medical management. The purposes of the proposed study are to develop, describe, standardize and conduct preliminary testing of a cognitive existential group intervention that addresses the FOCR in women with breast or gynecological cancer and to promote optimal coping and screening behaviors. It is hypothesized that a group intervention geared towards addressing FOCR will enhance quality of life, psychosocial functioning and promote optimal screening practices. A single arm pilot study is being implemented to recruit 36-48 women (6 groups of 6-8) with breast cancer diagnosis or gynecological cancer from two sites, the Breast Cancer Survivorship Program at Toronto, and the gynecological population from the Ottawa Hospital Gynecological Department in Ottawa. Data will be analyzed to describe and examine change in FOCR, psychological functioning, and screening behaviors and to examine predictors of change in fear of recurrence. 

Concurrent Session VII-2-B

Nurses Advocating for the Prevention of Pressure Ulcers on the In-Patient Oncology Units by Using the Braden Skin Assessment Tool

Sharon Greene, RN, BScN, Mary Ann Gamboa, RN, Mary-Jo Rhodes, RN, BScN, Sunnybrook Health Sciences Centre, North York, ON, Canada.

Oncology Nursing has become complex. The acuity of care has increased with the complexity of the disease process. The majority of oncology patients also have various underlying medical conditions that inhibit or prevent mobilization and healing of wounds.

After a recent hospital-wide ulcer prevalence audit, the oncology units noticed an increase in pressure ulcers among their patient populations.

As nurses, caring for the patients is a priority. Within the inpatient oncology program we decided to work together to identify the reasons, and provide recommendations for the nurses that will help guide us in preventing, initiate early treatment, and prevent further deterioration of ulcers.
Concurrent Session VII-2-C
Interdisciplinary Collaboration and Development of a Teaching Guideline and DVD for Central Venous Catheter (CVC) Removal

Susan E. Horsman, RN, BScN, MN, NP-Adult, Wayne Enders, RN, Dave Whitehead, RN, Valerie Smith, MD, Charles Butts, MD, Steve Follett, MD, Janice Chobanuk, BScN, MN CON(C) CHPCN(C), Cross Cancer Institute, Edmonton, AB, Canada, Alberta Health Services, Edmonton, AB, Canada, Alberta Health Services, Calgary, AB, Canada, Alberta Health Services, Camrose, AB, Canada.

Delivery of cancer services in rural communities is an important aspect of cancer treatment and care. Patients who receive cancer services closer to home report improved quality of life and satisfaction with care compared to patients who must travel to tertiary centers which are often far from their families and circles of supportive care. Providing care in rural settings, with limited resources and access to fewer trained oncology specialists, can be challenging as we strive to maintain an equal level of care in these settings. Recently, physicians in the community cancer setting requested support in acquiring the skill of tunneled central venous catheter (CVC) removal. Using the combined expertise of oncology nurse educators, nurse practitioners, associate physicians and oncologists from tertiary cancer centres, a tunneled CVC removal guideline was developed. The guideline, targeting NPs and physicians working in rural cancer settings, provides a step by step approach and rationale on removal of the tunneled line along with problem solving assistance. To ensure consistency in the approach, a teaching framework is embedded into the guideline which is accompanied by a procedural DVD. The DVD features a physician demonstrating the procedure on a patient and offering guidance on potential challenges and or complications that can be encountered during removal. This presentation will review the collaborative approach in developing the guideline, the creation of the DVD and lessons learned when nurses teach physicians.

Concurrent Session VII-3-A
The Experiences of Advanced Head and Neck Cancer Patients Registered in the Odette Cancer Centre Program in Living with a Percutaneous Endoscopic Gastrostomy Tube

Margaret I. Fitch, RN, PhD, Alison McAndrew, BA, RAP, Elaine Posluns, RD, Edith Stokes, RD, Janna Kwong, RD, Katherine Vandenbussche, BASc, RD, Sunnybrook Health Sciences Centre - Odette Cancer Centre, Toronto, ON, Canada, Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

While the percutaneous endoscopic gastrostomy (PEG) tube has become an established part of the management regimen for head and neck cancer patients with impaired nutritional and functional status, limited research has explored the impact and experiences of living with a PEG tube from the patient’s perspective. This qualitative study was undertaken to describe the experiences of advanced head and neck cancer patients in living with a PEG tube. Convenient sampling was used to recruit study participants. Eligible patients were invited to participate until data saturation was reached. Indepth interviews were audio recorded and transcribed verbatim. Qualitative descriptive design guided the content analysis of the transcripts. Of the 50 patients invited, a total of 16 participated (13 men and 3 women). Interviews were between 15 to 90 minutes. Content codes present a full picture of the progressive experience of a patient’s journey from initial decision making through to tube removal. Difficultly swallowing and weight loss emerged as primary factors for PEG insertion. Participants became accustomed to living with the tube. Resuming an oral diet was gradual. All participants recognized the value of the tube, and most participants considered it necessary for their survival. Study findings have implications for the support and care of patients with PEG tubes. By understanding these patients’ perspectives, nurses will be better able to respond to their needs and create innovative practice approaches.

Concurrent Session VII-3-B
Advocating for Early Palliative Care Referrals with an Outpatient Leukemia Population

Patricia Murphy-Kane, RN, BSc, MN, CHPC(C), Cindy Murray, RN, BSc, MN, NP-Adult, Princess Margaret Hospital, Toronto, ON, Canada.

“Current evidence suggests that patients with haematological malignancies less frequently access palliative care services, and for those who do, this tends to occur later in their illness than their counterparts with solid malignancies”. (Manitta, 2010). Leukemia patients no longer being treated with curative intent will experience...
Advocating for Palliative Care Education in the outmoded oncology care setting.

Jocelyn Brown, RN, MN, CHCPN(C)1, Kelly McQuigan, RN, MN, CHCPN(C), CON(C)2, Trish Murphy-Kane, RN, BSc, MN, CHCPN(C)1, Christine Cameron, RN, BSc, CON(C)1, Sharon Reynolds, RN, BA, BSc, MHSc1, Corsita Garraway, RN(EC) MSc, CHCPN(C), CON(C)2, Maria Lippa, RN, BSc, MN, CHCPN(C)1, Princess Margaret Hospital, Toronto, ON, Canada, 2University Health network (Toronto General hospital), Toronto, ON, Canada, 3University Health network (Toronto Western hospital), Toronto, ON, Canada.

Purpose: Palliative care education is a known gap in the acute oncology care setting. The integration of a palliative approach within an acute care setting has well known challenges and barriers (Thacker, 2008).

Method: Advanced practice nurses in palliative care from a large teaching hospital in Toronto work together to facilitate a two day bi-annual palliative care workshop. The target audience includes nurses working in acute care. The goal of providing education to nurses aims to increase their knowledge, skill, and judgement with the belief that such an approach will improve knowledge, confidence, patient outcomes and satisfaction with care. Workshop content is presented in case study format. The case is weaved throughout the workshop content to encourage participants to learn the complexities of a palliative care approach along the illness trajectory and supports knowl-edge translation. Workshop content includes challenges in acute care, symptom management, spirituality, communication, ethics, grief, self-care, hope, and caring for family. It is presented by a multi-disciplinary team and limited to 35 participants to encourage group sharing and discussion. Participants complete pre and post workshop confidence level tests and content evaluations.

Results: Analysis for the April 2012 workshop will be shared in this presentation.

Conclusion: This workshop in its seventh year has been successful in improving nurses’ confidence level in providing a palliative approach to care and enhancing the nurses’ overall well-being in the acute care setting.

Concurrent Session VII-04
10:30 AM – 12:00 PM, Les Saisons Room

Concurrent Session VII-4-A

Designing Innovative Cancer Services: Responding to the Unmet Supportive Care Needs of Patients with Newly Diagnosed Advanced Colon Cancer

Suganya Vadivelu, RN, CON(C), MSN1, Denise Bryant-Lukosius, RN, PHD2, Ann Mohide, RN, MSN3, Nancy Carter, RN, PHD2, 1Hamilton Health Sciences, Hamilton, ON, Canada, 2McMaster University, Hamilton, ON, Canada.

Background: Colorectal cancer (CRC) is the second leading cause of cancer death among Canadians, yet little is known about the types of supportive care needs (SCNs) patients with colon cancer experience during diagnostic phase.

Purpose: To inform the development of population specific nursing and healthcare services, a needs assessment of patients with newly diagnosed advanced colon cancer was conducted to identify the types, prevalence, severity, and importance of unmet SCNs.

Method: A descriptive cross-sectional survey was conducted. Sixty-two of 80 eligible patients with colon cancer (response rate = 77.5%) completed the self-report written questionnaire that included the SCNs Survey-Short Form, Functional Assessment of Cancer Therapy-Colorectal and the Health Service Utilization Questionnaire.

Results: ‘Fears about the cancer spreading’ was the most prevalent unmet SCN (84%). Unmet SCNs experienced by 65% or more of participants related to lack of control about treatment outcomes, the uncertain future, and concerns about family members. Patients also rated these needs as being most severe. The two most severe CRC-specific concerns were related to body appearance and bowel control. The priority unmet needs were related to uncertain future, fatigue, and information. Less than 12% of participants had used existing supportive cancer care services.
Concurrent Session VII-4-B

Qualitative Exploration of Nurses’ Experiences Caring for Patients and their Families dealing with Malignant Bowel Obstructions

Shari Moura, RN, MN, CON(C), CHPCN(C)\(^1\), Patricia Daines, RN, MN, CHPCN(C)\(^2\), Kalli Stilos, RN, MScN, CHPCN(C)\(^2\), Alison McAndrew, BA, RAP\(^3\), Ashlinder Gill, HBSc, PhD(C)\(^2\), Margaret Fitch, RN, PhD\(^4\), Frances Wright, MD, MED, FRSC\(^5\), 1Princess Margaret Hospital - University Health Network, Toronto, ON, Canada, 2Sunnybrook Health Sciences Centre, Toronto, ON, Canada, 3Odette Cancer Centre - Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

Background: Malignant bowel obstruction (MBO) is a well recognized complication of advanced abdominal and pelvic cancers. For many patients surgical intervention is not feasible, resulting in distressing symptoms and uncertainty. Symptom management is a crucial part of the care of patients with MBO additionally; psycho-social and emotional concerns for patients and their families also surface and need to be addressed. Nurses are positioned at the forefront of care delivery and play a vital role in the management of patients with MBO. Little is known regarding how nurses feel caring for patients with MBO.

Purpose: Qualitative exploration of nurses’ experiences caring for patient and their families dealing with MBO.

Methods: Indepth interviews and focus groups, explored the experiences of nurses who care for patients with MBO and their families, how comfortable the nurses are with providing care, and what the perceived needs of patients with MBO, as well as their families. Six nurses were interviewed from the ambulatory clinic, inpatient units and home care settings. As well, two focus groups were held with nurses from the palliative care unit (n=5) and ambulatory clinic (n=4). A qualitative phenomenological method approach was used to guide the analysis in which content categories and themes were identified.

Outcomes: Content themes emerging include the complexity of the nurses’ role in caring for patients and families and emotional implications. Analysis will be shared regarding how nurses feel caring for patients with MBO.

Concurrent Session VII-5-B

“I Can’t Sleep!” An Innovative Intervention for Insomnia in Cancer Patients

Nancy (Surya) A. Absolon, BA, RN, BSN\(^1\), Lynda G. Balneaves, RN, PhD\(^2\), Rosemary L. Cashman, MA, MSc(A), NP(A)\(^3\), Tracy L. Truant, MSN, RN\(^2\), Manisha B. Witmans, MD, FRCPC, FAAP, FASM\(^4\), Margaret E. Wong, RN, MSN\(^1\), BC Cancer Agency, Vancouver, BC, Canada, 1UBC School of Nursing, Vancouver, BC, Canada, 2Stollery Children’s Hospital, Edmonton, AB, Canada, 3University of Alberta, Edmonton, AB, Canada.

Sleep-wake disturbances, specifically insomnia, are commonly experienced by 30–75% of oncology patients. This symptom is rarely systematically addressed by health professionals and few interventions have been found to be effective in managing this issue in cancer populations.

The purpose of this pilot study was to evaluate the feasibility and effect of a novel intervention to facilitate sleep in the oncology population. The intervention, based on components within mindfulness-based stress reduction and cognitive behavioral therapy, allows patients quickly to learn techniques of meditation, visualization and intonation within a clinical setting.

A mixed methods approach was used to determine whether the sleep intervention improved sleep quality and other measures. Quantitative data [Pittsburgh Sleep Quality Index, State-Trait Anxiety Inventory, and demographic variables] were collected pre- and post-intervention. Qualitative data, including field notes, sleep diary and focus group interviews, were collected following the intervention to assess feasibility of the intervention, including ease with which it was learned and used by patients.

Survey data were summarized for 28 participants using descriptive and inferential statistics (i.e., ANOVA) to describe the sample and outcomes associated with the
intervention. Sleep diary, field notes, and focus group data were subjected to thematic analysis, in which major concepts and relationships among them were identified.

This presentation will provide an overview of the study, including final data analysis and implications for oncology nursing practice. The intervention will be taught to attendees.

Workshop VII-06
10:30 AM – 12:00 PM, NS/NFL Room

CONJ Reviewers - Advocating for Quality Nursing Knowledge in Practice
Heather B. Porter, BScN, PhD, HBPorter & Associates, Waterloo, ON, Canada.

This instructional session, given by CONJ English and French Reviewers will describe their role and responsibilities and the process of becoming a reviewer will be outlined. Reviewers will describe the experiences of conducting a review, the procedure followed, time allotted for a review and much more. Examples of well-written and of challenging manuscripts will be given and descriptions of how the reviews are managed thoughtfully, clearly and in a manner that encourages revisions by these authors who have so much to offer to oncology nursing. References to assist reviewers in their roles will be provided and qualifications of a reviewer will be discussed. Both languages will be incorporated in this session in slides, translated materials and in the oral discussions. The major focus of this session will be to hear from as many reviewers as possible about their valuable experiences doing this vital work as advocates for oncology nursing.

Concurrent Session VIII-01
2:00 PM – 3:30 PM, Governor General I Room

Concurrent Session VIII-1-A
Who Said Nursing and Information Technology Cannot Get Along? Lessons About Collaboration and Patient Advocacy Provide Patient Centred Care
Cynthia A. McLennan, RN, BScN, MBA, CON(C), The Ottawa Hospital Cancer Centre, Ottawa, ON, Canada.

How often have we heard and perhaps at times even said, ‘I am sure I sent that’. We all know that the information systems we all use in our places of work are only as effective and efficient as the staff that program them or the staff that utilize them in their daily practice. In our institution we frequently experienced ‘issues’ when we booked and scheduled patients for tests. Most times when we scheduled patients we were unsure if the patient booking actually would occur and this resulted downstream in delayed patient appointments and frustrated team members. Therefore, in an effort to improve the overall quality of the process, advocates from Nursing, Administration, Diagnostic Imaging and Information Technology collaborated to change our processes and improve the care we provided information and testing appointments to our patients. The end result has been an overwhelming success that has changed how we do business from every quadrant of the balanced scorecard. By collaborating together with the patient as our focus we redesigned processes and re-engineered technology to work for us as opposed to the historical method of technology working against us!

Concurrent Session VIII-1-B
Regional Collaboration in Colorectal Cancer Care Through Communities of Practice
Marlene M. Mackey, RN, BNSc, MHSM, The Ottawa Hospital, Ottawa, ON, Canada.

Colorectal cancer (CRC) is the second leading cause of cancer deaths in Canada. The process of developing standards of practice for cancer treatments is well established. However, advocacy, collaboration, dissemination and evaluation of the standards and indicators are some of the more recent undertakings for the colorectal healthcare providers. Research suggests that successful implementation of this plan will require expertise from many disciplines. A Communities of Practice (CoP) model was sought out in order to provide an infrastructure for quality improvements in CRC surgery. The dyad of Advanced Practice Nurse (APN) and Colorectal Cancer Surgeon as leaders for CRC was established for the local region.

The impetus for change was triggered by the variation in CRC practices, and was specifically demonstrated through gaps in patient care outcomes. Though the involvement of the regional healthcare team, it was identified that the region needed to provide consistency in patient care and education. There was an underlying assumption that all healthcare providers are willing to modify their practice based on performance data, and that they recognize the importance of team work.

The focus will be to describe the process of bringing stakeholders together through an innovative CoP. Our mandate is to reduce the burden of illness in our region and redesign best practices by collaborating with regional multi-disciplinary partners. This session will identify the challenges, priorities, and the performance of our Colorectal CoP.
Concurrent Session VIII-02
2:00 PM – 3:30 PM, Governor General II Room

Concurrent Session VIII-2-A
Supporting Patients Through Re-Evaluating Patient Education Strategies Related to Febrile Neutropenia
Barbara A. Ballantyne, RN, BNSc, MScN, CON(C)1, Debra Bakker, RN, BNSc, MSc, PhD2, Denise Chaumont, RN, CON(C)3, Lissa Gagnon, RN, BScN, MScN1, Mike Conlon, PhD2, 1Northeast Cancer Center, Health Sciences North, Sudbury, ON, Canada, 2Laurentian University, Sudbury, ON, Canada.

For patients undergoing their first cycle of chemotherapy, febrile neutropenia is a potential complication that is associated with significant morbidity and mortality. In this population, fever has been shown to be the most common sign indicative of infection. Therefore, patient education regarding fever monitoring during chemotherapy treatment is an important nursing consideration. At our cancer centre, anecdotal reports indicating that the message about temperature monitoring may be inconsistently relayed to chemotherapy patients and that many patients do not own thermometers stimulated a project to re-evaluate patient education strategies.

The specific purpose of our research study was to determine differences in knowledge about febrile neutro-penia and 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 used a nonequivalent control group pre-test/post-test research design. 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. 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 and research.

Concurrent Session VIII-2-B
The Needs of Nurses and the Need for Nurses: Findings from a Performance and Educational Needs Assessment in Breast and Colorectal Cancer
Patrice Lazure, MSc1, Sean Hayes, PsyD2, France St-Germain, BSc3, Robert Gryfe, MD4, Maureen Trudeau, MD5, Sunil Verma, MD6, 1AXDEV Group Inc., Brossard, QC, Canada, 2Sanofi Canada, Laval, QC, Canada, 3Samuel Lunenfeld Research Institute, Toronto, ON, Canada, 4Sunnybrook Health Sciences Centre, Toronto, ON, Canada, 5University of Toronto, Toronto, ON, Canada.

Objective: A national IRB-approved needs assessment was undertaken to determine the gaps (and their underlying causes) in the knowledge, skills, and competencies of Canadian healthcare providers, including oncology nurses, caring for patients with breast cancer (BC) and colorectal cancer (CRC).

Methods: A mixed method approach was employed in this study. Qualitative data from semi-structured interviews and quantitative data from an online survey were triangulated to assure reliability of findings. This study sample (n=238) included family physicians and general practitioners (n=24), medical oncologists (n=48), oncology surgeons (n=34), radiation oncologists (n=48), hospital pharmacists (n=34), oncology nurses (n=25), psychosocial oncologists (n=10), as well as patients and caregivers (n=15).

Results and Conclusion: Challenges and barriers were identified across the continuum of care, and across professions involved in the care of BC and CRC. In particular, oncology nurses report challenges in the identification of patients in psychosocial distress, as well as in specific aspects of the provision of emotional support, such as addressing body image issues, and resolving conflict with patients and caregivers. Nurses also report lacking confidence in their ability to discuss with patients in a language they can understand. In addition, providers reported the need for more efficient patient navigation through the continuum, and the role of patient navigator was suggested as a potential solution. Results from this study provide direction for educational solutions for nurses involved in the care of BC and CRC.

Concurrent Session VIII-2-C
Patient Engagement — A Key Driver Behind Patient Advocacy
Gwen Barton, RN, BNSc, MHA, Brian McKee, PHD, The Ottawa Hospital, Ottawa, ON, Canada.

In addition to supporting and promoting the rights of patients in health care, advocacy has a critical role in facilitating changes to improve the patient experience. To do this effectively, we need to establish mechanisms for patients and their families to tell us about their journey, the challenges and where improvements need to take place.

Our Cancer Program is currently involved in a major transformation project focusing on patient and family centred care. As an initial step, we recognized the need to consult with our patients to identify key issues to improve the care experience. ‘To do this, a Patients’ Reference Panel was established using a “civic lottery”. In an unprecedented effort, we sent 15,000 invitations to cancer patients asking them to volunteer to be part of the Panel. From the pool
of volunteers, 36 were randomly selected to be panelists who met for 3 consecutive Saturdays to learn more about the Cancer Program, share experiences and provide recommendations on how cancer care could be improved.

The process resulted in more than 100 recommendations which focused on fostering collaboration, information sharing, building relationships, addressing the ‘impact’ of illness and improving system navigation.

This presentation will focus on this innovative engagement process and our response to the recommendations, including how this has set the stage for ongoing, meaningful dialogue with our patients and families as partners in cancer care.

Concurrent Session VIII-03
2:00 PM – 3:30 PM, Governor General III Room

Concurrent Session VIII-3-A
Implementing the CANO/ACIO National Chemistry Standards and Competencies: Opportunities for Advocacy, Engagement, and Transformation in Practice and Education

Karen A. Janes, RN, MSN1, Allison Filewich, RN, BSN2, John A. Larment, RN, MN3, Laura Mercer, RN, BSN, CON(C)4, G. Anne Hughes, RN, BSN, MN, CON(C)5, Caroline Ehmann, OT, MA6,  
1BC Cancer Agency, Vancouver Centre, Vancouver, BC, Canada,  
2BC Cancer Agency - Sindi Ahluwalia Hawkins Centre for the Southern Interior, Kelowna, BC, Canada,  
3BC Cancer Agency - Abbotsford Centre, Abbotsford, BC, Canada,  
4BC Cancer Agency - Vancouver Island Centre, Victoria, BC, Canada.

The Canadian Association of Nurses in Oncology (CANO) National Strategy for Chemotherapy Administration describes a vision for cancer chemotherapy care: “Every patient across Canada, regardless of geography, receives chemotherapy treatment and care from oncology nurses who meet a predetermined standard of practice through a comprehensive education program designed to ensure ongoing competency” (CANO, 2011). This vision resonated with nurses in practice, education and leadership throughout one provincial cancer organization. As Canada-wide dissemination of the CANO National Standards and Competencies began in the fall of 2011, nurses used opportunities to communicate about the standards and advocate for their adoption and implementation.

This presentation will describe the impact of implementing the CANO standards and competencies on:

- Evaluation of standards of care,
- Revision of the provincial chemotherapy/biotherapy education program,
- Development and evaluation of key nursing roles, and
- Quality of the organization’s practice environments.

This work is characterized by advocacy for best patient care and nursing development and support, by engagement of many nurses working together, and by transformation of practice and education. The “implementation adventure” will include lessons learned and samples of recommended additions to the CANO Standards and Competencies for Cancer Chemotherapy Nursing Practice Toolkit.

Concurrent Session VIII-3-B
Supporting Ambulatory Redesign through Nursing Leadership

Milijana Buzanin, RN, BSN, MN(C), Lisa M. Tinker, RN, BScN, CON(C), CCRP, Sabrina C. Bennett, RN, BScN, Cynthia Bocaya, RN, CON(C), Anne E. Embleton, RN, BScN, MN, OCN, CON(C), Iryna Tymoshyk, RN, MN, Sheila Webster, RN, BScN, OCN, University Health Network - Princess Margaret Hospital, Toronto, ON, Canada.

In 2008, our cancer center embarked on a project to redesign the care provided in the oncology ambulatory clinics. The objective was to design, implement and evaluate a new system for ambulatory care that improves the patient experience, creates effective interprofessional teams, and optimizes clinic efficiency (Downy, Fitzgerald, and Moore, 2011). At that time, one director, one manager and one Patient Care Coordinator (PCC) comprised the leadership team in ambulatory care. In view of the scope of Ambulatory Care Redesign, PCC role was created to serve as a disease site co-lead. Along with the physician co-lead, the role of the PCC is to:

1. Co-lead a disease site
2. Assess patient, staff and programmatic needs across the continuum of care
3. Establish and monitor disease site and ambulatory care processes
4. Ensure delivery of best practices
5. Drive continuous improvements through innovative projects
6. Provide resource for inter-professional team
7. Fiscal responsibilities
8. Provide clinical support

Each one of eight PCC is responsible for one major disease site and 1-2 smaller disease sites. Over the last year, PCCs have implemented number of changes to meet program and redesign needs. In this presentation we will discuss this new and evolving leadership role in the implementation of continuous improvement projects, promotion of interprofessional collaboration, and improvement of patient care.
Cancer Patient Navigation Services

Angeline Letendre, PhD1, Janice Chobanuk, MScN1, Linda Watson, MScN, PhD(c)2, Pam Barnaby, BScN1, 1AHS Cancer Care, Community Oncology, Edmonton, AB, Canada, 2Tom Baker Cancer Centre (Holy Cross), Calgary, AB, Canada.

The cancer journey, unique and challenging for each individual, has been proven less arduous for patients and families through cancer patient navigation services. Innovative oncology nursing positions such as cancer patient navigators have played a key role in facilitating, coordinating, individualizing and communicating information to assist patients and their families in moving through the cancer care pathway quickly and with the least number of obstacles. This presentation talks about a 2-year plan designed to implement and evaluate the expansion of navigation services to cancer patients and families across the province. The following aims of the project will be discussed: the expansion of current navigation services from five to fifteen cancer centres will enable patients and families to readily access navigation services; the development, implementation and evaluation of a “Community of Practice of Navigators”; the development of a larger navigation framework while working to meet the goal of time quality patient centred care; and the placement of an aboriginal navigator coordinator role to assist aboriginal patients and families, and to integrate the principles of cultural safety and competency into cancer settings.

Workshop VIII-04
2:00 PM – 3:30 PM, Les Saisons Room

An Interprovincial Collaboration in Continuing Education to Promote Professional Excellence Across Canada

Linda C. Watson, RN, PhD(c), CON(C)1, Jennifer L. Anderson, RN, MN1, Laura Rashleigh, RN, BScN, MSN, CON(C)1, Jiahui Wong, PhD1, Mary Jane Esplen, RN, PhD2, Sandra Li-James, RN, BScN, MEd, CCN(C)2, 1Alberta Health Services, Calgary, AB, Canada, 2de Souza Institute, Toronto, ON, Canada.

It is well recognized that specialized knowledge, skill and competency are required by nurses to meet the complex needs of cancer care. Evidence based, affordable and accessible continuing education programs are essential to supporting oncology nurses in delivering high quality person centered care. In response to such demand, an interprovincial collaboration was initiated in 2011 leveraging resources from a successful oncology nursing education institute in Ontario and offering it to nurses in Alberta. The initial pilot group focused on a collaborative study group, delivered interprovincially via eLearning to support nurses in obtaining CNA specialty certification.

The results of the pilot will be shared, including content applicability in different jurisdictions, learner interaction and networking, and the role of eLearning in delivering content effectively across Canada. This pilot will be used to guide future collaboration between Ontario and Alberta in a broader range of oncology nursing specialty areas from patient care to oncology nursing self care and career development. The pilot will also provide important information on the potential of such collaboration to support advocacy for oncology nursing excellence, to promote and implement CANO competency standards and to leverage existing resources within each of the Canadian provinces.

This workshop will review facilitators, barriers, and key success factors in interprovincial collaboration to inform front line nurses, educators and leaders who are interested in building professional advocacy opportunities to support oncology nurses.

Workshop VIII-05
2:00 PM – 3:30 PM, Quebec Room

Comparative Models of Survivorship Care Delivery — Trans-Disciplinary Survivorship Care

Shari Moura, RN, MN, CON(C) CHPC(C), Scott Secord, MSW, RSW, Aleksandra Chafrańska, PT, MHSc, Carol Townsley, MD, MSc, Pamela Catton, MHPE, FRCPC, MD, Princess Margaret Hospital - University Health Network, Toronto, ON, Canada.

Background: Survivorship care is an expanding and complex area of practice for healthcare providers. Over the past twenty years, earlier diagnosis and improvements in cancer treatment have increased the cohort of patients that require post treatment care. Since 2005, a tertiary cancer centre has invested in novel and innovative models of survivorship care formulated from leading evidence based practice.

Purpose: To describe in detail two distinct models of survivorship care, demonstrating efficiencies and benefits. The two individual programs work collaboratively to meet the needs of cancer patients post treatment. Both programs can be accessed independently or in collaboration.

Methods: An overview of the concept of survivorship care, sentinel national and international research, and evidence based guidelines will be shared. Participants will learn the benefits of engaging patients in survivorship care through their cancer journey. The provision of trans-disciplinary care, self management and person centred care can improve patients’ capacity to manage their disease, care and overall wellness post treatment. Professional role functions, methods and techniques that can be applied to support cancer patients will be reviewed.
Outcomes: Group education, awareness teaching, and self-management form the foundation for greater self reliance and locus of control during and at the end of cancer treatment. This workshop will build capacity in understanding the dynamics of survivorship care program planning and how healthcare providers can move forward to address this complex area of care.

Workshop VIII-06
2:00 PM – 3:30 PM, NS/NFL Room

CANO/ACIO Think Tank: Exploring Strategies to Address Health and Well-Being for Oncology Nurses as a Foundation for Excellence in Practice

Laura Rashleigh, RN, BScN, MScN, CON(C)1, Karyn Perry, RN, BSN, CON(C)2, Barbara Fitzgerald, RN, MScN3, Brenda Sabo, RN, MA, PhD4, de Souza Institute, Toronto, ON, Canada, Cross Cancer Institute, Edmonton, AB, Canada, Princess Margaret Hospital, Toronto, ON, Canada, Dalhousie University, School of Nursing, Halifax, NS, Canada.

Health has been defined by the World Health Organization as much more than the absence of disease, encompassing physical, mental and psychological well-being. Health and well-being enables meaningful living (RNAO, 2008). Oncology nurses play an essential role in promoting health and well-being for clients. As such, nurses possess the knowledge needed to guide healthy living, and yet even with this knowledge they may struggle with maintaining healthy body weights, active lifestyles or emotional well-being. The literature identifies multiple issues that can impact a nurse’s health, from moral distress and grieving to quality work environments. These issues may also affect client care. Both individual and collective strategies are needed to maintain and enhance nurses’ health and well-being (RNAO). CANO/ACIO’s membership has identified this as important area for future special project initiatives.

The goal of the workshop for CANO/ACIO members is to identify and clarify what a useful, practical, evidence based national health and well-being strategy would look like for oncology nurses. Participants will be presented with an overview of current literature on these issues. Additionally, participants will have an opportunity to share experiences from their own practice and brainstorm potential solutions. Recommendations from the workshop will be synthesized and used to form the basis for a project proposal aimed at implementing a health and wellness strategy for oncology nurses across the country.
Poster Presentations /
Séance d'affichage

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**Poster Group 1: Friday, October 12, 2012**
9:15 am - 9:45 am, Confederation Foyer

**P-01**
Prostate Cancer and Sexual Orientation: Providing Resources and Support for Gay and Bisexual Men

*Marian F. Waldie, RN, BScN, CON(C), The Ottawa Hospital, Ottawa, ON, Canada.*

**P-02**
Harmonizing Oncology Nursing Documentation to Communicate Patient Care

*Myriam A. Skrutkowski, RN, MSc, CON(C), Nathalie M. Aubin, RN, MSc, ICSP(C), Luisa Luciani Castiglia, RN, MSc(A), CON(C), McGill University Health Centre, Montreal, QC, Canada.*

**P-03**
Holistic and Effective Communication

*Lollita Rahaman, RN, MScN, CON(C), CHPCN(C), Komal Patel, RN, BScN, CON(C), Valrie Hursefield, RN, BA, MHA, William Olser Health System, Brampton, ON, Canada.*

**P-04**
A Clinical Pathway: A Tool to Advocate for Holistic Care

*Ann Schibli, RN, CON(C), CHPC(C), Lynne Jolicoeur, RN, MScN, CON(C), Elizabeth Contestabile, RN, BScN, NCMP, Barbara D’Entremont, RN, BScN, Michael Fung Kee Fung, MD, FRCSC, Tien Le, MD, FRCSC, The Ottawa Hospital, Ottawa, ON, Canada.*

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**P-05**
Post Discharge Phone Calls: An Intervention to Reduce Adverse Events

*Joanne Adam, RN, CON(C)1, Lynne Jolicoeur, RN, MScN, CON(C)2, Nancy Jaworski, B.Comm, MHA1, Stephanie Clermont, RN, BScN2, Elizabeth Contestabile, RN, BScN, NCMP1, Ginette Saumure, RN, CON(C)2. 1The Ottawa Hospital, Ottawa, ON, Canada, 2Ottawa Hospital, Ottawa, ON, Canada.*

**P-06**
Chimiotérapie: des normes et compétences à la pratique clinique

*Louise Compagna, BSc, Jocelyne Doucet, BSc, Caroline Provencher, MSc, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada.*

**P-07**
A Risk-Reduction Program for Pediatric Oncology Patients

*Isabelle Girard, RN, BSc, Celine Bergeron, RN, MSN, Caroline Boutet, RN, Centre Hospitalier Universitaire de Quebec (CHUQ), Quebec, QC, Canada.*

**P-08**
Préparation de la clientèle à une greffe de cellules hématopoïétiques: une expérience vécue en groupe

*Nicole Tremblay, MSnN, Francine Grondin, BScN, Manon Ferland, BScN, Hôpital Maisonneuve-Rosemont, Montreal, PQ, Canada.*

**P-09**
Inuit and Cancer Care: A CANO/ACIO Chapter’s Advocacy Initiative

*Marian F. Waldie, RN, BScN, CON(C)1, Kim Franchina, RN, CON(C), CHPCN(C)2, Patricia McCarthy, RN(EC), BScN, MSc(A)3, Kelly-Anne Baines, RN, CON(C)1, Laurie Ann Holmes, RN, BScN, OCN2, Lynn Kachaui, RN, BA, MS, CON(C), CHPCN(C)2, Amber Killam, RN, MScN2, Gail Macartney, RN(EC), MScA, CON(C)2, Marlene Mackey, RN, BScN, MHSM1, Heather Perkins, RN, BScN, CON(C), CPON2, Joanne Robertson, BScN, BA, MBA2, Katherine Winters, RN, CON(C)1, Tien Le, MD, CON(C)1, The Ottawa Hospital, Ottawa, ON, Canada, 2Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada, 3The Ottawa Hospital, Ottawa, ON, Canada.*
Poster Group 2: Friday, October 12, 2012
3:15 pm - 3:45 pm, Confederation Foyer

P-10
Étude psychométrique du western consortium for cancer nursing research en français (wccnrr-f) pour évaluer le degré de sévérité de la stomatite chez les patients recevant des traitements anti-cancéreux.

Nicole Allard, PhD1, Julie Jacques, BScN2, Brigitte Boucher, BScN1, 1UQAR, 2CSS Grande Capitale, *CSS Rimouski Neigette, Lévis, PQ, Canada

P-11
Designing Innovative Cancer Services: Responding to the Unmet Supportive Care Needs of Patients with Newly Diagnosed Advanced Colon Cancer

Vadivelu, Suganya, RN, MScN1, Bryant-Lukosius, Denise, RN, PhD2; Ingram, Carolyn, RN, PhD2, Mohide, Ann, RN, MSc*, 1Juravinski Cancer Centre, 2McMaster University, Hamilton, ON, Canada

P-12
Enhanced Access to Cancer Screening for FNIM peoples in the Champlain Region


P-13
Skin Reaction Management for Grade 2/3 Breast Irradiation

Nicole Foy RN, CON(C), Health Sciences North/Sante Horizon Nord Northeast Cancer Centre (NECC), Sudbury, ON, Canada

P-14
No Bones About It! Challenges in Managing Bone Metastases in Patients with Prostate Cancer

Larissa Day, RN, MSc, CON(C), Sima FarhangiManesh, RN, BScN, Stephanie Burlein-Hall, RN, BScN, MEd, CON(C), Sunnybrook Odette Cancer Centre, Toronto, ON, Canada

P-15
Efficacy and Side Effect Profiles of Lactulose, Docusate Sodium, and Sennosides Compared to Peg in Opioid Induced Constipation: A Systematic Review

Teresa A. Kerridge, RN, MN, GNP, CON(C)1, Kathleen Hunter, R.N., N.P. PhD, GNC(C)2, Greta Cum-mings, R.N., PhD, FCACI5, Adriana Lazarescu, M.D., FRCPC, 1Cross Cancer Institute, Edmonton, AB, Canada, 2Faculty of Nursing, University of Alberta, Edmonton, AB, Canada, 3University of Alberta, Faculty of Medicine, Edmonton, AB, Canada.

P-16
The Role of Nurse Navigators in Diagnostic Phase of Adult Patients with Cancer

Gaya Jeyathevan, BHSc, University of Ontario Institute of Technology, Oshawa, ON, Canada.

P-17
Kidney Cancer Survivorship Survey: Gap Between Urologist and Survivor Perceptions

Joan Basiuk, RN, Kidney Cancer Canada, Toronto, ON, Canada.

Group Poster 3: Saturday, October 13, 2012
10:00 am - 10:30 am, Confederation Foyer

P-18
Fatigue in Lung Cancer Patients Receiving Combined Modality Treatment

Charity R. Burnett, RN, CON(C), Cancer Centre of South Eastern Ontario, Kingston General Hospital, Kingston, ON, Canada.
P-19

Rural Journey to Maintaining Competency
Michelle Renaud, BScN, CHPCN(C), Linda Johnson, RN, CON(C), Jackie McMillan, RN, OHN, Mary Jold-ersma, RN, Stephanie Ouellette, RN, CON(C), Jane Sachs, CHN, MScN, NP, Winchester and District Memorial Hospital, Winchester, ON, Canada.

P-20

The Extended Bullet Rounds
Ginette Saumure, RN, CON(C), Lynne Jolicoeur, RN, MScN, CON(C), Claire Absi, RN, The Ottawa Hospital, Ottawa, ON, Canada.

P-21

Sexual Dysfunction Following Myeloablative Hematopoietic Cell Transplant: A Written Education Sheet for Male Patients as a Means of Promoting Open Communication and Providing Information
Marie-Claude Mainville, RN, BSc, MSc (candidate), Linda Hamelin, RN, BSc, MN, The Ottawa Hospital, Blood and Marrow Transplant Program, Ottawa, ON, Canada, University of Ottawa, Ottawa, ON, Canada.

P-22

Learning Pathway for Novice Oncology Nurses: Cardiology Inpatient Units
Dorrett Bryan, Unit Manager, Humber River Regional Hospital, Downsview, ON, Canada.

P-23

Chemotherapy: Are You Current and Safe to Administer?
Kim M. Halliday, RN, CON(C), Sarah Tuttle, RN, Melanie Hunter, RN, The Ottawa Hospital, Ottawa, ON, Canada.

P-24

Lung Cancer — Developing a Primary Nurse Navigation Role to Improve Patient Care Delivery Process From Referral to the Cancer Center Through Treatment Completion.
Karrie L. Card, RN, CON(C), Dan Hogan, RN, Cancer Center of South Eastern Ontario, Kingston, ON, Canada.

P-25

The Hidden Potential of Childhood Cancer Survivors
Patricia McCarthy RN(EC), MSc(A), Sarah Brandon, BA, MA, Karen Mandel, MD, FRCP, Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada.

P-26

Patient Decision Aids Web Site: A Resource to Support Patient Involvement in Cancer Treatment Decisions
Dawn Stacey RN, PhD CON(C)1, Anton Saarimaki2, 1University of Ottawa and Director of the Patient Decision Aids Research Group, 2Ottawa Hospital Research Institute, Ottawa, Canada.

P-27

Advocating Beyond Treatment: the Role of the Advanced Practice Nurse in Post-Treatment Care for Women with Breast Cancer
Angela Leahey, RN, BScN, MN, Sharon Lemon-Wong, RN, BScN, CON(C), Carman Lee, RN, BScN, Alison McAndrew, BA, RAF, Margaret Fitch, RN, PhD. Odette Cancer Centre, Toronto, ON, Canada.

Poster Group 4: Saturday, October 13, 2012
3:00 pm -3:30 pm, Confederation Foyer

P-28

Learning To Transition: Nurses’ Entry Into Cancer Nursing Practice
Patricia Ann Sevean RN, MA(N), EdD, Lakehead University, Thunder Bay, ON, Canada.
P-29

L’enseignement de groupe pour préparer à la chirurgie du sein : pourquoi, pour qui, comment ?

Caroline Provencher, MSc., Jocelyne Doucet, BSc, Nicole Deschênes, BSc, Caroline Plourde, BSc, Louise Compagna, BSc, Hôpital Maisonneuve-Rosemont, Montréal, PQ, Canada

P-30

Advocating for Safer Patient Care by Implementing Quality Initiatives

Laurie Ann Holmes RN, BScN, CON(C), CHPCN(C), Emily Fitzgerald, RN, BScN, Kathy Winters, RN CON(C), The Ottawa Hospital, Ottawa, ON, Canada

P-31

Assess and Supporting a Patient with Superior Vena Cava Obstruction

Laurie Ann Holmes, RN BScN CON(C) CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada

P-32

TO GO or NOT to GO, Advocating for Prevention and Resolution of Constipation in the Oncology Patient

Laurie Ann Holmes, RN, BScN, CON(C), CHPCN(C), Kathy Winters, RN CON(C), The Ottawa Hospital, Ottawa, ON, Canada

P-33


Aronela Benea, RN, BScN, MScN, Nazek Abdelmutti, MSc, Janet Papadakos, MEd, Bridgette Lord, RN, MN, NP, Aileen Trang, MSc, Terri Stuart-McEwan, Audrey Jusko Friedman, RTT, MSW, Pamela Catton, MD, MHPEd, FRCPC, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada

P-34

Patient Motivation for Pursuing Genetic Testing for Inherited Colorectal Cancer: A Tension Between Belief and Knowledge

Noah Spector¹, Eva Tomiak²,³, Andre Samson¹, Marlene Mackey⁴, Cathy Gilpin⁵, Erika Smith⁶, Derek Jonker⁷,³, Michele Holwell⁸, Judith Allanson⁹,⁴, Tim Asmis⁹,⁴ ¹University of Ottawa, Faculty of Education ². Department of Genetics, Children's Hospital of Eastern Ontario, Ottawa, ON, Canada ³The Ottawa Hospital Cancer Centre, Ottawa, ON, Canada ⁴University of Ottawa, Faculty of Medicine

P-35

Nova Scotia Cancer Centre Nurses: Advocates for Care Coordination

Angela Whynot RN BScN CON(C), Darlene Arsenault RN CON(C), Jill Siddall-Mason RN CON(C), Launa Penney RN, Leslie Thorne RN CON(C), Lynda Eastham RN CON(C), Terry Murray BN RN CON(C), Joy Tarasuk RN BScN CON(C), Nova Scotia Cancer Centre, Capital Health, Halifax, NS, Canada

P-36

Pressure ulcer prevention on a hematology-oncology in-patient unit: successful results from the implementation of best practice guidelines


P-37

Model for Nursing Management of Patients on Oral Chemotherapy

Larissa Day, RN, MSc, CON(C), Althea Van Massop, RN, BScN, Sunnybrook Health Science Centre, Toronto, ON, Canada
Poster Presentations / Séance d’affichage

Group One: Friday, October 12, 2012
9:15 am - 9:45 am, Confederation Foyer

P-01
Prostate Cancer and Sexual Orientation: Providing Resources and Support for Gay and Bisexual Men

Marian F. Waldie, RN, BScN, CON(C), The Ottawa Hospital, Ottawa, ON, Canada.

Prostate cancer is a cancer unique to men. Yet, it does not discriminate based on sexual orientation. Historically 5 to 10% of men in the population are gay and it is estimated that 1500 gay/bisexual men are diagnosed with prostate cancer annually. The treatment related side effects of prostate cancer changes and disrupts men’s lives. While gay and heterosexual men share similar quality of life concerns, gay men are likely to be affected differently by prostate cancer.

The majority of research on prostate cancer has focused on heterosexual men and their female partners. A particular frustration for gay men is that information given to them at the time of diagnosis is based on a normalized view that he has a significant other, is married and straight focused.

This poster presentation will highlight how a prostate cancer assessment clinic has linked gay and bisexual men diagnosed with prostate cancer to the appropriate resources and supports within their community. Nursing initiated and maintains a collaborative relationship with a local prostate cancer support group for gay men. This has assisted us to provide information that is timely and specifically targets the gay/bisexual population.

P-02
Harmonizing Oncology Nursing Documentation to Communicate Patient Care

Myriam A. Skrutkowski, RN, MSc, CON(C), Nathalie M. Aubin, RN, MSc, ICSP(C), Luisa Luciani Castiglia, RN, MSc(A), CON(C), McGill University Health Centre, Montreal, QC, Canada.

At this university health centre plans are underway to move to a new cancer center in the near future. Our Cancer Care Mission faces the challenge to harmonize all oncology nursing documentation tools currently in use across two hospital sites. Our working group is developing an initial nursing assessment document that will be standardized yet allow for flexibility to reflect the focus of each specialty area. This undertaking will ensure a comprehensive assessment of the patient and family thereby enhancing patient advocacy.

Our process started with the review of existing initial assessment tools. Our group selected the provincial IPO initial assessment tool as a template for the document. It was adapted to reflect the flow and specificity of nursing assessment at our centre. The first section of the document represents information commonly collected about the patient and family. The following section focuses on screening for distress and symptom assessment. Then, depending on the specialty, the nurse performs a more focused assessment to determine patient needs. The next sections address family assessment, nursing intervention(s) and the therapeutic nursing plan. Stakeholder feedback across oncology nursing specialties was essential to ensure buy-in.

The objective of our poster is to describe the process of harmonizing nursing documentation across oncology specialties.

P-03
Holistic and Effective Communication

Lollita Rahaman, RN, MScN, CON(C), CHPCN(C), Komal Patel, RN, BScN, CON(C), Valrie Hursefield, RN, BA, MHA, William Olser Health System, Brampton, ON, Canada.

Holistic care requires clear and effective communication with the client, family and members of the health team. As we support our patients to be more autonomous in their decision-making and seek to move away from a paternalistic model of care to a more collaborative relationship with the health care team, nursing staff can assist to improve communication by implementing a standardized approach to transfer of patient information at shift change.

According to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO 2003), almost 70% of all sentinel events are caused by breakdown in communication. During the transfer of patient care which occurs at the bedside, this process provides the patient the opportunity to ask and respond to questions. Bedside report promotes the RNAO and the organization’s values of patient safety, continuity of care and focuses on the patient as the leader in directing their own care. The immediate visualization of the patient also helps the nurse in prioritizing the patient care.

The direct interaction, between incoming and outgoing nurses, at the patient’s bedside, will allow questioning and validation of information, as well as, developing and strengthening commitment to patient-centered care.
A Clinical Pathway: A Tool to Advocate for Holistic Care

Ann Schibli, RN, CON(C), CHPC(C), Lynne Jolicoeur, RN, MScN, CON(C), Elizabeth Contestabile, RN, BScN, NCMP, Barbara D’Entremont, RN, BScN, Michael Fung Kee Fung, MD, FRCS, Tien Le, MD, FRCS, The Ottawa Hospital, Ottawa, ON, Canada.

Robotic assisted surgery has been demonstrated to be a safe, effective and efficient surgical approach for endometrial cancer. It reduces intraoperative blood loss, surgical complications and reduces length of stay without compromising surgical staging when compared to laparotomy (ref). With shorter length of stays, health care teams are challenged in providing best supportive care, especially support and education.

An interdisciplinary working group was formed to develop a surgical pathway and patient education booklet. Our goal was to make sure that the pathway reflected best practice interventions and would meet the needs of women with endometrial cancer. To achieve this goal our team reviewed the literature on robotic surgery as well as results from various research initiatives conducted at our centre in the endometrial cancer population. Results from prior research informed the need to improve how we support and educate women around: fertility issues, treatment induced menopause, long term survivorship issues, follow-up and screening for recurrence. We therefore developed a clinical pathway that would guide practice beyond the surgical admission and would include prompts to address these needs.

This poster will illustrate a typical patient journey and how the pathway will help to guide the delivery of supportive care to better meet the needs of women with endometrial cancer.

Post discharge calls were implemented to address symptoms, reinforce discharge instructions and ensure follow-up visits were in place.

During the pilot, one expert nurse was responsible for calling patients within 7 days of discharge. A software program was used to manage the calls to: 1) generate a list of patients who needed to be contacted, 2) document the call and 3) monitor outcomes.

During the first six months, 212 patients were flagged to be called. Seventy percent (70%) of patients received a call. Ninety-three (93%) reported they were taking their medication as prescribed; 13% had questions about their medication. Seventy-seven percent (77%) were not experiencing unexpected symptoms. Symptoms most often reported were pain, constipation and nausea. Twenty percent (20%) of patients had not yet been provided with a follow-up appointment.

Patients expressed satisfaction and appreciation for the call. In order to ensure sustainability, more callers are being trained. Post discharge calls decrease emergency visits. The intervention is being expanded to our outpatient surgical patient group.

Chimiothérapie: des normes et compétences à la pratique clinique

Louise Compagna, BSc, Jocelyne Doucet, BSc, Caroline Provencher, MSc, Hôpital Maisonneuve-Rosemont, Montréal, QC, Canada.

Tel que stipulé dans les normes et compétences pour la pratique infirmière liée à la chimiothérapie : les infirmières dispensant les soins liés à la chimiothérapie anticancéreuse doivent fournir un enseignement et un encadrement correspondant aux besoins d’apprentissage des personnes sous chimiothérapie. Pour les patients débutant ces traitements, l'enseignement vise à leur faire connaître diverses notions de base, effets secondaires possibles et précautions à prendre. Dans cette optique, la contribution de toute l'équipe interdisciplinaire est essentielle. Au cœur de cette équipe, l’infirmière demeure la ressource de choix. Un contexte de ressources limitées et une clientèle sans cesse grandissante ont favorisé la mise sur pied de classes d'enseignement pour les patients débutant une chimiothérapie. Cette approche permet d’offrir à la clientèle des renseignements issus des compétences associées à chaque profession (infirmières, pharmaciens, travailleurs sociaux, psychologues, diététistes). Cette communication par affichage permettra d’exposer la démarche effectuée ainsi que les résultats obtenus dans la réalisation de ce projet. Divers sujets sont couverts : la chimiothérapie, les produits cytotoxiques et leurs précautions, les
of satisfaction about the program, behavioural changes in decision making in the future. Beyond evaluation when the patient is on treatment phase to empower teens and for teens by showing that it’s cool to be different and passes on risk behaviours. Based on these premises, an educational risk-reduction program has been developed. It is oriented toward strategies to enhance good decision-making and risk-reduction. The goal is to enhance decision-making skills and resiliency and is individualized with the patient treatment history. The aim is to enhance decision-making skills and practice in socially acceptable refusal responses. Activities include role-playing simulations, improvisation workshops, thematic chats, different games, exercises and educational material. An unusual and strange mascot plays a role model for teens by showing that it’s cool to be different and passes on the message of healthy habits. Interventions are started early when the patient is on treatment phase to empower teens and parents in decision making in the future. Beyond evaluation of satisfaction about the program, behavioural changes among cancer-surviving adolescents and young adults are evaluated on a long-term plan at the late-effects clinic.

Introduction: La greffe de cellules hématopoïétiques constitue une modalité thérapeutique offerte principalement à une clientèle atteinte de cancer hématologique. Bien qu'elle représente un réel espoir de guérison, elle demeure à la fois infiniment complexe et exigeante en terme d'intensité de traitements, d'étapes à franchir et d'auto-soins pour la clientèle. Les professionnels de l'équipe préoccupés de dispenser un enseignement de qualité tout en maintenant le rythme de travail d'un hôpital surspécialisé ont développé des classes interprofessionnelles d'enseignement aux futurs greffés. Objectifs : Cette communication par affichage permettra d'exposer le contexte de la greffe de cellules hématopoïétiques, la démarche effectuée pour mettre sur pied ces classes ainsi que les résultats obtenus. Méthode : Trois contenus de classes distincts sont offerts: autogreffe en externe, autogreffe hospitalisée et allogreffe. Les divers professionnels discutent entre autres de l'isolement et de son impact, de la prévention et de la gestion des complications ainsi que de la chimiothérapie et de ses effets secondaires. Par la suite, chaque professionnel peut offrir, selon les besoins, un enseignement individuel personnalisé. Résultats et conclusion : Ces classes d’enseignement permettent d’optimiser le temps d’éducation consacrée à la clientèle. De plus, elles aident au dépistage précoce de vulnérabilités chez la clientèle pour lesquelles des interventions préventives à la crise sont amorcées. On a aussi observé un effet de solidarité et de partage d’expériences utiles et une compréhension accrue du processus de greffe. Ces classes aident également la clientèle à mieux préparer son retour à la maison ou la possibilité de non-retour.

Étude psychométrique du western consortium for cancer nursing research en français (wccnr r-f) pour évaluer le degré de sévérité de la stomatite chez les patients recevant des traitements anti-cancéreux.

P-08
Préparation de la clientèle à une greffe de cellules hématopoïétiques: une expérience vécue en groupe
Nicole Tremblay, MSnN, Francine, Grondin, BScN, Manon Forland, BScN, Hôpital Maisonneuve-Rosemont, Montreal, PQ, Canada.

P-09
Inuit and Cancer Care: A CANO/ACIO Chapter’s Advocacy Initiative
Marian E. Waldie, RN, BScN, CON(C)1, Kim Franchina, RN, CON(C), CHPCN(C)2, Patricia McCarthy, RN(EC), BScN, MSc(A)3, Kelly-Anne Baines, RN, CON(C)4, Laurie Ann Holmes, RN, BScN, OCN5, Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C)6, Amber Killam, RN, MScN7, Gail Macartney, RN(EC), MSc(A), CON(C)8, Marlene Mackey, RN, BScN, MHSM9, Heather Perkins, RN, BScN, CON(C), CPON2, Jeanne Robertson, BScN, BA, MBA1, Katherine Winters, RN, CON(C)4, ’The Ottawa Hospital, Ottawa, ON, Canada, “Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada, “The Ottawa Hospital, Ottawa, ON, Canada. Inuit are the indigenous people that inhabit the Arctic regions of Canada living primarily in Nunavik, Nunatsiavut, the Inuvialuit Settlement Region and the territory of Nunavut. With an Inuit population of 24,635 Nunavut is the largest region. The shortage of health care services and personnel in Inuit communities poses a challenge for cancer care delivery.
Cancer is the second leading cause of death among Inuit. Lung cancer rates for Inuit men and women in Canada are the highest in the world and these rates are continuing to rise (Circumpolar Cancer Review 2008). Colorectal cancer rates for both Inuit men and women have risen sharply since 1989. Cancer prevention programs are needed in the areas of smoking, alcohol, healthy diet, physical activity and sun protection. Currently there are limited cancer screening and early detection programs available to Inuit.

This presentation will highlight a collaborative initiative between nurses from a local CANO chapter and Inuit health care leaders to enable Inuit nurses working and living in Nunavut to attend the 2012 CANO Conference and visit a regional cancer centre. The goal is to support the nurses in their role as advocates of Inuit health promotion. Cancer prevention programs will have a greater impact on the Inuit people if their message is delivered by professionals who understand the language, culture and values.

P-10

Designing Innovative Cancer Services: Responding to the Unmet Supportive Care Needs of Patients with Newly Diagnosed Advanced Colon Cancer

Vadivelu, Suganya, RN, MScN1, Bryant-Lukosius, Denise, RN, PhD2; Ingram, Carolyn, RN, PhD2; Mohide, Ann, RN, MSc2; Juravinski Cancer Centre, 2McMaster University, Hamilton, ON, Canada

Background: Colorectal cancer (CRC) is the second leading cause of cancer death among Canadians, yet little is known about the types of supportive care needs (SCNs) patients with colon cancer experience during diagnostic phase.

Purpose: To inform the development of population specific healthcare services, a needs assessment of patients with newly diagnosed advanced colon cancer was conducted to identify the types, prevalence, severity, and importance of unmet SCNs.

Method: A descriptive cross-sectional survey was conducted. Sixty-two of 80 eligible patients with colon cancer (response rate = 77.5%) completed the self-report written questionnaire that included the SCNs Survey-Short Form, Functional Assessment of Cancer Therapy-Colorectal and the Health Service Utilization Questionnaire.

Results: ‘Fears about the cancer spreading’ was the most prevalent unmet SCN (84%). Unmet SCNs experienced by 65% or more of participants related to lack of control about treatment outcomes, the uncertain future, and concerns about family members well-being. Patients also rated these needs as being most severe. The two most severe CRC-specific concerns were related to body appearance and bowel control. The priority unmet needs were related to uncertain future, fatigue, and information. Less than 12% of participants had used existing supportive cancer care services.

Conclusion: Prevalent and priority unmet needs were related to psychosocial support and information. Recommendations for designing colon cancer-specific services are provided along with strategies to improve patient use of existing resources.
P-12

Enhanced Access to Cancer Screening for FNIM peoples in the Champlain Region


Overview: Since the introduction of provincial screening programs, there has been significant improvement in the overall rates of cancer screening in the general population however, rates within the Aboriginal community remain low. This project aims to increase cancer screening rates by responding to the educational/resource needs of Aboriginal people and on-site health providers, to build community capacity, to ensure culturally safe screening practices and enhance access to cancer screening services.

Purpose: To increase participation of Aboriginal people in cervical, colorectal and breast cancer screening through partnership with the Mohawk council of Akwesasne, Pikwakanagan Family Health Team, The Wabano Centre or Aboriginal Health, The Métis Nation of Ontario and the Inuit community.

Objectives: Identify/address the needs of Aboriginal people and on-site health providers through knowledge exchange activities. Enhance capacity by developing tools and promoting cultural competency of health service providers in cancer screening environments. Improve access to cancer screening services.

Methodology: This project will accomplish these objectives by utilizing a combination of needs assessment, focus groups, key informant interviews, community engagement and by leveraging current community capacity.

Expected outcomes: Stronger relationship with Aboriginal community; Increased cultural competency among health providers for service delivery in the Aboriginal community; Increased knowledge among the Aboriginal community of screening services and guidelines; More reliable and comprehensive screening data for this population; Increased rates of cancer screening.

P-13

Skin Reaction Management for Grade 2/3 Breast Irradiation

Nicole Foy RN, CON(C), Health Sciences North/Sante Horizon Nord Northeast Cancer Centre (NECC), Sudbury, ON, Canada

Radiotherapy is a critical component in the treatment of breast cancer. It is estimated that 90% of patients treated with radiotherapy for breast cancer will develop radiation-induced dermatitis. Radiation skin reactions are not burns but rather damage to the basal cell layer of the skin. The skin reactions can range from mild to severe. This presentation will focus on Grade 2 and Grade 3 skin reactions as scored by the acute radiation morbidity scoring criteria developed by the Radiation Therapy Oncology Group (RTOG).

Studies have included prophylactic interventions and skin reaction treatment. It is imperative for patients to receive teaching with regards to the side effects of radiotherapy which they may experience, how to monitor the area being radiated, methods to decrease reaction, and how to treat if reaction does occur. Nurses caring for patients receiving radiotherapy should be versed in the pathophysiology, assessment, prevention, and care of skin reaction for breast irradiation. The learner will have an understanding of the mechanism of skin damage and be able to assess the side effects of radiation and treatment options for each stage.

P-14

No Bones About It! Challenges in Managing Bone Metastases in Patients with Prostate Cancer

Larissa Day, RN, MSc, CON(C), Sina Farhangi-Manesh, RN, BScN, Stephanie Burlein-Hall, RN, BScN, MEd, CON(C), Sunnybrook Odette Cancer Centre, Toronto, ON, Canada

Patients with advanced prostate cancer are faced with complex treatment options, a poor prognosis, severe pain, and many complications. The value of an experienced oncology nurse navigating them through treatment, providing symptom management and advocating on their behalf is immeasurable.

Bone metastases develops in 60-75% of patients with advanced prostate cancer, and are associated with significant clinical and quality of life consequences, such as pain, hypercalcemia, pathological fractures, impaired mobility, spinal cord compressions, spinal instability, anemia, and an inability to perform activities of daily living. Two-thirds of people with bone metastases experience severe and debilitating bone pain. Treating this pain and preventing skeletal-related events is an essential part of managing metastatic bone disease.

A large ambulatory care oncology centre created a dedicated bone metastases clinic to meet the needs of this patient population. Experienced oncology nurses play an essential role in the early detection of potential bone mets, providing symptom management and educating patients on treatments and possible consequences of bone mets. For some patients, bone metastasis can cause fear and anxiety about prognosis and quality of life. Nurses also have the opportunity to assist patients in providing psychosocial support in collaboration with other members of the interdisciplinary and supportive care team.
This poster will share key information and expertise in the nursing assessment and management of patients with advanced prostate cancer with bone metastases. This has resulted in patients feeling empowered to advocate for their care needs, thus optimizing their quality of life. Gralow J, Tripathy, D. Managing metastatic bone pain: the role of bisphosphonates. J Pain Symptom Manage. 2007;33:462-472.

P-15

Efficacy and Side Effect Profiles of Lactulose, Docusate Sodium, and Sennosides Compared to Peg in Opioid-Induced Constipation: A Systematic Review

Teresa A. Kerridge, RN, MN, GNP, CON(C)¹, Kathleen Hunter, R.N., N.P, PhD, GNC(C)², Greta Cummings, R.N., PhD, FCAHS² Adriana Lazarescu, M.D., FRCP©, ¹Cross Cancer Institute, Edmonton, AB, Canada, ²Faculty of Nursing, University of Alberta, Edmonton, AB, Canada, ³University of Alberta, Faculty of Medicine, Edmonton, AB, Canada.

Background: Opioid-induced constipation (OIC) is a ubiquitous side effect of opioid therapy, affecting up to 95% of cancer patients. OIC requires nursing assessment and management since the side effects of constipation can be worse than suffering pain itself. Alarmingly, current treatment is based on trial and error prescribing, rather than evidence.

Data Sources: An extensive search of electronic databases was completed. Additionally, we hand searched reference lists, drug monographs, and conference proceedings to identify any further studies.

Study Eligibility Criteria: Randomized controlled trials of adults taking opioids for cancer or non-cancer pain were considered if they compared one of: lactulose, docusate sodium, or sennosides, to PEG.

Results: No standard definition of OIC exists, which may be contributing to a lack of research in this clinical area. One study is included for discussion purposes regarding types of research required to address this clinical question.

Conclusions and implications of key findings: Large populations of cancer patients are on opioids. Large, well-powered, randomized controlled trials are feasible. Our standard definitions of OIC will assist with the execution of these studies and contribute to internal and external validity. Further research in this area is strongly encouraged.

P-16

The Role of Nurse Navigators in Diagnostic Phase of Adult Patients with Cancer

Gaya Jeyathevan, BHSc, University of Ontario Institute of Technology, Oshawa, ON, Canada.

Cancer, a terrifying and life-altering disease, is a major concern in today’s health care field. The diagnostic phase of cancer care, from suspicion to diagnosis, is a time characterized by countless number of tests and treatments, high levels of uncertainty, and patient anxiety. Nurse navigation is a solution and an approach to attending to informational and psychosocial needs of the cancer patients to facilitate and advance the diagnostic processes. It is a proactive process where oncology nurse navigators collaborate with the patients to provide support as they go through the maze of treatments, services and potential barriers throughout the cancer journey. Although nurse navigation is recognized by many provinces as a key element of an integrated system of cancer care, it is not yet delivered in a standardized way across Canada. The purpose of this randomized control study is to explore the specified scope of practice of nurse navigators on overall patient experience of adult cancer patients during the diagnostic phase within the Durham Region. Overall patient experience is based on a newly designed bi-dimensional framework, which focuses on continuity of care and patient empowerment. The significance of this study is that it will contribute to evidence that if a connection is found between positive patient experience and the role of nurse navigators, this will allow for a more standardized delivery of nurse navigator programs across Canada.

P-17

Kidney Cancer Survivorship Survey: Gap Between Urologist and Survivor Perceptions

Joan Basiuk, RN, Kidney Cancer Canada, Toronto, ON, Canada.

Introduction and objectives: The number of survivors with kidney cancer (KC) in Canada is growing as a result of increasing incidence, earlier diagnosis and improvements in therapy. Kidney Cancer Canada (KCC) has conducted the first Canadian KC survivorship survey. The availability of information pertaining to survivorship, the extent to which it is communicated to patients and the interest in more formalized survivorship care plans were the focus of the survey.
Methods: Two comparable, online surveys (one for physicians and another for patient/caregivers) were developed to measure knowledge levels regarding KC survivorship issues. Urologists and patient/caregivers across Canada were invited to participate. Forty urologists and 321 KC patients/caregivers diagnosed at stages 1 through 3 completed surveys.

Results: Urologists reported that they communicated information regarding stage (100%), grade (98%), tumour size (85%) and cell subtype (83%) to their KC patients. In contrast, KC patients/caregivers reported much lower rates for receiving information on their stage (62%), grade (53%), tumour size (80%) and cell type (63%). Furthermore, nearly half (46%) of those affected by KC reported that they received no information from their urologist about possible adverse effects of treatment. However, both groups supported the need for an individualized survivorship care plan for every patient with KC.

Conclusions: KCC’s Survey has identified a gap between Canadian urologist and KC survivor perceptions about the provision of perioperative information. However, both groups supported the development of a kidney cancer survivorship care plan.

Group 3: Saturday, October 13, 2012
10:00 am - 10:30 am, Confederation Foyer

P-18
Fatigue in Lung Cancer Patients Receiving Combined Modality Treatment

Charity R. Burnett, RN, CON(C), Cancer Centre of South Eastern Ontario, Kingston General Hospital, Kingston, ON, Canada.

Fatigue is the most commonly experienced and debilitating physical symptom in patients receiving chemotherapy and radiation therapy, more specifically in lung cancer patients. Cancer Related Fatigue (CRF) is experienced by 80% of the population receiving these treatments (Network, Version 1.2012, pp. MS 1 - 5). Having an initial assessment of a client’s CRF aids practitioners in the ability to identify difficulties with patient functionality and quality of life.

CRF has been described as feeling tired, weak, exhausted, lazy, weary and worn out, or no get up and go. This may become apparent by increased need for rest, and decreased physical functioning, making it difficult to continue with routine activities. These symptoms may begin or be enhanced post initiation of chemotherapy treatment and progress on and after radiation therapy (Health, 2011).

Using the Edmonton Symptom Assessment Scale (ESAS) or other assessment tools facilitates measuring and serial monitoring of CRF. Once identified, clinicians look for potential reversible and treatable causes. Using best practice guidelines can assist practitioners through this assessment process. As an oncology nurse dealing with combined modality patients, it is important to assess, acknowledge and provide interventions that may both treat and educate patient regarding CRF.

The utilization of evidence-based strategies improves clinicians’ understanding of CRF for patients undergoing combined modality therapy for lung cancer. This will improve communication and patient care outcomes.

P-19
Rural Journey to Maintaining Competency

Michelle Renaud, BScN, CHPCN(C), Linda Johnson, RN, CON(C), Jackie McMillan, RN, OHN, Mary Joldersma, RN, Stephanie Ouellette, RN, CON(C), Jane Sachs, CHN, MScN, NP, Winchester & District Memorial Hospital, Winchester, ON, Canada.

Maintaining expertise in nursing practice is an ongoing challenge for all nurses. Far distances from main learning centers and oncology hubs compound the barriers that rural oncology nurses face. This poster presentation diagrams the journey taken by the Winchester District Memorial Hospital (WDMH) to enhance the professional credentials of its oncology nurses in spite of barriers.

WDMH is located one hour south of Ottawa and provides systemic therapy in a seven chair chemotherapy unit. A high learning curve was identified for three “new to oncology” nurses. These nurses undertook intensive training in systemic therapy administration at The Ottawa Hospital Cancer Centre. This was followed by a period of mentoring by other experienced staff in the clinical setting.

During this time, the deSouza Institute in Toronto launched a campaign to encourage all Ontario oncology nurses to become “deSouza trained”. Enrolment by the WDMH nurses for the high quality, free, on-line education opportunities was brisk. It is now a welcome challenge to keep up with the new courses offered by deSouza as well as to attend other educational opportunities provided by nursing associations in oncology, journal clubs and unit inservices.

The culmination of all these learning activities has resulted in 100% of the systemic therapy nurses having successfully completed the deSouza Chemotherapy and Biotherapy course and 50% having attained CNO certification in Oncology or Hospice Palliative Care.
P-20

The Extended Bullet Rounds

Ginette Saumure, RN, CON(C), Lynne Jolicoeur, RN, MScN, CON(C), Claire Absi, RN, The Ottawa Hospital, Ottawa, ON, Canada.

The FLO Collaborative, a major provincial quality improvement initiative with the aim of improving transitions from acute care hospitals to home or other community care, is well published. The Ottawa Hospital, General Campus gynaecologic and gynaecologic-oncology unit adopted the concepts of Bullet Rounds in September 2009. These 15 minutes daily rounds, attended by members of the multidisciplinary team, streamline team communication about discharge to facilitate timely and appropriate discharge. The Bullet Rounds did not meet the need of all team members, as we were no longer discussing the patient prognosis and anticipated treatment trajectory.

In early 2011, bi-weekly Extended Bullet Rounds were implemented to incorporate discussion about the goals of care, treatment plan and possible treatment trajectory. Our secondary goal was to create a knowledge translation platform about gynaecologic-oncology.

In order to evaluate the impact of the Extended Bullet Rounds, the team members were surveyed to describe the team members' perception of: 1) knowledge acquisition, 2) satisfaction (benefits and challenges) with the format as a knowledge translation strategy and 3) the impact on their ability to provide more comprehensive patient care due to a better understanding of the patient “big picture”.

This poster will describe the outcomes of integrating knowledge translation strategies into patient rounds.

P-21

Sexual Dysfunction Following Myeloablative Hematopoietic Cell Transplant: A Written Education Sheet for Male Patients as a Means of Promoting Open Communication and Providing Information

Marie-Claude Mainville, RN, BSc, MSc (candidate), Linda Hamelin, RN, BSc, MN, The Ottawa Hospital, Blood and Marrow Transplant Program, Ottawa, ON, Canada, University of Ottawa, Ottawa, ON, Canada.

Background: Survival rates after myeloablative hematopoietic cell transplantation (HCT) have improved considerably in recent years. Studies have shown that sexual dysfunction (SD) and dissatisfaction are frequently reported among patients who have undergone HCT. The toxicities associated with conditioning and the type of malignancies treated with HCT account for a population of HCT survivors that are usually well under the age of 50 and generally reported active sex lives until the start of their treatment. Interventions targeting SD in women have been implemented in various oncology settings, including the blood and marrow transplant program at the Ottawa Hospital yet men can also experience a great deal of distress with the experience of SD and the return of normal sexual function and activities.

Educational needs/gaps: An information booklet is provided to patients in the pre-transplant planning/consultation clinic. There is no information specifically pertaining to male sexuality in the booklet nor are there any planned, systematic discussions or assessments of sexual functioning.

Objectives: 1) Initiate a discussion and provide the opportunity for a baseline assessment of sexual functioning. 2) Provide male patients with information on SD and treatment options.

Intervention: A written patient education sheet to be included in the current information booklet. Baseline sexual functioning and interest is widely variable amongst individuals therefore written information enables the patient to make a choice about when and what information they need according to readiness.

P-22

Learning Pathway for Novice Oncology Nurses: Cardiology Inpatient Units

Dorrett Bryan, Unit Manager, Humber River Regional Hospital, Downsview, ON, Canada.

Do nurses on non oncology units have the knowledge and skills to provide quality cancer care to patients who require services in acute care facilities? Oncology patients requiring hospital admission may not always be transferred to oncology units. Quite often they are admitted to medical inpatient units such as cardiology.

As such there are great opportunities for the cardiology nurses to increase their knowledge and skills about cancer care. Consequently, a learning pathway was developed for these nurses.

As a pilot project for the learning pathway ten cardiology nurses were recruited to participate. Participation is voluntary and will be driven by the interest of nurses who understand the value of acquiring this knowledge to incorporate into their practice.

It is expected that the oncology patients experience will improve as a result of the nurses using the learning pathway.
As part of the pilot project, staff knowledge and satisfaction with the use of the learning pathway will be measured. In addition, the patient’s oncology experience on the cardiology units will be evaluated.

The learning pathway could be used as an education tool for orientation of new nursing staff and for nurses who express interest in oncology nursing in other inpatient settings.

P-23

Chemotherapy: Are You Current and Safe to Administer?

Kim M. Halliday, RN, CON(C), Sarah Tuttle, RN, Melanie Hunter, RN, The Ottawa Hospital, Ottawa, ON, Canada.

Nurses in cancer care are often required to administer chemotherapy on inpatient units. Nurses must advocate for the safe delivery of toxic drugs, not only to the patient, but also to all members of the interdisciplinary team who may be in contact with the patient, including nurses, physicians, family members, cleaning staff, and health care aides. According to the practice standards of CANO, care delivered to individuals with cancer and their families incorporates principles of evidence-based practice, best practice or available evidence. Cancer Care Ontario (CCO), in their best practice guidelines, recommend that nurses receive additional education and training to safely care for and administer chemotherapy to the cancer patient. CCO further encourages the nurse to participate in deSouza Institute educational opportunities and to engage in reflective practice by maintaining knowledge and skills that will enhance/advance their professional oncology nursing practice.

This poster will demonstrate the changes in practice in chemotherapy administration due to the implementation of best practice guidelines by advocating safe administration of chemotherapy on an inpatient nursing oncology unit, while acknowledging many levels of nursing experience from novice to advanced nurses, and how the use of best practice guidelines in education is essential.

We will share the results of surveys, interviews and statistical data gathered prior to and after the implementation of the standards of practice on the unit.

P-24

Lung Cancer — Developing a Primary Nurse Navigation Role to Improve Patient Care Delivery Process From Referral to the Cancer Center Through Treatment Completion.

Karrie L. Card, RN, CON(C), Dan Hogan, RN, Cancer Center of South Eastern Ontario, Kingston, ON, Canada.

Lung cancer remains the leading cause of cancer death in Ontario. An estimated 25,000 patients will be diagnosed with lung cancer in 2012. The successful management of the lung cancer patient requires a collaborative approach employing multidisciplinary modalities.

The complexity of the patient on combined modality treatment and the need for primary nurse navigator has created the Nursing Pilot Role at Cancer Center of South Eastern Ontario to commence April 1st 2012.

The poster presentation will describe the “role of the Primary Nurse Navigator” in the lung cancer patient on combined modality, from new patient referral, to end of combined treatment. The emphasis of this poster will show the complexity of the nursing role, and how advocating in a navigator role ensure best patient outcomes and greater overall patient satisfaction.

P-25

The Hidden Potential of Childhood Cancer Survivors

Patricia McCarthy RN(EC), MSc(A), Sarah Brandon, BA, MA, Karen Mandel, MD, FRCP, Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada

Children who survive cancer are at a greater risk of economic hardship when they reach adulthood, which suggests that the long term effects of treatment include the high risk of being unemployed (Anne C. Kirchoff, 2011). We know that the cost of curing childhood cancer includes neuro-cognitive and other life-long impediments that can challenge their transition to adulthood. The vocational success of childhood cancer survivors is dependent on many ongoing and interrelated psychosocial factors. Many assets such as self-confidence, social skills, a well developed support network including family and peers, opportunities for educational successes, as well as having a supportive aftercare team are essential for these survivors to achieve their full potential. As such our aftercare program at the Children’s Hospital of Eastern Ontario is invested in working with our survivors as an interdisciplinary team to support their opportunity to thrive as survivors.
This poster presentation will outline a dynamic, combined pediatric and adult after care program that seeks to meet the identified unmet psychosocial needs of childhood cancer survivors. We will describe our program goals, resources and strategies, specifically focusing on the role of the vocational and academic counselor (Pediatric Oncology Group Ontario, SAVTI Counselor) within our team to address these unmet needs. We will describe the positive client outcomes we have achieved, as well as the challenges and influencing factors through a pediatric vocational case study. Based on our learning and program evaluation, we will also describe our plans for future program directions.

P-26

Patient Decision Aids Web Site: A Resource to Support Patient Involvement in Cancer Treatment Decisions

Dawn Stacey RN, PhD CON(C)1, Anton Saarimaki2, 1University of Ottawa and Director of the Patient Decision Aids Research Group, 2Ottawa Hospital Research Institute, Ottawa, Canada.

Successful engagement of patients in shared decisions making (SDM) about cancer treatment decisions requires interventions such as patient decision aids (PtDAs), training of healthcare professionals, and performance feedback.

The Patient Decision Aids website (http://decisionaid.ohri.ca) provides access to these resources and more to facilitate implementation of PtDAs and enhance patient involvement in cancer decisions. In the past year (May/2011-Apr/2012) the site had approximately 82,000 unique visitors, 647,000 page views and 189,000 downloads.

One can search for publicly available PtDAs using the A to Z Inventory, find decision aids in development using the Complete Inventory, or register PtDAs in the Decision Aid Library Inventory (DALI).

The Ottawa Personal Decision Guide (English, French, Spanish, Japanese) helps people assess their decision making needs and plan the next steps for any health-related or social decision. It can be used by oncology professionals when supporting patients making a cancer treatment decision.

The Ottawa Decision Support Tutorial (English, French) is an online training program based on the Ottawa Decision Support Framework and supported with evidence from client and practitioner needs assessments, and trials evaluating PtDAs. Since May 2007, it has been completed by over 1500 people in French or English.

The Decision Support Analysis Tool (English, French) is a valid and reliable instrument for appraising the quality of the patient-practitioner interactions. Findings can be used to audit the quality of decision support and provide feedback to oncology practitioners for enhancing their skills.

The web site also includes many other resources for PtDA development, implementation and evaluation.

P-27

Advocating Beyond Treatment: the Role of the Advanced Practice Nurse in Post-Treatment Care for Women with Breast Cancer

Angela Leahey, RN, BScN, MN, Sharon Lemon-Wong, RN, BScN, CON(C), Carman Lee, RN, BScN, Alison McAndrew, BA, RAP, Margaret Fitch, RN, PhD. Odette Cancer Centre, Toronto, ON, Canada.

Following the completion of primary treatment for breast cancer, many individuals are left feeling frightened and uncertain about what their post-treatment future holds. In an ambulatory cancer centre, the main focus is on the treatment aspect of one’s cancer journey; however, health care providers are being challenged with patient and family concerns regarding life after breast cancer. The role of the Advanced Practice Nurse (APN) is critical in advocating for programs, services, and resources that help empower patients and support their families following the completion of treatment. In this cancer centre, the breast site APN conducted a descriptive, qualitative research study exploring the lives of twelve women following breast cancer treatment to better understand their concerns, needs, and suggestions for how to better prepare them for what to expect post-treatment. The clinical findings from this study will be shared along with future directions for nursing practice in meeting the needs of patients and their families after breast cancer treatment.

Group 4: Saturday, October 13, 2012
3:00 pm -3:30 pm, Confederation Foyer

P-28

Learning To Transition: Nurses’ Entry Into Cancer Nursing Practice

Patricia Ann Sevean RN, MA(N), EdD, Lakehead University, Thunder Bay, ON, Canada

The purpose of this critical qualitative study was to explore how nurses enter into cancer nursing practice (CNP).

The inquiry examined the contextual and learning factors that enhanced or impeded the nurses’ transition into diverse cancer settings. A comprehensive literature review was conducted in three areas: workplace identity and transitions; social learning theories and informal learning in nursing practice; and the context of cancerland, namely, cancer system, cancer patients’ experience, and cancer nursing as a specialty. Telephone interviews were
conducted with 15 nurses with more than 3 months and less than 2 years working in cancer care. An interpretive, phenomenological approach was used to formulate a description of the newly hired nurses’ lived experience. Three overarching themes emerged unique to CNP: (a) Getting In - nurses perceptions of their recruitment and selection into CNP; (b) Surviving In - nurses’ struggles learning CNP and the emotional strain of “being with” critically ill and dying patients; and (c) Staying In - factors that impacted the nurses’ decision to stay or leave, such as effective nursing leadership, quality of work life, and accessibility of supports (preceptors and mentors) and professional education. Also included were descriptions of the ways in which the nurses learned to transition into the different cancer nursing subspecialties of in-patient; outpatient; chemotherapy; radiation therapy; and urban, rural, and remote settings. The findings will assist nursing leaders, educators, and preceptors when developing strategies to enhance the recruitment, orientation, and education of nurses into CNP. Sevean, P. A. (2012). Unpublished doctoral dissertations, Ontario Institute for Studies in Education of The University of Toronto, Toronto, Ontario. Retrieved June 22, 2012; Proquest database.

P-29
L’enseignement de groupe pour préparer à la chirurgie du sein : pourquoi, pour qui, comment?

Caroline Provencher, MSc., Jocelyne Doucet, BSc, Nicole Deschênes, BSc, Caroline Plourde, BSc, Louise Compagna, BSc, Hôpital Maisonneuve-Rosemont, Montréal, PQ, Canada

Body : L’enseignement est une compétence majeure de l’infirmière en oncologie. Il permet de renseigner, d’offrir des ressources, de valider la compréhension, de fournir un encadrement, de répondre aux questionnements et d’apaiser l’anxiété.

Les classes d’enseignement interdisciplinaires pour les femmes en attente d’une chirurgie pour le cancer du sein ont été élaborées pour donner de l’information sur ce type de cancer, les types de chirurgies ainsi que les trajectoires de soins possibles pour vaincre cette maladie. De plus, cette manière de procéder a permis d’aider à pallier au manque de ressources face à une clientèle sans cesse grandissante.

Plus spécifiquement, les notions couvertes sont : l’anatomie du sein et son système lymphatique, les chirurgies et la technique du ganglion sentinelle, les soins et surveillance du pansement, de la plaie et du drain, l’hygiène, les exercices spécifiques pour la récupération de l’amplitude complète de l’épaule, le risque de complications et la prévention du lymphoedème. De plus, les notions de deuil, d’image corporelle, d’estime de soi et de féminité sont abordées avec les femmes. Celles-ci nous rapportent se sentir plus en confiance, bien accompagnées et mieux outillé pour entreprendre les divers traitements. La synergie de l’équipe composée de l’IPO, l’infirmière, la travailleuse sociale, la physiothérapeute et la psychologue permet d’optimiser la qualité des soins et des services offerts à la clientèle.

Cette communication par affichage permettra de partager la démarche élaborée et les retombées positives de ce projet pour la clientèle ainsi que pour les intervenants.

P-30
Advocating for Safer Patient Care by Implementing Quality Initiatives

Laurie Ann Holmes RN, BScN, CON(C), CHPCN(C), Emily Fitzgerald, RN, BScN, Kathy Winters, RN CON(C), The Ottawa Hospital, Ottawa, ON, Canada

Over the years nurses have practiced numerous methods to transfer care from one shift to another, verbal report, taped report, and written report. Each of these methods had their strengths and weakness. A major downfall with these methods is potential for serious medical errors when there is miscommunication between caregivers. The major issues for safety is that there is no time to clarify, visualize and verify. There is also, the issue of not just giving report, but actually transferring accountability from one caregiver to another. Transferring accountability ensures increased continuity of care that is more client specific. For clients today who are better informed, web savvy and engaged in their care, they are looking for an approach which allows them to have input and to direct their care. This includes the opportunity to raise concern of learning deficits, lack of knowledge or rationale for treatments. Not only does bedside shift report engage the client in their care, but it allows them to witness staff being professional and accountable for the care they deliver.

Another practice which has often been questioned between caregivers is the frequency of rounding on clients. There are concerns about frequency and which is better one hour versus two hour rounding. When nurses implement a protocol that incorporates specific actions into nursing rounds it improves patient- care management, advocating for patient safety and satisfaction. This program reduces call light frequency; an increase nurse efficiency and satisfaction and effectively reduces patient falls and pressure ulcers.
P-31
Assess and Supporting a Patient with Superior Vena Cava Obstruction
Laurie Ann Holmes, RN BScN CON(C) CHPCN(C), The Ottawa Hospital, Ottawa, ON, Canada

Although an uncommon oncologic emergency, with the high incidence of lung cancer and increase utilization of central venous access devices nurses always need to be on the look out for this emergency.

In this poster a review of the incidence and diseases that predispose its occurrence will be presented. It will discuss the common signs and symptoms, i.e. dyspnea, head and neck swelling. In majority of the cases the symptoms will develop gradually as the vessel is occluded, with this gradual occlusion the patient’s body will develop collateral circulation, which can be seen on the neck and chest.

Increase swelling in head and neck can be observed more in the morning as fluid pulls while patient is recumbent. Whether SCVO develops gradually or quickly if not detected it can restrict cardiac output and cause airway obstruction.

Computerized Tomography is the preferred method of diagnosis SCVO, which can evaluate the size, location, compression and collateral circulation. Radiation therapy remains the standard for treatment of SCVO, but a combination of chemotherapy and radiation is now becoming the preferred method of treating this emergency.

Nursing interventions focus on assessment of condition, supportive measures to relieve symptoms, monitoring response, and to provide reassurance.

P-32
TO GO or NOT to GO, Advocating for Prevention and Resolution of Constipation in the Oncology Patient
Laurie Ann Holmes, RN, BScN, CON(C), CHPCN(C), Kathy Winters, RN CON(C), The Ottawa Hospital, Ottawa, ON, Canada

Over 70% of patients with cancer will experience constipation. It is therefore imperative that nurses advocate for the development of an individual plan of care to prevent and treat this distressing condition.

The causes of constipation in the cancer patient can be divided into three categories; primary related to intake and environment; secondary related to disease and its effects on the bowels, (i.e. tumor compression, hypercalcemia); and iatrogenic causes related to medications, i.e. opioids, chemotherapy, and antinausea medications.

Opioid Bowel Dysfunction is documented in 50-90% of patients with advance cancer. Opioids bind with receptors in the GI system slowing peristalsis within minutes of administration. The receptors in the bowel never develop a tolerance to the opioid. Because of this the Oncology team must be diligent in advocating for a bowel regime for all patients on opioids.

As part of the plan, caregivers must review physical assessment, bowel history, stool data, medications, and GI assessment from mouth to anus.

This poster will present the assessment and recommended interventions to manage constipation, including the specific management of the patient with cord compression.

P-33
Aronela Benea, rN, BScN, MScN, Nazek Abdelmutti, MSc, Janet Papadakos, MEd, Bridgette Lord, RN, MN, NP, Aileen Trang, MSc, Terri Stuart-McEwan, Audrey Jusko Friedman, RTT, MSW; Pamela Cotton, MD, MHPEd, FRCP, Princess Margaret Hospital, University Health Network, Toronto, ON, Canada

Purpose: The Gattuso Rapid Diagnostic Centre at Princess Margaret Hospital is providing innovative care to patients suspected of potential breast malignancy by considerably reducing the diagnostic waiting time and providing patient centered assessment, diagnosis, and treatment plans often within one day. While this may alleviate the distress and anxiety of waiting for a diagnosis, it may also present a time of acute need for information, education and supportive care. However, to date, there is limited evidence on the needs of patients attending rapid diagnostic clinics. This study aims to understand the education and support needs of patients and families during the rapid diagnostic journey to inform the creation of a rapid education and support program.

Methods: A cross-sectional needs assessment is being conducted using a survey with closed and open-ended questions that captures various dimensions of information, education and supportive care needs. Participants are asked about their support and information needs, the level of information detail desired, and the preferred ways of receiving information and supportive care.

Results: Recruitment is underway. Data analysis will include statistical and thematic analysis of participant responses. Complete results are expected in July 2012 and findings will be presented.

Conclusion: This study will identify possible information and support needs of patients undergoing rapid diagnostic testing for suspected breast cancer. These results will
inform the development of resources and services to meet the needs of this patient population thereby aiding nurses and other health care providers to tailor the education and support provided to each patient.

P-34

Patient Motivation for Pursuing Genetic Testing for Inherited Colorectal Cancer: A Tension Between Belief and Knowledge

Noah Spector1, Eva Tomiak2,4, Andre Samson3, Marlene Mackey5, Cathy Gilpin6, Erika Smith5, Derek Jonker3,4, Michele Holwell3, Judith Allanson5,6, Tim Asms6,7, University of Ottawa, Faculty of Education, 6Department of Genetics, Children’s Hospital of Eastern Ontario, Ottawa, ON, Canada, 7The Ottawa Hospital Cancer Centre, Ottawa, ON, Canada, 8University of Ottawa, Faculty of Medicine.

Background: Early ascertainment of individuals with an inherited form of colorectal cancer (CRC) is associated with decreased morbidity and mortality. Despite this, the majority of individuals at high risk of inherited CRC remain unidentified and uninformed about screening and prevention strategies. Patient, health care system and physician variables have all been identified as barriers to access clinical genetics services for individuals with a family history of CRC. We undertook a qualitative investigation to better understand motivation affecting the decision to pursue, or not, genetic evaluation for an inherited predisposition to CRC, in individuals with newly diagnosed CRC.

Methods: All newly diagnosed CRC patients identified through The Ottawa Hospital Cancer Assessment Clinic between March and December 2010, who were eligible for referral to the Regional Genetics Program (Ontario provincial criteria), were invited to participate in a semi-structured interview which explored factors influencing the choice to proceed or not with genetic assessment. Study participants included 12 individuals who accepted genetic counselling (GC) and another 7 individuals who declined referral for GC. Grounded theory analysis was used in this research.

Results: Qualitative analysis identified 2 main categories: 1) Participant motivation based on knowledge concerning genetic predisposition, prevention and screening, and interpretation of symptoms (associated with proactive and adjusted behaviour) and 2) The individual’s belief system regarding genetic assessment, which included aspects of stigmatization, conceptualization of genetics as in the realm of science fiction, ignorance or misinterpretation of family history or efficacy of screening, reliance on health care professional’s recommendation, and sense of fatality. These 2 categories, knowledge and belief, were not exclusive of each other and co-existed to some extent in each individual.

Conclusions/Implications: This study shows that most individuals with newly diagnosed CRC remain unaware of the possible benefits and limitations of genetic assessment because they possess a belief system associated with unrealistic/incorrect impressions of the utility of a genetic assessment for inherited predisposition. Our study also highlights the importance of health care professionals and the public health system in educating individuals so that they acquire a more realistic and appropriate knowledge concerning inherited CRC.

P-35

Nova Scotia Cancer Centre Nurses: Advocates for Care Coordination

Angela Whynot RN BScN CON(C), Darlene Arsenault RN CON(C), Jill Siddall-Mason RN CON(C), Launa Penney RN, Leslie Thorne RN CON(C), Lynda Eastham RN CON(C), Terry Murray BN RN CON(C), Joy Tarasuk RN BScN CON(C), Nova Scotia Cancer Centre, Capital Health, Halifax, NS, Canada

As patient advocates, oncology nurses contribute significantly to ensuring continuity of care for patients and their families. Much of what we do as ambulatory oncology nurses to facilitate the care coordination process is intangible. Practicing in a primary nursing model, we become specialized in the delivery of nursing care to specific patient populations. Although many of our processes are similar in the coordination of this care, each cancer site and its treatments have its own nuances. As cancer therapies are continuously evolving, the care coordination becomes more complex.

The Nova Scotia Cancer Centre Nursing Practice Council recognized the need to define the care coordination of various cancer treatment protocols. With limited resources in times of fiscal restraint, we decided to develop a reference guide. This will assist oncology nurses who may be assigned to work in a clinic in which they are not familiar, to ensure continuity of care.

Key components of the Care Coordination checklists include: treatment regimen; bloodwork or other investigations required; frequency of assessments; eligibility requirements; patient education; interdisciplinary collaboration.

This poster presentation will showcase the work of the Nova Scotia Cancer Centre Nursing Practice Council’s Care Coordination Checklists.
P-36

Pressure ulcer prevention on a hematology-oncology in-patient unit: successful results from the implementation of best practice guidelines


Introduction: Given the increasing prevalence of hospital-acquired pressure ulcers (HAPU) noted in our hospital, a Pressure Ulcer Prevention (PUP) program was implemented.

Methods: The PUP program uses a multidisciplinary approach and is based on best practice guidelines from the Institute for Healthcare Improvement. Essential elements of the program include conducting an admission pressure ulcer risk assessment for all patients, reassessing the risk for each patient on regular basis, keeping patients' skin dry and moisturized, optimizing nutrition and hydration, and minimizing pressure. Additional interventions were implemented, such as a full-day course for nurses, a 30-minute teaching session for multidisciplinary team members, nurse-led audits on documentation and skin integrity and the acquisition of new therapeutic mattresses and cushions, and improvements in identifying high-risk patients. Implementation was adapted to the needs of the patient population on our 34-bed hematology-oncology unit.

Results: In March 2010, a pressure ulcer prevalence survey showed that 29% of patients on our unit developed a HAPU. While the characteristics of our patient population have remained unchanged, the most recent prevalence study, done in March 2012, showed that no patients on our unit developed a HAPU.

Conclusion: Implementation of the multidisciplinary PUP program has led to a major decrease in HAPU over the last 2 years, and has resulted in a significant improvement in skin care for our hematology-oncology patients.

P-37

Model for Nursing Management of Patients on Oral Chemotherapy

Larissa Day, RN, MSc, CON(C), Althea Van Massop, RN, BSNC, Sunnybrook Health Science Centre, Toronto, ON, Canada

The last several years have led to major advances in systemic therapy treatment options for renal cell carcinoma. The introduction of oral agents has not only impacted life expectancy, but also nursing assessment and management of this population. Oral therapies offer several advantages including a reduction in treatment visits, lower costs, less invasive, and convenience for patients in maintaining daily activities. However, oral agents also come with disadvantages including variable absorption, unpredictable bioavailability, side effects/toxicities, safe handling concerns, and patient adherence issues.

As a large outpatient oncology center that attracts patients from great distances, reducing clinic visits is key. To decrease the impact of the disease and its treatment on the patients’ quality of life, once patients are stable on treatment, the frequency of visits are reduced to once every three months for assessment and restaging results. Between clinic visits nursing management strategies for monitoring and assessing these patients have been developed. Specifically, a specific follow up schedule, an electronic method of tracking patients, electronic documentation specific for renal cell patients and nursing assessment guidelines to determine if patients can continue on therapy.

In sharing our nursing methods and approach to the management of renal cell carcinoma patients, the goal is to educate nurses on the treatments and side effects/toxicities of the oral agents used in this population. In addition, these resources can also become a model for helping nurses to advocate for the coordination of care of this and other complex patient populations at their own cancer centres.
Abbott Laboratories
Pioneering. Achieving. Caring. Enduring. Those are the Abbott values. They represent our core vision. They create our drive. They guide our commitment. This is why our involvement in oncology has included every level of the field, and it is why we endeavor to create a treasure zone in oncology. Innovation. Réalisation. Dévouement. Persévérance. Telles sont les valeurs d'Abbott. Elles représentent notre principale vision. Elles sont notre source de motivation. Et elles guident nos actions. Voilà pourquoi nous nous impliquons à tous les niveaux et pourquoi nous déployons tous les efforts pour créer un véritable centre de ressources en oncologie.

Abbott Nutrition
Abbott Nutrition is behind some of the world's most trusted names in pediatric, adult and healthy living nutritional products, including Similac, Isomil, Ensure and Glucerna. Abbott Nutrition is a leader in nutritional products to help adults maintain an active, healthy lifestyle. We pioneered the market for adult nutrionals more than 30 years ago with the introduction of Ensure, a leading source of complete, balanced nutrition.

In addition to these well-known consumer brands, we also offer medical foods and feeding devices for patients with special dietary needs due to food allergies or diseases that affect the body's metabolism such as cancer, respiratory conditions and gastrointestinal impairment. We focus on combining the science of nutrition with state-of-the-art technology and design to offer nutritional products that are easy to use and meet the changing nutritional needs of people at each stage of life.

Advanced Innovations Inc. (Bio-Oil)
Bio-Oil is the best-selling scar product in Canada and is recommended by doctors and pharmacists around the world. Bio-Oil helps to reduce the appearance of all types of scars, including those from surgery. In addition to helping oncology patients with scarring, Bio-Oil can also help with the irritation and general healing of radiation burns. Its unique formula of vitamins and natural plant oils is non-greasy, rapidly absorbed and suitable for all skin types. Bio-Oil is available without a prescription at retailers across Canada. For more information, visit www.bio-oil.com

Amgen
Amgen Canada Inc. is a proud sponsor of the annual CANO/ACIO Conference. Amgen has changed the practice of medicine, helping millions of people around the world fight against cancer and other serious illnesses. Our broad and deep pipeline of potential new medicines allows us to remain committed to advancing sciences that dramatically improve peoples’ lives. Please visit us at booth 24 to find out more about Amgen’s products, patient education materials, services and programs dedicated to supporting both Oncology Nursing and their patients. For more information please visit our website at www.amgen.ca.

Bard Canada
Bard Canada is a division of C.R. Bard Inc, a leading multinational developer, manufacturer, and marketer of innovative, life enhancing medical technologies. As a leader in dialysis access, Bard strives to meet the needs of the Nephrologist and transplant professional by offering a full line of hemodialysis / apheresis catheters for both acute and long term applications.

Basis Medical Technologies
BASIS Medical Technologies specializes in the distribution, sales and marketing of innovative solutions for medicine and medical aesthetics. Our Canadian sales force sells directly to physicians, clinics and other professional clinics throughout the country. BASIS is the exclusive distributor of StrataXRT in the Canadian market. This novel, flexible wound dressing, was specifically designed and has been Health Canada approved for the prevention and treatment of radiation dermatitis. Use StrataXRT to relieve low grade inflammatory changes such as dry, itching, flaking, peeling or to reduce the pain, redness and heat associated with more severe radiation dermatitis. Visit www.basismedtech.ca for more information.

Bayer
At Bayer, we put science to work in the areas of health, nutrition and high-tech materials. Across Canada and around the world, we develop products that improve quality of life for people, animals and communities. We are focused on achievement, support entrepreneurship and share a common will to succeed. We value integrity, honesty, and openness, and we have respect for one another and the environment. We bring these values to life every day in the way we work.
BD
BD is a leading global medical technology company that develops, manufactures and sells medical devices, instrument systems and reagents. The Company is dedicated to improving people’s health throughout the world. BD is focused on improving drug delivery, enhancing the quality and speed of diagnosing infectious diseases and cancers, and advancing research, discovery and production of new drugs and vaccines. BD’s capabilities are instrumental in combating many of the world’s most pressing diseases. Founded in 1897 and headquartered in Franklin Lakes, New Jersey, BD employs approximately 29,000 associates in more than 50 countries throughout the world. The Company serves healthcare institutions, life science researchers, clinical laboratories, the pharmaceutical industry and the general public. For more information, please visit www.bd.com.

Beutlich Pharmaceuticals
Beutlich® Pharmaceuticals is a company that focuses on the development and commercialization of innovative OTC solutions for pain management and patient care. Beutlich has been offering healthcare professionals unique solutions for pain management and preventative care since 1954. We are a family-owned business whose integrity our customers can count on. We are best known for our family of HurriCaine Topical Anesthetics containing 20% Benzocaine. Since Beutlich introduced HurriCaine Topical Anesthetic over 40 years ago, doctors around the world have built better practices by easing their patients’ pain. HurriCaine is a brand you can trust and a product that patients will thank you for. HurriCaine Topical Anesthetic was the first of its kind, and remains the highest quality choice in the marketplace. Stop by our booth to learn more about HurriCaine Topical Anesthetics and other great Beutlich products.

Boehringer Ingelheim
Boehringer Ingelheim is a family-owned research-driven company dedicated to developing and manufacturing innovative medicines of high therapeutic value that improve health and quality of life of patients worldwide. Founded in 1885, the Boehringer Ingelheim group is among the world’s leading 20 pharmaceutical companies with 145 affiliates and more than 42,000 employees worldwide. In recent years Boehringer Ingelheim has dedicated a large portion of its research and development to cancer research and has more than 400 employees around the world who are committed to the discovery and development of both biopharmaceuticals and small-molecule drugs as agents for combating cancer.

The Canadian Cancer Society
Our free information and support services help improve the quality of life of Canadians living with cancer.

We offer information on 200+ types of cancer, cancer-related services and resources. Our highly-trained staff use credible sources to communicate information without giving advice or making recommendations.

Our peer support services connect patients and caregivers with fully screened and trained volunteers who have had or have cared for someone with cancer. Our volunteers listen, offer encouragement and share ideas for coping – all from their unique perspective as “someone who’s been there”.

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 supportive relationships.

For further information please call 1-888-939-3333, visit us at cancer.ca or drop by our booth.

Calmoseptine
Calmoseptine Ointment is a multi-purpose moisture barrier that protects and helps heal skin irritations. Calmoseptine temporarily relieves discomfort and itching. Free samples at our booth!

The Canadian Association of Nurses in Oncology (CANO/ACIO) is the national organization that supports Canadian nurses to promote and develop excellence in oncology nursing practice, education, research and leadership. CANO/ACIO’s mission is to lead nursing excellence in cancer control for Canadians, with a vision of being an international nursing leader in cancer control. We are a member-run association that takes direction from its members in formulating activities and initiatives.

Fondée en 1984, l’Association canadienne des infirmières en oncologie (ACIO/CANO) est un organisation 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.
**Celgene**

Celgene Corporation is a global, integrated, biopharmaceutical company primarily engaged in the discovery, development and commercialization of innovative therapies designed to treat cancer and immune-inflammatory related diseases.

Celgene est une société bipharmaceutique globale intégrée qui s’engage à découvrir, développer et mettre en marché des thérapies innovatrices pour traiter le cancer et des conditions inflammatoires du système immunitaire. www.celgene.com

**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 146,788 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 areas of nursing practice and more than 17,200 CNA-certified nurses in Canada. For more information about the CNA Certification Program, visit the CNA website at http://getcertified.cna-aiic.ca.

L'Association des infirmières et infirmiers du Canada (AIIC) est la voix professionnelle nationale des infirmières et des infirmiers autorisés du Canada. En tant que fédération de 11 associations et ordres provinciaux et territoriaux représentant 146 788 infirmières et infirmiers autorisés, l'AIIC fait progresser la pratique et la profession infirmière afin de renforcer les résultats pour la santé et de renforcer le système de santé public et sans but lucratif du Canada.

L’AIIC est chargée de la gestion globale du seul programme national qui offre la certification dans divers spécialités et domaines de pratique infirmière au Canada. L'AIIC offre actuellement des examens de certification en soins infirmiers dans 19 spécialités ou domaines de pratique infirmière, et plus de 17 200 infirmières et infirmiers sont certifiés au Canada. Pour obtenir plus de renseignements au sujet du programme de certification de l’AIIC, consulter le site Web de l’AIIC à http://obtenircertification.cna-aiic.ca

**Eisai Limited**

Eisai Limited was established in Canada on April 1, 2010. Our corporate mission involves giving first thought to patients and their families and to increasing the benefits health care provides, a concept called human health care (hhc). Eisai strives to find and develop new compounds that help to improve the lives of people. Global research focuses on the therapeutic areas: Neuroscience, Oncology & Vascular/Immunological Reactions.

Approved products in Canada: Aloxi® (palonosetron HCl), which prevents chemotherapy-induced nausea & vomiting, Halaven® (eribulin mesylate), a chemotherapy used for Metastatic Breast Cancer, Gliadel® Wafers, implantable chemotherapy for Glioblastoma, and Banzel®, which treats seizures associated

**Fertile Future**

Fertile Future is a national charitable organization that provides fertility preservation information and financial assistance to qualifying cancer patients and promotes cause awareness among oncology professionals.

Every year more than 10,000 Canadians between the ages of 20 and 44 are diagnosed with cancer – and over 80% will survive. Fertile Future strives to provide vital information to these patients about the availability of fertility preservation services, as well as to oncology professionals, enabling them to make timely patient referrals. Our objective is to provide information and assistance to young cancer patients to help them achieve the fullest life possible after cancer; a life complete with children.

**Hospira**

Hospira, Inc. is a global specialty pharmaceutical and medication delivery company dedicated to Advancing Wellness™ by developing, manufacturing and marketing products that help improve the efficacy of patient care. We invite you to visit the Hospira booth to see how the Symbiq™ General Infusion Pump and the ChemoCLAVE® Closed System Drug Transfer Device can increase patient and user safety in an oncology setting.

Hospira Inc. est une entreprise internationale de produits pharmaceutiques spécialisés et de systèmes d’administration de médicaments, qui s’est donnée pour mission d’ « Accroître le bien-être » MC par la mise au point, la fabrication et la commercialisation de produits destinés à améliorer l’ efficacité des soins. Nous vous invitons à visiter le kiosque de Hospira pour voir comment la pompe pour applications générales de perfusion SymbiqMC et le dispositif fermé de transfert de médicaments ChemoCLAVEMC peuvent améliorer la sécurité des patients et des utilisateurs en oncologie.

**ICU Medical Inc**

ICU Medical, Inc.’s ChemoCLAVE® system gives you a completely closed needle free system that is safe, intuitive, and easy to use during every step of the hazardous drug exposure so you can focus on your patient. ChemoCLAVE is the world’s only needle free Closed System Transfer Device for the Safe Handling of Hazardous Drugs. For more information please visit: www.icumed.com or 1-800-824-7890.
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Our purpose: Make a difference

As a member of the Janssen Pharmaceutical Companies of Johnson & Johnson, Janssen Inc. is dedicated to addressing and solving the most important unmet medical needs of our time. Driven by our commitment to the passionate pursuit of science for the benefit of patients, we work together to bring innovative ideas, products and services to patients across Canada and around the world.

Nous mettons la science au service des patients

À titre de membre du groupe des entreprises pharmaceutiques Janssen de Johnson & Johnson, Janssen Inc. s'emploie à répondre aux besoins non satisfaits les plus importants de notre temps. Poussé par notre passion de mettre la science au service des patients, nous collaborons à de nouvelles solutions, produits et services pour le bien des patients dans le monde entier.

Kidney Cancer Canada

Kidney Cancer Canada is a charitable patient-led support organization established to improve the quality of life for patients and their families living with kidney cancer. Kidney Cancer Canada advocates for access to new treatments, provides support and information to patients, funds much-needed research, and works to increase awareness of kidney cancer as a significant health issue.

Our Vision: To improve the lives of Canadians affected by kidney cancer.

Our Mission: To improve the lives of Canadians affected by kidney cancer by advocating for access to new treatments, promoting research, and providing support, information and education.

The Kidney Cancer Canada Nurses Network (KCCNN) provides a national resource for nurses, nursing students and other healthcare professionals working in the field of renal cell carcinoma.

KCCNN Vision: To connect, educate, support and facilitate collaboration between nurses practicing in the field of kidney cancer across Canada, in an effort to improve patient outcomes.

LEO Pharma

Founded in 1908, LEO Pharma is a global independent, research-based pharmaceutical company. LEO Pharma is committed to the discovery and development of novel drugs within the areas of dermatology and thrombosis, with the goal of ensuring we are improving patients’ lives. LEO Pharma has its own sales forces in 61 countries and employs more than 4,600 employees worldwide. For more information about LEO Pharma, visit www.leo-pharma.ca.

Visit the LEO Pharma booth to learn more about our products and our commitment to patient care in Canada.

Look Good Feel Better (CCTfA)

The Canadian Cosmetic, Toiletry and Fragrance Association Foundation is dedicated to helping lives affected by cancer through the Look Good Feel Better® and Facing Cancer Together™ programs.

Look Good Feel Better offers free two-hour workshops in 118 hospital and cancer care facilities, helping women address the ways cancer and its treatment can affect their appearance. Women learn cosmetic tips and techniques, hair alternatives and cosmetic hygiene to help them look and feel more like themselves again. The workshop also provides a safe place where they can share stories and insights with other women on the same journey. To learn more, visit lookgoodfeelbetter.ca.

FacingCancer.ca, is a warm and welcoming online community 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

Lundbeck

Montreal-based Lundbeck Canada, proud sponsor of CANO 2012, is a subsidiary of H. Lundbeck A/S, a leading international research-based pharmaceutical company. For more than a decade, Lundbeck has been a respected leader in developing and bringing central nervous system disorder treatments to Canadians in a way that reflects our Danish origins of respecting every individual and taking care of one another. It is with this mindset that Lundbeck is bringing new oncology treatments to Canada, wishing to give hope, strength and humanity to Canadian cancer patients. Visit us at lundbeck.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.

Visit the Lung Cancer Canada booth to learn more about our resources for cancer patients, their families and health care professionals.

Lymphoma Foundation Canada

We are Canada’s only national organization dedicated entirely to lymphoma.
LFC provides:
- Essential education and awareness of lymphoma
- Compassionate support and a listening ear
- Effective advocacy at all levels to assure patients and their families access the best care in Canada
- Fund progressive research
- Offer recognition of excellence in healthcare-nursing award

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Today’s Merck is working to help the world be well. Merck is a global health care leader with a diversified portfolio of prescription medicines, vaccines, consumer and animal health products. In Canada, Merck markets over 530 pharmaceutical, consumer and animal health products. Merck is a leader in a broad range of areas such as cardiology, infectious diseases, respiratory, vaccines, women’s health and sun care, and is focused on expanding offerings in other areas, including virology, oncology and diabetes.

For more information about our operations in Canada, visit www.merck.ca.

Novartis

Think what’s possible. Breakthrough medicines that answer an unmet medical need are our priority. Novartis Oncology is dedicated to discovering, developing and making broadly available novel therapies that improve and extend the lives of patients.

Repousser les limites du possible. Les percées médicales qui répondent aux besoins des patients sont notre priorité. Novartis Oncologie est dévouée à la découverte, au développement clinique et à l’obtention de l’accès à ses traitements innovateurs afin d’aider les personnes atteintes de cancer à vivre une vie plus longue et plus épanouissante.

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, with book titles in symptom management, chemotherapy administration, and survivorship, 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 who are interested in cancer care at any stage in the cancer care continuum, from screening and prevention to hospice/palliation. We match Ontario nurses, using a computerized confidential matching process, who wish to enter into a mentorship relationship to further advance their careers. The program recruits mentors nationally to ensure an adequate supply of intra- and interprofessional experts who are eager to share their expertise with a mentee. The program also provides access to a range of services and resources through face-to-face workshops, interactive webinars and a password protected website.

de Souza Institute is an innovative center of learning dedicated to improving cancer care by supporting excellence in oncology nursing. The Institute provides ongoing educational support, professional development and career counseling to Ontario nurses caring for patients and families living with cancer. Funded by the Ontario Ministry of Health and Long-Term Care, the Institute enhances nurses’ skills and knowledge by offering programs and workshops at no cost.

Paladin Labs Inc.

Paladin Labs, headquartered in Montreal, Quebec, is a specialty pharmaceutical company focused on acquiring or in-licensing innovative pharmaceutical products for the Canadian and world markets. Key products include Tridural (extended-release tramadol for moderate persistent pain), Abstral (fentanyl citrate sublingual tablets for breakthrough cancer pain) and Metadol (tablet or solution of methadone for severe pain).

Paladin est une compagnie pharmaceutique canadienne dont ses produits principaux sont Tridural (tramadol à libération prolongée pour la douleur modérée), Abstral (comprimes sublinguaux de citrate fentanyl pour les percées de douleur cancéreuse) et Metadol (comprimé ou d’une solution de méthadone pour le traitement de la douleur intense).

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A division of Pharmascience Inc.

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PENDOPHARM is a rapidly growing and independent business that focuses on commercializing a portfolio of specialty prescription products and an established line of OTC/BTC products.

Strategically committed to growth, PENDOPHARM is actively engaged in licensing, developing and marketing late-stage prescription products as well as consumer brands.

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Pfizer Canada Inc. is the Canadian operation of Pfizer Inc., the world’s leading biopharmaceutical company. The company is one of the largest contributors to health research in Canada.

Our diversified health care portfolio includes human and animal biologic and small molecule medicines and vaccines, as well as nutritional products and many of the world’s best-known consumer products. Every day, Pfizer Canada employees work to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time.
We apply science and our global resources to improve the health and well-being of Canadians at every stage of life. Our commitment is reflected in everything Pfizer does, from our disease awareness initiatives to our community partnerships, to our belief that it takes more than medication to be truly healthy. To learn more about Pfizer’s More than Medication philosophy and programs, visit morethanmedication.ca. To learn more about Pfizer Canada, visit www.pfizer.ca.

Rethink Breast Cancer

Rethink Breast Cancer is 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.roche canada.com

SANOFI

Sanofi, a global and diversified healthcare leader, discovers, develops and distributes therapeutic solutions focused on patients’ needs. Sanofi has core strengths in the field of healthcare with seven growth platforms: diabetes solutions, human vaccines, innovative drugs, consumer healthcare, emerging markets, animal health and the new Genzyme.

Sanofi companies in Canada include sanofi-aventis Canada Inc. (pharmaceuticals), Sanofi Pasteur (vaccines), Sanofi Consumer Health (health and beauty), Genzyme (rare diseases) and Merial (animal health). Together they employ more than 1,700 people, mainly in the greater Montreal and Toronto areas. In 2011 Sanofi companies invested $151.7 million in R&D in Canada, creating jobs, business and opportunity throughout the country.

Sanofi est un leader mondial et diversifié de la santé qui recherche, développe et commercialise des solutions thérapeutiques centrées sur les besoins des patients. Sanofi possède des atouts fondamentaux dans le domaine de la santé avec sept plateformes de croissance : la prise en charge du diabète, les vaccins humains, les produits innovants, la santé grand public, les marchés émergents, la santé animale et le nouveau Genzyme.

Les sociétés Sanofi au Canada comprennent Sanofi-aventis Canada Inc. (produits pharmaceutiques), Sanofi Pasteur (vaccins), Sanofi Santé grand public (santé et beauté), Genzyme (maladies rares) et Merial (santé animale). Ensemble, elles emploient plus de 1 700 personnes, principalement dans les régions métropolitaines de Montréal et de Toronto. En 2011, les sociétés Sanofi ont investi 151,7 millions de dollars dans la recherche et le développement au Canada, créant ainsi des emplois, de l’activité économique et des perspectives dans tout le pays.

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

Takeda Canada Inc.

Driven by passion. Committed to life.

We at Takeda have always been driven by passion: the passion to build a healthier society. For over 230 years, our core principles have guided us through a world of constant changes ensuring that we always act with integrity, always putting people first.

Today we are truly global, contributing to better health for millions of patients around the world. Takeda is dedicated to pharmaceutical innovation, tackling diseases for which there is currently no cure and expanding into new fields of treatment and therapy. Our commitment is to improve the quality of the most precious thing we know: life.
RECOGNIZING
CANO/ACIO STARS

We invite you to attend the CANO/ACIO Awards Ceremony!

The CANO/ACIO Awards Ceremony is scheduled for Saturday October 13, 2012 from 9:15 to 10:00 a.m. in the main plenary room. The Awards Ceremony will immediately follow the CANO/ACIO AGM.

At the ceremony we will recognize the extraordinary contributions of our members to their profession, their patients and their community.

THE FOLLOWING AWARDS WILL BE PRESENTED:

BOEHRINGER INGLEHEIM NURSE OF THE YEAR AWARD
ROCHE BREAST CANCER CARE AWARD
PFIZER AWARD FOR EXCELLENCE IN NURSING RESEARCH
PFIZER AWARD FOR EXCELLENCE IN NURSING EDUCATION
PFIZER AWARD FOR EXCELLENCE IN NURSING LEADERSHIP
PFIZER AWARD FOR EXCELLENCE IN NURSING CLINICAL PRACTICE
KIDNEY CANCER CANADA AWARD

As well we will present the Education Scholarships and Travel Grants.

OUR TWO AWARD LECTURESHIP ARE:

FRIDAY, OCT.12, 2012 FROM 9:45 AM TO 11 AM
Merck Lectureship and Award Presentation.

SATURDAY, OCT.13 FROM 2 PM TO 3 PM
Helene Hudson Lecture and Award Presentation sponsored by Amgen.

THE FOLLOWING ADDITIONAL ABSTRACT AWARDS ARE PRESENTATIONS AT THE CLOSING CEREMONY:

BRAIN TUMOUR ABSTRACT AWARD
LYMPHOMA FOUNDATION ADVOCACY AWARD

MANITOBA CHAPTER POSTER AWARD
OVARIAN CANCER CANADA AWARD

THE CLOSING CEREMONY IS

SUNDAY, OCTOBER 14, 2012 AT 3:30 P.M. IN THE PROVINCES/CONFEDERATION ROOM.

We wish to thank members for the leadership shown in nominating one of their colleagues for an award! And we wish to thank the sponsors of the awards!
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.

Science For a Better Life — It’s our promise and our commitment to all Canadians. Every day, we put science to work to improve the quality of life for people, for animals and for communities.

Our innovations in healthcare lead to breakthroughs that fight diseases and offer healthier alternatives to existing treatments. Our advances in crop science and animal health protect our food supply and improve nutrition. Our high-tech, high-performance materials improve the design and functionality of products we all use regularly.

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We at Takeda have always been driven by passion: the passion to build a healthier society. For over 230 years, our core principles have guided us through a world of constant changes ensuring that we always act with integrity, always putting people first.

Today we are truly global, contributing to better health for millions of patients around the world. Takeda is dedicated to pharmaceutical innovation, tackling diseases for which there is currently no cure and expanding into new fields of treatment and therapy. Our commitment is to improve the quality of the most precious thing we know: life.

At Merck, we work hard to keep the world well. How? By providing people all around the globe with innovative prescription medicines, vaccines, and consumer care and animal health products. We also provide leading healthcare solutions that make a difference. And we do it by listening to patients, physicians and our other partners — and anticipating their needs.

Not just healthcare.

We believe our responsibility includes making sure that our products reach people who need them, regardless of where they live or their ability to pay. So we’ve created many far-reaching programs and partnerships to accomplish this. You can learn more about them at merck.ca.

We continue on our journey to redefine ourselves to bring more hope to more people around the world. Our goals are clear and commitment is fierce. We are dedicated to solving problems and pursuing new answers.
IF ONE OF US CAN COME UP WITH AN IDEA TO HELP OUR PATIENTS, WHAT COULD ALL OF US COME UP WITH?
AT LUNDBECK CANADA, WE’RE COMMITTED TO SUPPORTING PATIENTS WITH CLL AND iNHL.

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- Extension tubes – Box of 200 disposable extension tubes
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20% Benzocaine for fast, temporary relief of occasional minor irritation and pain associated with sore mouth, gums and throat.

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May be used alone as a rinse or in one of the “Magic Mouth Rinse” Recipes below

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For patients experiencing mucositis or difficulty eating and drinking due to oral pain, recommend HurriCaine® OTC “Magic Mouth Rinse.” This mixture of over-the-counter ingredients provides fast, temporary relief so your patients can maintain nutrition and fluid intake comfortably. For patients experiencing oral thrush, try the Rx recipe for added relief.

Quickly ease your patient's oral pain

HurriCaine OTC “Magic Mouth Rinse” Recipe
- 15 mL (1 tablespoon) HurriCaine Topical Anaesthetic Liquid - Original Wild Cherry flavor
- 90 mL (6 tablespoons) liquid Benadryl®
- 90 mL (6 tablespoons) Maalox®
Instructions:
- Mix ingredients thoroughly
- Swish, gargle, expectorate or swish/swallow 1 teaspoon of mixture
- Wait one minute before eating

For the temporary relief of oral pain associated with stomatitis, mucositis and mouth ulcers

HurriCaine Rx “Magic Mouth Rinse” Recipe
- 15 mL (1 tablespoon) HurriCaine Topical Anaesthetic Liquid - Original Wild Cherry flavor
- 30 mL (2 tablespoons) Nystatin Oral Suspension USP
- 90 mL (6 tablespoons) Maalox®
Instructions:
- Mix ingredients thoroughly
- Swish, gargle, expectorate or swish/swallow 1 teaspoon of mixture
- Wait one minute before eating

For the temporary relief of oral pain associated with oral thrush

Don’t settle for substitutes. For more information, contact your Beutlich® Sales Representative or call us direct at: 1-800-238-8542 or 1-847-473-1100, M - F: 8:00 a.m. – 4:30 p.m. CST. www.beutlich.com. HurriCaine is a registered trademark of Beutlich Pharmaceuticals, LLC. *Benadryl is a registered trademark of Pfizer Consumer Healthcare Inc. **Maalox is a registered trademark of Novartis Consumer Health Inc.
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