

Workshop Title:	International Vision and Strategy
Date:	Thursday October 20th, 2016
Abstract:	<p>CANO/ACIO’s current vision includes a statement that CANO/ACIO is “... an influencing force internationally in advancing excellence in cancer nursing across the cancer control spectrum”. As such, we have a global role as an organization, with <i>the target of our activities being to advance cancer nursing excellence across the cancer control spectrum.</i> (http://www.cano-acio.ca/mission). This aspect of CANO/ACIO’s vision is not addressed specifically in CANO/ACIO’s strategic plan (2014-2016). However, with support of the board, a small working group was assembled to develop a framework and action plan to begin to move forward with this international vision.</p> <p>This small working group, in consultation with a select group of CANO/ACIO members with expertise and/or experience in the area, drafted a 4-phased framework to guide CANO/ACIO’s participation in the international arena. The 4 phases include <i>membership engagement, exchanging resources, international engagement, and building capacity for international relationships.</i></p> <p>The open workshop to all conference delegates will provide an overview of the 4-phased framework, with the objectives focusing on the first phase, <i>member engagement</i>. The workshop objectives include:</p> <ol style="list-style-type: none"> 1. Describe the issues and concerns of global health care as it relates to cancer 2. Introduce and receive feedback on CANO/ACIO’s draft international vision and framework for action 3. Consider next steps within the action plan 4. Engage members/delegates to participate in an ongoing fashion within the international plan
Goals/objectives:	See above

Workshop outline:	<ol style="list-style-type: none"> 1. Welcome and introductions 2. CANO/ACIO’s international mission, vision, and progress to date. 3. CANO/ACIO’s International working group discussion paper (2015) 4. Open group discussion 5. CANO/ACIO’s framework for international “engagement, exchange, influence and partnerships”. 6. Questions/discussion 7. Small group work – Brainstorm strategies to engage CANO/ACIO members in international work 8. Groups present back brainstorming ideas & strategies 9. Wrap up, summary & next steps
Board members sponsoring the event (names and roles)	<p>Shari Moura, DAL-External Marg Fitch, Editor-in-Chief, CONJ Tracy Truant, President</p> <p>Board members present at workshop: Linda Watson, Vice President Allyson Nowell, DAL Professional Practice Charissa Cordon, DAL Education Jagbir Kaur – DAL Membership</p>
Alignment with strategic plan	<p>CANO/ACIO’s current vision includes a statement that CANO/ACIO is “... an influencing force internationally in advancing excellence in cancer nursing across the cancer control spectrum”. As such, we have a global role as an organization, with <i>the target of our activities being to advance cancer nursing excellence across the cancer control spectrum.</i> (http://www.cano-acio.ca/mission). This aspect of CANO/ACIO’s vision is not addressed specifically in CANO/ACIO’s strategic plan (2014-2016). However, with support of the board, a small working group was assembled to develop a framework and action plan to begin to move forward with this international vision.</p>

Summary of notes and knowledge generated from the event

STRATEGIES FOR ENGAGEMENT

1. Clearly define CANO/ACIO’s mission and role in the international arena

- a. From increasing awareness, to linking members to opportunities (“brokering”), to actively engaging in reciprocal international opportunities.
 - b. Terms of reference, mission statement
2. Initiate CANO/ACIO International SIG
 - a. Identify members with experience/expertise
3. Engage all oncology nurses, including non-CANO members
 - a. Go to regional cancer centres, work with nursing leaders
 - b. Partner with CNA (there is a CNA international SIG)
 - c. Develop ways for oncology nurses to share stories of experiences in international work. Share stories and impact of exchange. Use website, “member spotlight”, CONJ
 - d. How to balance member needs with international work
 - i. Focus on exchange, reciprocal relationship
 - ii. Local needs don’t negate our responsibility of international community
 - iii. Bring learnings of exchange back – show benefit of reciprocity to members.
4. Communicate at chapter level
 - a. Increase awareness of work and framework
 - b. Develop standard presentation and give to local chapters, organizations/hospitals (especially helpful for non-active chapters)
5. Use CONJ, CANO Connections, Website
 - a. Include CONJ editorial about international framework; perhaps a special international issue could be published
 - b. Communicate opportunities for members to have experience (e.g. use CANO website to communicate opportunities)
6. Conference presentations and workshops; webinars
 - a. Increase awareness about international work and build capacity to engage in the international arena
 - b. CANO conference – “international symposium” for 2017? (annual CANO/ONS/ISNCC joint symposium at the conference)
7. Partner with ministries of health, gov’t agencies – where are the opportunities for CANO/ACIO to contribute locally or internationally?
8. Consider local engagement (e.g., marginalized populations) as first step? Similar skill set as international work? (e.g., cultural competencies, addressing the social determinants of health)
 - a. Could help engage members more, with local participation first.
9. Partner with other international oncology organizations (e.g., ISNCC, UICC, etc.). ISNCC could act as broker to link up organizations for reciprocal exchange.
10. Build capacity in members for international participation
 - a. What does building capacity mean?

- b. What do members need to lead in oncology care internationally?
 - c. What's the international work that we need to build capacity in?
 - d. Might need to start small with focused partnerships and build on this.
 - e. Need to prepare members with cultural context, and help to take knowledge for cultural relevance. Canadian norm isn't always applicable in other settings.
 - f. Core skill set for international work? E.g., cultural sensitivity, openness and respect of differences, etc.
 - g. Is there a way to link members with opportunities to participate in international project/work?
11. Build an inventory of resources asked for by countries/groups and consider ways in which these could be shared in appropriate manner
- a. Use focus groups to understand what resources are required.
 - b. What do our international partners need?
 - c. What are the most appropriate avenues for sharing these resources?
12. Learn from other organizations who have done international work.

Summary of how the goals/objectives were met, and next steps

A small and enthusiastic group of delegates attended the workshop. Some participants had already engaged in international work; others are interested and/or want to know how CANO/ACIO is participating in the international arena.

After introducing the participants to the background discussion paper, and the current framework for international “engagement, exchange, influence and partnerships”, the participants brainstormed strategies to move the framework forward. There was clear support for CANO’s intention to participate in the international arena and moving in the directions as presented. As a result of the brainstorming (captured in the notes above), the following next steps emerged:

- 1. Clearly define CANO/ACIO’s role in the international arena. Establish TOR, mission statement.
- 2. Establish CANO/ACIO International SIG.
- 3. Raise awareness among members/non-members (strategies identified above).

Names and contact information of attendees.

Name
Lorraine Martelli
Komal Patel
Simonne Simon

Collen Campbell
Suzanne Daniel
Megan Courval
Laura Giannantonio
Carly Sprogg
Bryan Jorgensen
Devey Page
Kj Janzen

Workshop Title:	Specialty Certification
Date:	Friday October 21st, 2016
Abstract:	<p>It is well recognized that specialized knowledge, skill and competency are required by nurses to meet the complex needs of cancer care. Oncology nursing certification demonstrates positive outcome for patients/families, nurses, and the organization. The Canadian Association of Nurses in Oncology (CANO) recommends that registered nurses working primarily with cancer patients or in cancer systems achieve the Canadian Nurses Association oncology certification by their 5th year of practice. 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, since 2008, the de Souza Institute has offered an innovative oncology study group which has been offered annually to support nurses achieving Canadian Nurses Association (CNA) oncology certification.</p> <p>More than 700 nurses have participated in the study group, with greater than 92% exam success rate.</p> <p>CANO, CNA, and de Souza Institute are three organizations with a common goal of supporting nursing excellence and creating oncology nursing leaders to enhance patient care outcomes. It is therefore natural for the three organizations to collaborate to bring awareness about and to encourage the writing of the CNA certification exam. CANO, CNA and de Souza Institute will collaborate to offer a 90 minute interactive workshop.</p>
Goals/objectives:	<p>In this workshop, the participants will:</p> <ol style="list-style-type: none"> 1. Hear success stories from nurses who have written the exam in the past and how it enhanced their professional development 2. Understand the new CNA certification process 3. Experience a sample lecture of a study group module 4. Have hands-on experience of writing a CNA mock exam
Workshop outline:	<ol style="list-style-type: none"> 1- Discuss CANO's Mission, Vision, and Position Statements regarding Specialty Certification (C. Cordon) 2- Small group discussion/facilitation to identify barriers to certification and how CANO can support members with certification process (C. Cordon) 3- Report back and large group discussion (C. Cordon)

	<ul style="list-style-type: none"> 4- Share the new CNA (re) certification Process (L. Vachon) 5- Share benefits of being CANO member, with deSouza courses and CNA certification pricing (L. Vachon) 6- Provide an overview of deSouza Institute and CNA study group process (K. Patel) 7- Provide oncologic emergency lecture (K. Patel) 8- Get RN to share experience with study group (RN) 9- Administer Mock Exam (K. Patel) 10- Take up answers to Mock Exam (K. Patel)
Board members sponsoring the event (names and roles)	Charissa Cordon, DAL- Education
Alignment with strategic plan	<p>2013-2016: Specialization, Education, and Knowledge Exchange</p> <p>2017-2019: Support oncology nurses to achieve and maintain specialized knowledge and skills</p>

Summary of notes and knowledge generated from the event – flip chart notes, discussion points, etc.:

Barriers to certification

- (1) Lack of Time
 - a. Balance between work and family
 - b. Hours of work
 - c. Too much, no energy
- (2) Lack of Confidence
- (3) Lack of motivation and encouragement
 - a. “what difference does it make”
 - b. No incentive
 - c. No willingness
- (4) Competing priorities
 - a. Continuing education focus vs. masters vs phd vs certification
- (5) Cost
- (6) No support from work
- (7) Lack of knowledge
 - a. About process or steps to take
 - b. Benefits

Workshop Title:	Writing for Publication – Submitting to the CONJ
Date:	Friday October 21st, 2016
Abstract:	The purpose of this instructional session is to assist authors who would like to submit an article to the Canadian Oncology Nursing Journal achieve success in their submission. Both first time and experienced authors are welcome. Members of the Editorial Board will provide an overview of the process for preparing a manuscript for submission, submitting the manuscript to the Journal Editor, and responding to the peer review feedback. The author guidelines for the Journal will be reviewed and discussed in detail (copies will be available at the session), including those for full manuscripts as well as shorter feature or brief communications. Topics suitable for the Journal will be illustrated. The session will be organized to be interactive and allow a substantial time for questions from the audience and responses from the members of the Editorial Board.
Goals/objectives:	<p>Objectives</p> <ol style="list-style-type: none"> 1) Help the participants ‘get started’ on writing for publication 2) Assist participants in sharing their work through publication in a peer-reviewed academic journal 3) Stimulate submissions to the CONJ
Workshop outline:	<p>The workshop took the form of an interactive session. A slide deck was used to guide the discussion and present some salient information about preparing and submitting a manuscript, but the majority of the time was left open for responding to questions from the attendees.</p> <p>The actual outline for the session was as follows</p> <ul style="list-style-type: none"> • Part A <ul style="list-style-type: none"> – Explain the CONJ guidelines for submission – Review suitability of topics for CONJ

	<ul style="list-style-type: none"> – Describe the peer review processes utilized – Questions and answers • Part B <ul style="list-style-type: none"> – Explore your ideas for articles, writing tips, preparation of your manuscript, and dealing with revisions...
Board members sponsoring the event (names and roles)	<p>Margaret Fitch, Editor-in-Chief, CONJ</p> <p>Sally Thorne, Member Editorial Committee</p> <p>Janice Chobanuk, Member Editorial Committee</p>
Alignment with strategic plan	<p>The Workshop is a member focused session in which we are building capacity in the participants to publish in an academic journal; at the same time we are fostering support for the CONJ.</p>

Summary of notes and knowledge generated from the event – flip chart notes, discussion points, etc.:

We did not take notes during the session. Questions from the audience focused primarily about how to prepare a manuscript, submit it to a journal, and deal with feedback from the peer review of the manuscript.

The participants indicated they found the session helpful and recommended it be given again next year.

Names and contact information of attendees. If names not available, number of attendees, whether or not they are members, and/or stakeholders.

Name
We did not take attendance at the session. Approximately 25 individuals attended.

Workshop Title:	Speed Mentoring to Enhance Oncology Nursing Research
Date:	Friday October 21 st , 2016
Abstract:	<p>Background: Imagine the benefit of having some of the great scholars you have been reading about put their minds to your research questions and shared interests. What about the chance to discuss getting started and building your team by speaking with doctoral students and nurses implementing research into clinical practice.</p> <p>Objective: The overall aim of this workshop is to provide attendees with short one-on-one mentoring by expert oncology researchers, doctoral students and advanced practice nurses involved with conducting nursing research and/or moving research into practice.</p> <p>Description of the workshop: Using “speed mentoring”, attendees are invited to participate in a series of 10-15 minute, focused conversations with mentors including researchers, doctoral students, and advanced practice nurses with expertise in oncology nursing research. Conversations may focus on such topics as shared research interests, conducting research, integrating research into clinical practice, handling ethical challenges, looking for funding, graduate studies, and developing research careers. Attendees will proceed to a mentor’s table to introduce themselves and ask their questions or share their research interests. When the bell rings, attendees will be asked to proceed to the next mentor. At the end of the workshop, attendees will be encouraged to reflect on discussions and plan their next steps.</p> <p>Relevance: Oncology nurses at every career stage, regardless of prior experience or research training are welcome to take advantage of this speed mentoring session and receive enthusiastic career cheerleading. Come with your research interests, questions and curiosities. We guarantee a lively dialogue!</p> <p>There will be opportunities for speed mentoring in English and</p>

	French.
Goals/objectives:	<p>To discuss inspiring experiences with conducting oncology nursing research.</p> <p>To support oncology nursing research by sharing experiences and resources.</p> <p>To build networks with others conducting oncology nursing research.</p>
Workshop outline:	<p>6 members of the Research Committee were available for speed mentoring. The first 10 minutes were used to introduce the 6 board members and describe the process. Then the alarm rang every 15 minutes and attendees were asked to move tables to discuss their question(s) with another board member. The last 5 minutes were used to obtain feedback on the speed mentoring session from attendees and research committee members.</p>
Board members sponsoring the event (names and roles)	<p>CANO Research Committee: D Stacey, A Benea, L Lambert, V Lee, C Maheu, K Haase, J Stephens, S Thorne, K Wilkins</p> <p>D Stacey is the Director at Large – Research on the Board of directors</p> <p>Leah Lambert and Kirsten Haase and Jennifer Stephens are members of the doctoral student Network</p> <p>Aronela Benea is a CNS</p> <p>Virginia Lee is a doctoral prepared nurse responsible for research at McGill University Health Network</p> <p>Christine Maheu, Sally Thorne, Kristen Wilkins, and Dawn Stacey are faculty members in Schools of Nursing from across Canada</p>
Alignment with strategic plan	<p>Expand resource networks and opportunities for research capacity building and knowledge exchange</p> <ul style="list-style-type: none"> - Annual conference workshop opportunities for members - Engage membership

	- Support doctoral student network
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Summary of notes and knowledge generated from the event – flip chart notes, discussion points, etc.:

None as the discussion were focused on the questions and needs of the conference attendees coming to the session

Summary of how the goals/objectives were met, and next steps

Attendee were encouraged to think about moving their research project forward with making a commitment to what are the next steps to be accomplished within the next 2 to 4 weeks.

Names and contact information of attendees. If names not available, number of attendees, whether or not they are members, and/or stakeholders.

WE DID NOT COLLECT INFORMATION ON ATTENDEES. IN TOTAL THERE WERE 7 CONFERENCE ATTENDEES WHO PARTICIPATED IN SPEED MENTORING. IF THIS IS REQUIRED, THEN WE NEED TO COLLECT IT IN THE SESSION

Name	Contact Information

Workshop Title:	A National Conversation about Oncology Nursing Contribution to Navigation
Date:	Saturday October 22nd, 2016
Abstract:	<p>In 2012, the Canadian Partnership against Cancer (CPAC) released a national document titled “Navigation: A guide to implementing best practices in Person-Centred Care”. The purpose of this guide was to convey the advances made in the field of Navigation as a result of the numerous activities that were sponsored by CPAC and supported by Oncology Nursing leaders from across Canada over the previous 5 years. As a result of this foundational work, many provinces in Canada now recognize that Navigation is a key component of an integrated system of cancer care and as an effective way to improve the delivery of person-centred care. Interest in Navigation programs continues to grow among patients, health care providers, program leaders, and policy-makers across Canada as a means to improve coordination and continuity of care, and to facilitate timely access to health care services. Across Canada, all registered nurses who specialize in oncology have navigation and care coordination as a core competency within their practice regardless of where they are situated on the care continuum.</p> <p>Further, specialized oncology nurses are the most common professional to fill professional cancer patient navigator roles. As the understanding of cancer patient navigation has matured significantly since 2012, it seems timely to reopen the national dialogue about how oncology nurses contribute to cancer patient navigation and how enhancing patient access to navigational support contributes to the delivery of high quality, person-centred care. Oncology nurses who are involved in cancer patient navigation from across Canada are invited to participate in this national discussion to share their experience and discuss CANOs role in promoting the oncology nursing role in the continued evolution of Cancer patient navigation.</p>
Goals/objectives:	1. Participants will understand the connection between improved navigation supports and high quality, person centred

	<p>care delivery</p> <p>2. Participants will learn of the variety of ways that cancer patient navigation has been operationalized in different provincialcancer agencies</p> <p>3. Participants will explore CANOs role in promoting the oncology nursing role as it relates to cancer patient navigation.</p>
Workshop outline:	<ol style="list-style-type: none"> 1. Introductions 2. Review of evolution of navigation in Canada 3. Current State of Navigation in Canada 4. Identifying Strengths, Opportunities and Challenges 5. Discussion – What role can CANO play in supporting Cancer Patient Navigation in Canada
Board members sponsoring the event (names and roles)	<p>Linda Watson, VP</p> <p>Marg Fitch, Editor-in-Chief, CONJ</p> <p>Tracy Truant, President</p>
Alignment with strategic plan	<p>Be a strong collective voice for oncology nursing</p> <p>Support oncology nurses to achieve and maintain specialized knowledge and skill</p>

Summary of notes and knowledge generated from the event – flip chart notes, discussion points, etc.:

PEI:

- All nurses are navigators within the context of being an oncology nurse.
- There is one nurse who specifically is designated as a navigator; mental health background; located in main centre in Charlottetown but travels to Summerside 1 day a week
- Main gap in patient care is the interval before connection to cancer centre navigator role is not well known yet at that point/evolving
- After care (survivor follow up) is evolving

NS:

- 1 health authority in NS
- 9 navigators, “generalist”; community based tend to follow the patient throughout the continuum of care: follow patient through entire experience, if patient in active treatment navigator steps back
- Navigators at the cancer centre in Halifax focus on H&N, 2 for breast, and CNS; step in once the patient is at centre
- 8 peds navigators at IWK Hospital in Halifax (generalists)
- All navigators are RNs; have found through experience that this is the best fit for the role
- Education – ONDEC, on the job training, navigation curriculum from (both ONDEC and Navigation curriculum are from Alberta, but both have been suspended at this time- concern about this and the gap this leaves in other provinces
- Provincially structured Navigation network with manager of navigation
- Navigators serve as mentors for one another

QC:

- Infirmiere Pivot en Oncologie (IPO); nurses only (no lay navigators); ~250 in province
- Supported by provincial government: provincial structure
- Excellent model until there are more patients than current navigators can handle. Need to figure out how to stratify needs and assign navigators based on patient needs.
- Access to IPO varies across province; each centre has rules for who sees an IPO
- Variation in models depending on size of centre – Large centre: IPOs are site specific; smaller centre: IPOs are generalists
- Most IPO models focus largely on chemo patients
- IPO meets patient at group chemo teach, receive standard assessment
- Most care delivered by telephone
- Evaluation being done to determine impact of IPO on patient outcomes; also when is the optimal time to “end” the IPO relationship
- Provincial framework for IPO: 4 functions (assessment, teaching, coordination, support)
- Education: 21 hour program of e-learning; continuing education for some
- Variation in IPO at the Jewish General:
 - Blended CNS/Navigator role; patient navigation key piece, but also do teaching, research, etc.
 - Site specific
 - Assigned to specific clinics with increased complexity of needs: AYA, nutrition, rehab, palliative care
 - See patients throughout trajectory when their needs escalate (can be inpatient; ambulatory, etc) “dancing in and out of the trajectory”.

ON:

- Many types of navigators situated in a variety of settings, populations, point in trajectory, etc. across the province (no overarching provincial structure or standards):
 - Diagnostic assessment program (DAP) – roles across program vary; some are clerical navigators
 - Complex malignant haematology – shared care model – tertiary and primary care
 - Thoracic centres of excellence (surgery) – shared care model
 - Peer navigation – not formally trained
 - Stem cell transplant
 - Lung patients – dietician as navigator
 - Aboriginal/indigenous navigators – Approx.. 10-14 in province; navigator works with MD
 - CCS peer navigation
 - De Souza – navigation course
 - Peds Interlink navigation (community)
 - Ottawa – case based; defined start and stop times for navigators.
 - Specialized oncology nurse with additional self-directed learning
 - Gaps: GU patients who may only receive surgery (out of traditional cancer care system); private patients
 - The role is primarily organizationally based; different roles and responsibilities as a result; every region/DAP is different; there is no overarching provincial model
 - Clerical navigation models are also being tested

MB:

- CPAC project to address wait times and increase access helped to implement navigation roles; navigators can see the patient before starting treatment and support as needed.
- Provincial system transformation to embrace navigation teams; establish “hubs”; work with primary care
- Initially roles were implemented in rural settings but are now being utilized in urban settings
- In Winnipeg the focus ins on reducing ER visits, especially for patients with advanced disease who are awaiting clinic appointments; navigators can visit in person or contact by phone
- Works closely with palliative care, rapid diagnostic clinic, family doctors (good network in the province)
- There is a common role description and orientation to the role.
- Provincially organized. Have a manager. Navigators are situated in rural locations and are generalist in their scope.

SK:

- Intake navigators (primary focus on newly referred to the cancer centre - do not follow patient forward)
- Peer navigation – in development
- Navigators are the first point of contact and connect patients to resources as needed

AB:

- 3 models:
 - Generalist – from diagnosis to end of life care; any site – located in rural in isolated communities that have cancer care facilities. Provincially managed/organized. Standard Job description, orientation, standard documentation, local context influenced detail of how the role is shaped
 - One indigenous navigator located at the CCI, but funded by Indigenous health. She is a generalist, and works closely with the Community oncology navigation program referenced above. She is a RN with oncology experience. Same job description as CO navigators, documentation and orientation and workload all standard to above program.
 - Breast cancer – from suspicion to first surgical consult- three similar breast health programs (Edmonton/red deer, Calgary, and Lethbridge-but not provincially managed or coordinated)
 - TG triage coordinators – all look different; move patient into system – from intake to first consultation; reduce bottlenecks of care; tumour group specific roles located at the two tertiary centres in Edmonton and Calgary (no standard role, no standard orientation)
 - In rural settings navigators often make first contact; patient and family can always refer back if they wish help; when patient goes to clinic, the navigator takes a back seat in care delivery, and is access primarily for complex care needs
 - At Tom Baker in Calgary, primary nurses work with physicians and navigate those patients through tx and follow up
 - Two individual works as an inpatient navigators with hematology patients, one out of one of Calgary’s acute care hospitals the other out of the U of A in Edmonton but they do not formally collaborate, nor do they share role descriptions.
 - Other outliers, breast navigators at Misericordia, ovarian navigator at the Royal Alex in Edmonton

BC:

- No coordinated system of specific navigation roles for nurses; goal is to empower all oncology nurses to navigate, regardless of roles. Looking at models of care to position nurses in the cancer care system relative to patient needs, support to practice to full scope; rather than limit to another layer of “navigator” nursing roles.

- Some breast nurse navigators (historical – soft funded, not evaluated, tied to physician practice rather than enact full nursing scope)
- NPs attached to tumor groups; some in primary care; may bridge gaps in care.

Discussion points:

- BIG structural issues that impact “navigation” e.g. power, value of nursing, etc.
- Cancer system is currently under duress and patients are in need; often staff nurses do not have the necessary knowledge, time, or scope within their role to assist patients as needed (as many patient needs extend beyond the scope of care primarily delivered in the acute ambulatory cancer system, but still include coordination between cancer system and other health systems and providers)
- Range in ideas about navigators as a role in oncology nursing versus navigation as a function that the cancer system requires; or should we be thinking about how to empower patients to be their own navigators?
- What does it mean to a patient to have a navigator? What does every patient expect? General assumption is that it is better for the patient to have a navigator in the current system.
- CANO has a role to play in leading the way.

Recommendations:

1. Ground all conversations about navigation within the specialized oncology nurse role, that includes navigation/care coordination as one key role dimension (alongside comprehensive health assessment, therapeutic relationships, symptom management, teaching and coaching, decision making and advocacy, professional practice and leadership). The specialized oncology nurse foregrounds and backgrounds aspects of these role dimensions, depending on what are the relevant patient needs.
2. Look at navigation from the public perspective (CPAC input here)
 - a. Concerned about gap between patient expectation and experience of care; navigation to close the gap?
 - b. Partner to characterize the public/patient perception of navigation
3. Measure outcomes from “navigation roles”
4. Acknowledge that navigator roles are not taking anything away from the specialized oncology nurse role, but rather are RN roles designed to have a primary focus on navigation/care coordination, where other RN roles have a more diverse focus across the role dimensions.
5. Reduce barriers to optimally placing specialized oncology nurses within the cancer care system to optimally address patient needs. Consider structural, contextual, and other factors shaping the fragmented cancer care system in addition to navigator roles (otherwise navigator roles are bandaids for broken system). Nurses must use our voice for advocacy and system change.

6. CANO should have another session at the conference next year to pull apart the layers of navigation and determine CANO’s role in setting a bar/direction for oncology nurse navigation in Canada
7. CANO should have a policy or position statement on nurse “navigation”
8. Develop a Navigation SIG to further this discussion

Summary of how the goals/objectives were met, and next steps

Following introductions by participants, a short history of the development of navigation and navigators in Canada was presented. The session then proceeded with short summaries of the current status of navigation and navigators in each province. The summaries were provided by participants from each province in an informal manner and notes were summarized. A short time was spent in open discussion focused on next steps for the group and the potential for CANO to take a leadership role.

Names and contact information of attendees. If names not available, number of attendees, whether or not they are members, and/or stakeholders.

Name
Janice Chobanuk (CCA/AB)
Denise Gibson (Pfizer)
Kristina Vimy (CCA/AB)
Liz Ross (CCA/AB)
Robbie Allen (Covenant/AB)
Kara McQuaid-Duffy (PEI)
Karen Raymaaker (AHS/AB)
Jennifer Anderson (AB)
Liz Stenecker – (AB)
Sarah Champ (AB)
Allison Wiens (MB)
Zenith Poole (MB)
Janice Petruk (AB)

Tammy Koch (AB)
Megan Courval (RT nurse from Abbotsford; BC)
Jagbir Kaur (BC)
Fay Strohschein (Que – Jewish General)
Cheryl Howe (AB)
Karlene Phillips (AB)
Brenda Canitz (CNO, BCCA)
Janet Bates (AB)
Colleen Campbell (Barrie, ON)
Leslie Moody (CCO; person centred care)
Denise Bryant-Lukosius (ON)
Barb Hues (CCM)
Sandra Guzzwell (AB)
Dan Thomas (AB)
Carole Robertson (AB)
Jennifer Smylie - Ottawa
Lynn Kaichuck (Ottawa)
Maria-Gabriella Ruiz (Quebec City)
Anne Plante (Montreal)
Jacqui Hoganson (Purdue Canada)
Allyson Nowell (Sunnybrook)
Darlene Holmes (NS)
Heather Brander (Community – NS)

Charissa Cordon (ON)
Shari Moura (ON)
Lori Kirkaldy (Indigenous nurse navigator)

Workshop Title:	Clarifying Oncology Nursing Roles and their Impact on High Quality Cancer Care
Date:	Sunday October 23 rd , 2016
Abstract:	<p>Diversity in nursing roles has always been an important part of ensuring high quality nursing care across the oncology care continuum. Recently, with pressures on changes to models of care and skill mixes, the need for further discussion and guidance around the impact of nursing roles in oncology care has increased. It is essential that CANO/ACIO, as the national professional association for oncology nurses in Canada, articulate a framework for oncology nursing roles that collectively provide high quality services that meet the needs of people at risk for/living with cancer and reduce the burden of cancer in Canada.</p> <p>The goal of this workshop is to gain input from Canadian oncology nursing experts regarding a range of oncology nursing roles and the contribution they make to high quality cancer care. Through interactive group discussions, workshop participants will provide input to define the range of oncology nursing roles and in developing the overarching scope of the work. Discussions also will focus on competencies around each nursing role impacting high quality cancer care. Input generated from this workshop will inform the initial phase in the development of a national CANO/ACIO oncology nursing roles framework document. This session is open to all delegates.</p>
Goals/objectives:	<p>Workshop Overview:</p> <ul style="list-style-type: none"> • The goal of this workshop is to gain input from Canadian oncology nursing experts regarding a range of oncology nursing roles and the contribution they make to high quality cancer care. • Through interactive group discussions, workshop participants will provide input to the EdCan Framework as a foundation for discussing all nursing roles impact on high quality cancer care.

	<ul style="list-style-type: none"> Input generated from this workshop will inform the initial phase in the development of a national CANO/ACIO oncology nursing roles framework document.
Workshop outline:	<ol style="list-style-type: none"> 1. Background 2. Current Context 3. Framework Introduction 4. Small Group Discussion 5. Large Group Discussion 6. Summary and Future Directions
Board members sponsoring the event (names and roles)	<p>Allyson Nowell, RN, MSc, CON(C) Linda Wright, RN, PhD, CON(C) Tracy Truant, RN, MSN, PhD (c)</p>
Alignment with strategic plan	<p>Setting a foundational Framework for all CANO work around Nursing's' contribution to High Quality Cancer Care including future Standards and Competencies and Position Statements.</p>

Summary of notes and knowledge generated from the event – flip chart notes, discussion points, etc.:

- Introduction and background presented
- Attendees split into 3 tables
- Asked to review EdCan Framework (attached) and have discussion on consider:
 - If the EdCan framework was adopted by CANO could it be used for a foundational framework for Standards and Competencies for all nursing roles across the cancer continuum?
 - What benefits are there to the framework?
 - What possible gaps to the framework?

Framework Feedback

- All groups felt the Framework was a good foundation for CANO to frame its roles discussion and work around.
- All of the tables discussed components that would need to further flushed out around 'Dimensions of the Roles' such as types (RN, APN, RPN/LPN), settings (community,

acute care, rural), outliers (Leadership/Educator, Navigators, telepractice), educational (College, Bacc, MSc, PhD)

- How size of institution effects resources, funding etc.
- Consider how the Framework fits w/i interdisciplinary team
- Each level can focus further – such as type of Generalist (community versus surgical RN), types of specialization (geriatric, site based – heme, breast etc.) – skills on simply transferrable
- Each level to discuss Competencies:
 - Knowledge of cancer population at each level
 - Scope within each level/practice
 - Include examples of areas of practice e.g. telepractice (just because you can, should you)
 - Frame it about the pt and the care they should receive – Framework should include decision making around care of pt
 - when to refer to next level
 - details around knowledge and skill set
 - discussing difference between ‘capability’ vs ‘knowledge’ – critical thinking
- Framework should think in terms of access – all pts must have access to all levels. How do we develop this framework in a way that facilitates those models
- Can the PEPPA framework be expanded as a decision making tool for each level of EdCan framework – example of Synergy model focusing on pt care needs
- Framework is a way for CANO to ‘acknowledge Nursing Family’
- Tool to advocate for oncology context and competencies outside of oncology settings
- Last group redesigned Framework along Novice to Expert for all levels with all roles at all levels – not all agreed with redesign and felt Novice to expert was more a learning pathway and not necessarily a Framework to highlight nursing roles across continuum

Summary of how the goals/objectives were met, and next steps

- CANO and DAL PP to look at setting up working group to move forward with how to use Framework and work required to develop document
- All attendees provided email contact to be updated and many interested in supporting work going forward
- DAL PP to connect with President and VP to discuss next steps including:
 - Acceptance of Framework
 - Connecting with Australia group
 - Outline for goal of document moving forward and set up of working group

Names and contact information of attendees. If names not available, number of attendees, whether or not they are members, and/or stakeholders.

Name	Contact Information
19 attendees – attached scanned document of list	