Best of CANO/ACIO

Highlights from the
2016 CANO/ACIO Conference
Future Ready: Together, Towards Tomorrow
Prets Pour Demain, Ensemble Vers L’avenir
Objectives

The objectives for developing the Best of CANO/ACIO was to highlight key elements and salient information from the 2016 CANO Conference as

• A review for people who attended
• An update for CANO members and/or oncology nurses who were unable to attend the conference
Highlights

• Keynote Address
• Concurrent Session Themes
  – Education Program Development
  – Practice
  – Patient Experience
  – Survivorship
• Board Sponsored Workshops
• Annual General Meeting: 2017-2019 CANO Strategic Directions
• 2017 Conference
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Developed by CANO/ACIO Education Committee
Keynote Address: David Price

- David Price shared his personal experience with the Healthcare System in Alberta
- His son Greg, a 30 year old Mechanical Engineer, was diagnosed with Testicular Cancer in 2012.
  - In April 2011, Greg was examined by a physician. He expressed concerns about this testicles and was informed to monitor
  - On February 10, 2012 Greg was referred to a specialist
  - 99 days after this referral, Greg passed away in the ED
Keynote Address: David Price

• The Health Quality Council of Alberta conducted a Continuity of Care Study, and released a report outlining its findings with key recommendations to enhance the system

• David Price and his family have been doing advocacy work to improve the healthcare system
Keynote Address: Jennifer Wiernikowski
Leading Wherever and Whenever

Five Practices of Exemplary Leadership
1. Model the Way
2. Inspire a Shared Vision
3. Challenge the Process
4. Enable Others to Act
5. Encourage the Heart
Board Sponsored Workshops

• International Vision and Strategy
  – Group discussed how to define CANO’s role in engaging in the international arena
  – Identified key first steps, which includes the development of a Special Interest Group for International Work

• Specialty Certification
  – CANO, DeSouza Institute, and CNA discussed the new CNA Certification process
  – Group discussed barriers for nurses with obtaining specialty certification and role of CANO to support the process
• A National conversation about Oncology Nursing Contribution to Navigation
  – Group discussed nurses’ role in navigation and the various navigation roles across the country. Benefits supporting patients to navigate the system and the importance of navigation roles were discussed

• Clarifying Oncology Nursing roles and their Impact on High Quality Cancer Care
  – Discussed the EdCan framework from Australia
Format for presenting information

• **Problem/Issue**: What is the issue or problem that the presenters are trying to address?

• **Context/Process**: What is the context of the issue? How did they address the problem?

• **Impact/Outcome**: What were the results of their intervention?

• **Key Messages**: What key messages did you take away from this presentation? What were some of their lessons learned?

Five key Concepts: Patients, Navigation/Transition, Technology, Practice, & Education
Patients
Problem/Issue: To explore post-traumatic growth (PTG) after cancer
Context/Process: Synthesized 10 years of research on Meaning-Making Intervention with oncology patients and nurses
Impact/Outcome: Positive experiences from participants, and have reported enhanced perceptions of personal growth, positive ways of relating to others, and open doors to new possibilities
Key Messages: By learning about the nature of PTG and its related concepts, nurses can inspire creative approaches to patient centered care.

Lee, V., Robitaille, A., Reilly, R., Loux, K. Compassion, Connection, Community: Preserving traditional core values to meet future challenges in oncology nursing practice
Problem/Issue: A case study which shares the results of collaborative research between Wellspring Calgary, the Patient and Community Engagement Program of U of Calgary, and Institute of Public Health to better understand patient engagement.

Context/Process: Grounded Theory, using participant observation and focus groups for data collection.

Impact/Outcome: Identified stressors seen in participants in ways to elevate health.

Key Messages: Patients are further strengthened by improving their health through active methods of adaptive responses.
Patient Reported Outcomes

Watson, L., Bulych, D., Taylor-Brown, J., Harnessing patient experience data to optimize clinical care: A tri-provincial quality improvement collaborative

**Problem/Issue:** Enhancing the patient experience by using Patient-Reported-Outcomes (PROs)

**Context/Process:** Three cancer agencies are working together to collect and utilize PROs, in order to inform and improve care

**Impact/Outcome:** Alberta Health Services is developing a dashboard which includes ESAS mapping, responses to distress and the patient care plan. This information will be visible on 1 page

**Key Messages:** PROs are shaping the future of healthcare. The tri-province collaboration is beneficial as they can share gains, ideas, and lessons learned. Understanding PROs allows for targeted education for clinicians.
Problem/Issue: Adolescents and Young Adults (less than 40 years of age) have different needs than adult patients being treated for cancer

Context/Process: An AYA Consultant/Clinical Nurse Specialist is employed at University Health Network - Toronto to enhance AYA experience.

Impact/Outcome: AYA newsletter (PMH) created. AYA Consultant /CNS position surveyed the AYA population and survey showed that the AYA consultant / CNS had the most impact in social support and fertility.
Problem/Issue: Hospital at home program for pediatric patients to improve hospital care at home (Better QOL, and family centered care)

Context/Process: For pediatric oncology patient and not to duplicate services offered in community. Improved care and capacity in the hospital. Provided services in the home (i.e. IV push, IV insertions, NG tubes, etc)

Impact/Outcome: Patient is able to stay at home longer (i.e. 3 days cared for at home, 1 day in clinic), decreased hospitalization

Key Messages: Positive feedback, and consistent with literature. Continue to add more services/RNs/NPs. Need to ensure long-term sustainability and growth.
Problem/Issue: Canadian Cancer Society to better understand patient and family information needs.

Context/Process: CCS put out requests for participants via social media platforms such as through Facebook®, Twitter®, and YouTube®. An online community was developed.

Impact/Outcome: Medical information needs are being well met. Parents need more coping and support related information (i.e. mental health, depression, anxiety and insomnia).

Key Messages: Need to provide information tailored to child’s age (pre-school vs. school age vs middle school vs highschool).
Empowering Self-Management

Jolicœur, L., Barton, G., Newton, J., Killam, A. Building a Patient Self-Management Infrastructure of Symptom Management: Getting Ready for the Future One Block at a Time

**Problem/Issue:** Many new initiatives with screening symptoms. Knowledge translation of these focus on implementation, not often patients. Ottawa Hospital had low screening for distress rates ~35 %

**Context/Process:** Took Continuous Quality Improvement approach to increase the uptake in screening.

**Impact/Outcome:** Increased uptake in screening to 76%, which was sustained over the year. Fostering staff commitment to self-management

**Key Messages:** Found need to train HCPs in health literacy and self-management. Continuous QI is a coil, it is continuous, with no obvious start and end.
Problem/Issue: Breast cancer patients have many issues at diagnosis. Gap was noted on diagnosis regarding patient informational needs and support.

Context/Process: Developed information sessions for newly diagnosed patients and families

- Weekly 2 hour sessions
- Content starts with disease, treatment, healthy lifestyle
- Progresses to emotional responses and resources

Impact/Outcome: Found increased understanding of disease, was coherent with other messages patients receive re disease and treatment. Satisfied with format, quality and content of sessions. Distress decreased from 4.1 - 2.9
Problem/Issue: Screening for distress (SFD) is endorsed nationally to address issues patients may be facing. Despite recommendations, barriers to implementation exist.

Context/Process: Storytelling is a way to impact the understanding of frontline staff to the importance of SFD. A series of stories were created from patient and practitioner point of views to assist in the understanding of SFD.

Impact/Outcome: Videos created an outlet for discussion. Discussion notes to go along with the videos helped outline the important points highlighted in the videos. Created space to discuss SFD, including myths of SFD.
Problem/Issue: How might we understand the use of digital stories as a psychological tool? How does viewing these affect Health Care Provider (HCP) practice?

Context/Process: Digital storytelling is short, first person, narrative stories using voice, still and moving pictures, and music


Key Messages: Storytelling is therapeutic tool, which help HCPs understand the patient experience; stories powerful, impactful, therapeutic, and educational
Navigation/Transition
**Problem/Issue:** Multiple myeloma patients have many complexities with this incurable but treatable disease. Treatment of choice is autologous stem cell transplant. Delays can greatly impact their ability to proceed with transplant.

**Context/Process:** MM coordinator connected with the rural cancer patient navigators to help smooth the road for these patients.

**Impact/Outcome:** Benefits of connecting with a navigator: Patient has a contact close to home they can connect with, Navigator can inform was is feasible at site, Increased patient confidence, Enhanced communication with onsite physician.

**Key Messages:** Communication is essential, not all information makes it to the electronic chart.
**Problem/Issue:** Cancer patients in Ontario required a streamlined approach to time to diagnosis and treatment. Ontario implemented diagnostic assessment programs in 2007 to improve quality/accessibility of care.

**Context/Process:** Created specific referral process, and resources to streamline time to treatment. Worked together as an interprofessional team, including navigation to define the criteria for patients. Created medical directives

**Impact/Outcome:** Patients report more holistic approach, Management of patients are thorough, Patient received timely, efficient, effective care, Increased satisfaction of HCPs, Increased patient care closer to home

**Key Messages:** Having well defined tools created by a multidisciplinary team are effective in managing patients and ensuring all needs are met.
Navigation


Problem/Issue: Cancer patients in rural Alberta have more complex journey due to the isolation in their areas and limited access to services. Each community in Alberta is unique, with different services,

Context/Process: A need for a navigator in each community is important to ensure patients have access to a single point in care to assist them in accessing resources in the local community. Alberta has instituted navigators in 14 sites across Alberta. Impact/Outcome: Having a local navigator helps patients connect early to needed resources/services available. Local navigators assist in smoothing the journey, as they are a key contact at transition points.

Key Messages: Connections within local communities are key
Problem/Issue. 45% of cancers can be attributed to modifiable risk factors: Tobacco, alcohol, obesity. Cancer #s increasing in those with these risk factors → 125% since 1992. 1 in 7 cases of cancers are caused by tobacco. Smoking related to increased mortality, post op complications and side effects with treatment. Numerous programs available to assist patients with tobacco use, but they are not tailored to patients needs

Context/Process: Cancer wellness clinic, developed based on provincial guidelines, provides tailored programs for patients. Used 5A’s: Ask, Advise, Assess, Assist, Arrange. Only takes 3-5 mins per patient.

Key Messages: Cancer diagnosis is a teachable moment about tobacco use. Patients are motivated to quit. Team must make tobacco use a priority. If team buys in to it, the patient will
Problem/Issue: Hematology patients have many health challenges. Transitions from hospital to home can be very difficult on them

Context/Process: Created a “transitions” day/night unit for patients (consisting of 2 beds). Patients can stay in the transitions units before discharge. Conducted evaluations to determine patients satisfaction with treatment, emotional support, and information provided

Outcome/Impact: Patients very satisfied with treatment and emotional support in the unit (9.2/10 and 9.5/10). Information provided was less satisfied (6.2/10)
Problem/Issue. Indigenous populations have many issues: Poor social supports, Low socioeconomic status, Low education, Limited access to quality health care

Context/Process: Having an indigenous cancer patient navigator can assist in the care of this patient population

Impact/Outcome: Case study shows how navigator can help this unique population. Navigator can collaborate with HCPs

Key Messages: There is still a large gap in literature related to indigenous populations. Many HCPs do not understand this population and their unique needs. Navigators can smooth tensions between HCPs and indigenous patients by increasing understanding of issues
Technology
Technology’s Influence on Practice

Problem/Issue: What factors influence the use of the Symptom Guidelines?

Context/Process: Developed and used clinical simulations (made them as real to life situations as possible) to observe the nursing practice behaviours and followed up with interviews to have the nurse describe what he or she was thinking and making decisions about during the telephone exchange.

Impact/Outcome: Nurses felt the guidelines supported and assisted them in their work.

Key Messages: It is important to test new practice behaviour when new tools are introduced. Clinical simulations to test practice behaviour are valuable.

Borycki, E., Hughes, G. A., Griffith, J., McNeal, J. Advancing Telehealth Nursing Practice in Oncology: Using Electronic Guidelines to Support Oncology Nursing Practice
Technology’s Influence on Practice
Rent, T., Slobogian, V., & Gites, J. #Boundaries: When Patients Become ‘Friends’

**Problem/Issue:** Noted through a number of events that the personal use of social media was raising concerns; widespread availability of personal information online threatens professional boundaries especially in pediatric setting where there are long term relationships and intense family interface with staff

**Context/Process:** Reviewed literature about evidence regarding the impact of using social media in health care settings; also surveyed oncology colleagues about their experience. *Found little literature or policy guidance*

**Impact/Outcome:** Identified clearly the responsibility of nurses to establish clear boundaries in practice

**Key Messages:** This is an incredibly important topic in light of wide use of social media
Web-based Self-Management Resources

Moradian, S., Howell, D. Effectiveness of Internet-based Interventions in Managing Chemotherapy-Related Symptoms in Patients with Cancer: A systematic literature r

Problem/Issue: Patient symptoms are not optimally managed. Interventions are often inconsistent

Context/Process: Completed a systematic review of effectiveness of e-interventions for symptom control. 1675 studies were screened, but failed to meet inclusion criteria. Only 6 studies met the eligibility criteria and was analyzed

Impact/Outcome: 4/6 studies reported positive effects on symptom distress. 3/6 studies looked at QOL using e-interventions and 2 had positive outcome, demonstrating improvement.

Key Messages: Patients had poor adherence to internet based interventions.
Problem/Issue: To measure the impact of using a web-based decision technology (The Decision Support Intervention-Prostate Cancer DSI-PC) to facilitate the provision of information based on patient’s values and preferences. No RCT has shown that 1 treatment is superior. Decisions are based on side effect profile (i.e. incontinence vs. erectile dysfunction).

Context/Process: DSI-PC given to 49 patients, and summary page of their response was provided to patients prior to treatment discussion.

Impact/Outcome: Patients reported a high level of satisfaction with their involvement in decision making.

Key Messages: DSI-PC is helpful, and can help patients identify factors that influence their treatment decisions.
Problem/Issue: Looked at use of an online Male Spouse Transition Toolkit (MaTT). This toolkit is aimed at males spouses caring for their female partners with Stage I to III breast cancer.

Context/Process: Mixed Methods study, used a Delphi approach to develop the MaTT. 57 men participated in the study.

Impact/Outcome: Results showed that it was easy to use, the men found the online aspect convenient and most men would recommend this program to others depending on age and computer skills. 1 person would have preferred a hard copy.

Key Messages: Cost effective and flexible intervention that has potential to support male spouses
Practice
Problem/Issue: To examine healthcare providers’ knowledge, skills, attitudes, and experiences in promoting Patient Activation (PA) and improving self-management support (SMS) for ambulatory care patients

Context/Process: Descriptive study. Survey sent out to 356 health care providers with a 56% response rate. Used 2 validated tools: clinician support for patient activation measure (CS-PAM), and practices in self management support (PSMS)

Impact/Outcome: Higher total CS-PAM scores vs non-cancer studies in UK. Cancer care providers are involved in self-management support, but practice is variable.

Workshop: Advanced Care Planning

Booker, R., Leckie, C. Hoping for the Best; Planning for the worst: Advance Care Planning in Oncology

**Problem/Issue:** Advance Care Planning ensures patient’s wishes are known, enhances end of life care, decreases aggressive treatment and ambiguity with team members

**Context/Process:** Alberta introduced ACP a few years ago. They have three levels of care, medical management, resuscitation, and comfort care.

**Impact/Outcome:** increases Quality of life, ensures care congruent with patient wishes, increases access to end of life care

**Key Messages:** when implementing ACP it’s important to: Standardize, Provide Education, Consider Timing (often and early), and Use Team approach
Implications de soins infirmier

Nursing Implications

Duguay, S., Fillion, L., Lepage, G., Gravel, N., & Couture, F. Exploration of an outpatient model of care for multiple myeloma patients and definition of the nursing role

Problem/Issue: To explore an outpatient model of care for multiple myeloma patients and definition of nursing role

Context/Process: Literature review and observations in three Canadian Centers

Impact/Outcome: An outpatient model of care can: (1) improve patient experience, and can provide safe and efficient practice for nursing. The nursing role in this model needs to use multiple self-management strategies such as assess, advise, accept, assist, and organize

Key Messages: Describing the care trajectory based on the needs of patients ensure access to quality health care
Problem/Issue: To enhance access to support services for cancer patients.

Context/Process: A Community clinic enhanced access to support services by partnering with diverse actors in the community to implement new programs, and used art programs such as music, yoga, and creative writing.

Impact/Outcome: This partnership allowed to put in place multiple support services that helped to engage and empower cancer clients, survivors and caregivers throughout their cancer journey.

Key Messages: Describing the care trajectory based on the needs of patients ensure access to quality health care. Overall a successful program
Specific Cancer Clinical Practice

Phillips, K., Kerney, W. Innovation in Leadership: Implementation of the Nurse Clinician Role in Ambulatory Oncology Clinics

**Problem/Issue:** New position created in Alberta-the Nurse Clinician role, with the aim of bridging the gap between management and point of care nurses for all ambulatory clinics.

**Context/Process:** Lack of clarity and role ambiguity was initially a challenge, but became an opportunity for role-design and engage the nurse clinicians to shape the role.

**Impact/Outcome:** Role defined, and processes established, which included Implementation of away notices, Scheduling, and role clarity around expectations as 1st resource for front line staff.

**Key Messages:** Role definition is important to fulfill expectations and maximize effectiveness.
Specific Cancer Clinical Practice

Hyman, J., Sarbacher, G., Hues, B., Whiteside, T., Johnston, P. Provincial Regimen Reference Orders: Working together towards a safer tomorrow

**Problem/Issue:** Systemic therapy given in 20 locations in Manitoba. Regimen Reference Orders (RRO’s) are recipe on how to administer the medications, monitoring during infusions and other pertinent details.  

**Context/Process:** A multi-disciplinary working group was put together to re-vamp the RRO’s. Process for modification, approval and distribution agreed upon

**Impact/Outcome:** Important work that will be a clinic aid to both treatment room and clinic nurses. Process like an onion – for each layer that gets done there is another layer of work / approval / considerations to be dealt with

**Key Messages:** Need a multi-disciplinary team to achieve a complex goal.
Specific Cancer Clinical Practice

Morar, R., Diemert, J., Calabrese, E. Development and Expansion of a Virtual DAP

**Problem/Issue:** Diagnostic Assessment Program (DAP) for colorectal cancer patients was developed. DAPs are created to address fractionated care that patients receive in the diagnostic phase of their cancer journey.

**Context/Process:** Created a virtual DAP program to enable a virtual interaction via telephone triage, and email follow up, to minimize clinic visits prior to development of care plans. Patient navigator role implemented in as single point of access for all diagnostic services.

**Impact/Outcome:** Schedules are streamlined and care services are coordinated by the 2 patient navigators. All work is done virtually Via phone/email; Difficult to establish therapeutic relationships when not face to face. All emails are followed up by a phone call
Specific Diseases & Treatment

Morash, R., Kanji, F. The patient with bladder cancer: How collaborative nursing roles can positively impact the patient and family experience

**Problem/Issue:** Bladder cancer is the 5\(^{th}\) most common cancer in Canada. Treatment is complex, and delivered in varied health care setting by various health care providers. Patient and family members have complex educational needs and support from oncology nurses

**Context/Process:** Described the trajectory of care for patient/families living with bladder cancer. Provided insight into the complex decision making process for treatment. Identified opportunities for patient and family education, counseling and support during surgery and chemotherapy.

**Key Messages:** Various roles in nursing provide collaborative care and can influence the patient/family experience. Complex decision making for pt/families on treatment options with advanced bladder ca.
Specific Diseases & Treatment

Moura, S. Pancreatic Cancer 101: What every surgical, medical, radiation, oncology, general and community nurse needs to know

**Problem/Issue:** Pancreatic cancer is the 4th leading cause of cancer death in Canada. Overall 5 year survival currently is less than 10%. Trajectory of care is complex and challenged by high symptom burden

**Context/Process:** 80% of patients diagnosed with pancreatic cancer have incurable disease. Overall review of addressing symptom management, treatment trajectories, supportive care and the need for advanced care planning.

**Key Messages:** Important role of symptom management while getting treatment for pancreatic cancer.
Problem/Issue: To describe and interpret breast cancer patients’ perspectives of receiving nurse-practitioner delivered care during active anti-cancer treatment

Context/Process: Qualitative study, in-depth interview by an experienced qualitative nurse scientist. N=9

Impact/Outcome: Participants spoke of confidence in NP active care. Initial reaction to receiving care from NP include: appreciation for consistency of NP provider, needs were met, and received value added aspects of care such provided supportive care.

Key Messages: First set of data shows that systemic therapy provided by NPs is effective and accepted from the patient perspective
Problem/Issue: In the last 5 years, immunotherapy is dramatically changing the treatment for metastatic melanoma. This entirely different treatment targeting immune system leads to immune system related side effects.

Context/Process: There are subtle/critical immune related side effects which is challenging patient management. Overview of checkpoint inhibitors and the management of immune related adverse events were presented. Case studies were utilized to describe treatment and side effects.

Key Messages: Oncology nurses have a pivotal role in the care of patients receiving immunotherapy to understand the mechanism of action, recognizing adverse events and how to manage side effects of immunotherapy.
Workshop Compassion

Dows, J. The Role of Self-Compassion for Nurses in Clinical Oncology

**Problem/Issue:** We as oncology nurses live a stressful life with burnout and stress. Self compassion is a powerful way to reduce stress and promote well being. If we as nurses take care of ourselves then we can be better prepared to deal with the stresses of taking care of others.

**Content/Process:** Went through exercises of self-kindness where we found we are “kinder to others than we are to ourselves”. Went through some mindfulness meditation. – Book “The Art if Science and Mindfulness”

**Key Messages/Lessons Learned:** Ways to reduce stress, Use same tenderness to self as we give freely to others, Practice self-kindness vs self-judgment, Use common humanity vs isolation, Learning how to say “no”, Keep a Gratitude journal
Education
**Problem/Issue:** To understand the experience of a 1st year nursing theory course in a Bachelor of Nursing Program

**Context/Process:** Hermeneutic phenomenology research study. Use of Experiential learning to decrease stress level of students so they can concentrate on content. 10 student nurses shadowed 19 nurses on an outpatient oncology floor

**Impact/Outcome:** Themes: RN/MD collaboration and absence of paternalism & seeing a different side of cancer that is not all gloom and doom

**Key Messages:** A valuable way to dispel assumptions of oncology nursing

**This presentation was followed by a presentation from the student Research Assistant perspective.**
**Problem/Issue:** Novice Educator in brachytherapy suite developed a new orientation program in brachytherapy

**Context/Process:** Self-account of experience. Presenter completed a graduate degree in education. Used theories in social constructivism, zone of proximal development, and communities of practice. Mapped out learning objectives using Blooms Taxonomy for Learning Objectives

**Impact/Outcome:** Successful cross training / orientation for brachytherapy developed. Program utilizes in class, online, in clinical setting, and simulation to achieve the learning objectives
Problem/Issue: Increasing patient population = increasing workload. With decreasing resources, CancerControl Alberta needed to build capacity in frontline nurses to meet patient care needs

Context/Process: Developed a nursing curriculum to enable cross-training opportunities and just in time training. Research has shown that if done correctly then there is a positive effect but if the cross training is done poorly it will act as a barrier. Literature review completed to establish cross training program design

Key Messages: Quick reference guides developed with tumor group “fast facts” and specific clinic requirements based on disease
Education Program Development

Burlein-Hall, S., Carothers, K. Engaging the Interprofessional Team in Applying Best Practice Through Case Study Education

**Problem/Issue:** Looking at the culture of intra-professional models of care. This is the highest standard of patient centered care

**Context/Process:** Distress management education program planned for an interprofessional audience. Identified 1 symptom in Edmonton Symptom Assessment System, and used a case-study format and CoSTARS to facilitate learning with interprofessional healthcare providers

**Impact/Outcome:** Triage nurse was identified as a good person to identify patients that have needs based on screening

**Key Messages:** Enabled role clarity and a better understanding of each other’s roles, and fostered a more formal collaboration between members of the team.
Problem/Issue: Plan to design provincial (Alberta) patient education program, which involved 2 Tertiary Cancer Centers, 4 Regional Cancer Centers and 11 Community Cancer Centers to maximize limited resources and provide optimal patient and family education in Alberta

Context/Process: Looked at the supportive care framework. Gathered information from patients and families-

Impact/Outcome: Developing a centralized management of all cancer related patient education materials. 3 points to be considered when developing patient education material – multiple methodology, interactive techniques and continuous exposure over time.
Education Program Development


**Problem/Issue:** Identified that preceptors are needed throughout BC. Well trained / good preceptors are prone to burn out. BC Cancer Agency offers preceptor training programs to increase # of preceptors but very few people living outside of Vancouver can attend.

**Context/Process:** Established an eLearning and video-link preceptorship program (virtual preceptorship program). Incorporated adult learning and experiential learning in program

**Impact/Outcome:** Used multi-media to deliver program. Virtual workshops created using e-learning & video classrooms. Facilitators trained and facilitator guides created
Problem/Issue: Code Advisory Team (CAT) was developed to enhance safety and care in urgent situations in an ambulatory setting (i.e. respond to code blue)

Context/Process: Development of CAT Team. Divided up roles for each member of the team (i.e. clerk, RN, etc). Developed quick reference tools for role clarity, including algorithms and reference binders

Impact/Outcome: Developed role for service attendants (i.e. equipment checks, at as a runner to help ensure flow. Developed code practice support documents, and resources

Key messages: Initiative requires ongoing training with CAT through e-simulation
Problem/Issue: Lack of teamwork, confidence, and comfort in managing patients requiring urgent care (i.e. code blue) for oncology nursing in ambulatory care setting.

Context/Process: Used simulation based training (SBT) as a safe way practice skills, test new technology, and improve team function.

Impact/Outcome: Educators encountered issues with staffing, equipment, space, etc

Lessons Learned: Address interprofessional conflicts in future sessions; outline learning objectives and clearly delineate roles; Simulation is valuable approach to support team learning. Promote an environment for learning: Need to emphasize to staff that simulation is a safe way to practice and that it is not a test.
Annual General Meeting
Strategic Directions for 2017-2019

- Be a strong collective voice for Oncology nursing
- Optimize organizational process and outcomes
- Support oncology nurses to achieve and maintain specialized knowledge and skills
- Grow and maintain our membership
The Path to Change: Oncology Nurses Leading the Way

En route vers le changement : les infirmières en oncologie prennent les devants

October 27 to 30, 2017 / 27 au 30 octobre 2017
Hilton Lac-Leamy Gatineau-Ottawa
Questions?

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