

Workshop Title:	Oncology Nursing and Navigation: Continuing the National Conversation to Forge a Path for Change
Date:	October 27, 2017
Abstract:	<p>At the 2016 conference, CANO hosted a navigation workshop to gather the current state of how oncology nurses are contributing to cancer patient navigation and enhancing patient access to navigational supports across Canada. Canadian oncology nurses involved in cancer patient navigation were invited to participate in the workshop to share their experience and discuss CANOs role in promoting the oncology nursing role and the continued evolution of Cancer patient navigation.</p> <p>A rich discussion occurred which highlighted that although many provinces in Canada now recognize that Navigation is a key component of an integrated system of cancer care and that enhancing navigation supports improves the delivery of person-centered care, the organization and development of navigation roles and programs within provinces across Canada is adhoc at best.</p> <p>In response to the 2016 workshop and the recommendations that emerged, CANO has worked to create a position statement about the role of Oncology nurses in cancer patient navigation. This draft document will be reviewed at the workshop and enhanced by the voices of oncology nurses involved in navigation from across Canada. To support this discussion several jurisdictions with robust cancer patient navigation programs will share key information about how navigation is enacted in their jurisdiction and challenges encountered and the outcomes that have been achieved. Workshop participants will also discuss key navigation related issues and explore how CANO can support these.</p>
Goals/objectives:	<ul style="list-style-type: none"> • Develop a CANO position statement about the role of the Oncology nurse in cancer patient navigation • Understand how navigation programs have been enacted across Canada • Explore key navigation related issues and explore how CANO can support addressing these issues
Workshop outline:	1. Recap of 2016 meeting

	2. Discussion and review of draft position statement for navigation
Board members sponsoring the event (names and roles)	Tracy Truant, President Linda Watson, Vice President Marg Fitch, Editor, CONJ
Alignment with strategic plan	<ul style="list-style-type: none"> - <u>Strategic Priority # 2: Support Oncology Nurses to Achieve and Maintain Specialized Knowledge and Skills</u> - <u>Strategic Priority #3: Be a Strong Collective Voice for Oncology Nursing</u>

Summary of notes and knowledge generated from the event –

- **Focus on professional approach to navigation- review of discussion from last years workshop**
 - No consistent approach to cancer patient navigation across Canada
 - Still considerable lack of understanding about the navigator role
 - Perspective, nationally, that integration of cancer patient navigation facilitates patient centered care
 - Position statement needs to resonate for all types of navigators: population specific, geographic focus or time point specific
 - No formal/specific navigator roles in BC
- **Collective Understanding about Navigation**
 - What is the navigator’s role with transition/transition appointments?
 - Transitions occur at various points along the cancer journey/trajectory
 - there are some clerical folks who are excellent ‘navigators’ regarding appointment scheduling
- Navigators roles seem to be expanding and evolving to other parts of the cancer trajectory; is success breeding success? Or is it simply ‘scope creep’?
- Specialist TG navigators?
 - DAP is embedded within cancer clinic so takes patient through diagnosis to surgery or treatment
 - Roles are linked to volume-higher volume has more specific roles (TG, trajectory specific); community based roles are more broad in their scope

- NS-Key message from patients is having that one contact-and it being a nurse- is important; having one individual who can cover all needs and see at each visit is important
- Do nurses have the corner on navigation?
 - No, nurses do not, but when Nurses fill navigation roles they may do it differently because of their knowledge of the disease, treatments, and symptoms and side effects and system awareness
- What is navigation and what are the minimal elements of navigation and how is it linked to scope of practice of nurses?
 - Depends on how an organization defines navigation
 - Outcomes may be different depending on who is in the role-lay vs professional for example
 - Marg-What are the outcomes we are actually trying to achieve? What skills are needed to provide these outcomes? Who has these skills?
- What added benefits come from the navigator being a Registered Nurse? Is there a difference between a staff/clinic nurse role and a Cancer Patient Navigator Role?
 - Provide more comprehensive service-access, reducing wait time, psychosocial support
 - Another way of thinking-we all use the competencies, patient and family needs change-competencies are foregrounded and backgrounded...we need to align with patient needs
 - Complex cases for head and neck patients-ensure they don't fall through cracks, being seen in a timely manner
 - More focus on the patient and what they need
 - Primary nurse is Being tied to a location and while the navigator is being through the trajectory-diagnosis through survivorship and beyond, being there in transitions and between spots. Step forward during transition. Not tied to a location so can see a patient when they are discharged from hospital. Stepping forward, stepping back, being in the background
 - Difference in big versus small centres-role of navigator is clearer - being the one point of contact, being the link, tying all the pieces together; is more encompassing
 - Described as the life-saver person-not actually tapped into as much as one might think (there is a fear that if role is open access to patients the workload will be too big). However, Patients just want to know there is someone there if needed
- What defines a Cancer Patient Navigator role?
 - **Complexity**-Generalist, Specialist
 - **Scope of focus-population served**, TG, Time points
 - Primary area of focus-Surgeons, ambulatory care, primary care
 - Navigation is not one thing, **defined by how it's situated and how the scope of role is defined**

- What competencies do navigators need?
 - Different muscles are flexed-different competencies are used, but all RN competencies are still needed
 - Multiple navigators agreed with this way of thinking

- **Position Statement**
- **FIRST BULLET** -Specialized oncology nurses are well suited to the cancer patient navigator role.
 - i. Should just say Onc. Nurses are doing the role-bring particular knowledge and competencies to the role
 - ii. Should the first position statement be something like, "Cancer patient navigation is a part of every specialized oncology (registered) nurse's role." Then branch off to say in addition, specific cancer patient navigator roles are needed because of the changing landscape....

- **SECOND BULLET** - Cancer patient navigators who are registered nurses with oncology expertise contribute to a high quality, person-centred model of cancer care.
 - i. Some like the next statement (third bullet) more
 - ii. Make this the first bullet-all navigators contribute to a person-centred model of care

- **THIRD BULLET** -Cancer patient navigators who are registered nurses require all of the specialized oncology nurse competencies but their practice predominantly sits within the competencies of Supportive and Therapeutic Relationships, Facilitating Continuity/Navigating the System, Teaching and Coaching, and Decision Making and Advocacy.
 - i. Too long
 - ii. Core competencies of the specialized oncology nurse align with the complex needs of patient
 - iii. Take out the registered nurse
 - iv. Start with Competencies include...
 - v. Like all the competencies and very relevant to DAP
 - vi. Add in something about time in the position statement
 - vii. I also would like to see some discussion (and possibly a position statement bullet) that situates navigation in a broader context - e.g. about CANO/ACIO," in addition to evolving cancer patient navigation and roles, also commits to enacting policy influence and leadership strategies that reframes the cancer care system to be more person centred, so that navigator roles may be reserved for patients with complex needs" (or something like this).

- **Fourth Bullet** -The cancer patient navigator role maybe orientated around specific tumor groups, populations, trajectory outcomes, or may have a generalist scope.
 - i. Agreement from the group that this is important context around the role

- **Challenges**
 - Language- need to call role Navigator vs care coordination across the continuum
 - Stance of seeing patients with these issues and we have the knowledge and skills to deal with these
 - Political agenda with the name navigator- CANO should respond to this
 - Alignment of other models that focus on patient and family needs
 - System is challenging, a lot of gaps
 - Addressing the larger issues of realignment of the system to reduce fragmentation, improve access and reduce complexity- how can CANO and Oncology nurses use their voice with policy makers to realign the system to be more person centered
 - Ensuring navigator roles do not add another silo of care- integration of roles and work within existing clinical teams

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

- Robust discussion of navigator roles and how to best articulate the purpose and value in a CANO position statement
- Summary of session and invitation to join a navigation specialty group to be circulated with a follow up in-person conversation planned for the next CANO conference in 2018

Name	Province
Janice Petruk	AB
Fiona Garforth-Bles	AB
Julie Easley	NB
Mary Fitch	ON
Tracy Truant	BC
Andrea Knox	BC
Allison Filewich	BC
Shari Moura	ON
Bonnie Vanveen	ON
Jessica Holmes	ON
Carla Machattie	ON

Lynn Kachuik	ON
Jennifer Smylie	ON
Wendy Blais	NS
Doris Howell	ON
Shelley Lawrence	AB
Tanya Fuller	NS
Stephanie Dugway	QC
Sonia Joannette	QC
Michelle Wong	ON
Dawn Stacey	ON
Jodi Hyman	MB
Heather Brander	NS
Bonnie McCarron	NS
Darlene Holmes	NS
Allyson Mayo	ON
Fay Strohschein	QC
Linda Watson	AB
Kristy Vimy	AB

Workshop Title:	ATELIER /WORKSHOP II-6 Soins infirmiers en oncologie internationales /International Oncology nursing CANO/ACIO International Vision and Strategy
Date:	Friday Oct 27 2017 2-3:30pm
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 the target of our activities being to advance cancer nursing excellence across the cancer control spectrum. (http://www.cano-acio.ca/mission).</p> <p>To engage in this global role, CANO/ACIO’s new strategic plan (2017–2019) includes a framework and action plan for CANO/ACIO’s participation in the international arena across 4 phases: membership engagement, exchanging resources, international engagement, and building capacity for international relationships.</p> <p>The workshop is open to all conference delegates and will provide an overview of the 4–phased framework, but have a particular focus on the first phase, member engagement.</p> <p>The workshop objectives include:</p> <ul style="list-style-type: none"> – Highlight CANO/ACIO’s International vision and framework – Receive feedback on terms of reference and mission statement for CANO/ACIO’s framework for international strategy – Establish the desire and leadership for a CANO/ACIO international special interest group – Learn about different approaches to working with diverse populations and contexts through panel presentations by oncology nurses working in the global arena, as well as in Canada with new immigrants and refugees. – Engage members/delegates for participate in an ongoing fashion within the international plan – Consider next steps for CANO/ACIO within the action plan
Goals/objectives:	See above
Workshop outline:	<u>Participant Agenda</u>

	<p>2:00pm Welcome and Introductions</p> <p>Brief highlight of CANO/ACIO’s International Vision and Framework</p> <p>2:10pm International and Vulnerable Population Experiences – Panel Discussions</p> <p>2:10 Thailand Experience Stephanie Burlein-Hall</p> <p>2:18 Vulnerable Populations Carolyn Roberts</p> <p>2:26 Nairobi Experience Sherrol Palmer</p> <p>2:34 South American Experience Komal Patel & Tracy Truant</p> <p>2:40pm Reflections and Insights of Panel Experiences</p> <p>3:00pm Overview of CANO/ACIO Draft Mission Statement – International Vision and Strategy</p> <p>3:20pm Feedback Form/Wrap up and Next Steps</p>
<p>Board members sponsoring the event (names and roles)</p>	<p>Shari Moura – DAL External Tracy Truant - President Marg Fitch – CONJ Editor</p>
<p>Alignment with strategic plan</p>	<p>Be a Strong Collective voice for Oncology Nurses 3.4 – Develop a purposeful and proactive approach to establishing and maintaining partnerships to amplify CANO’s voice nationally and internationally</p>

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

International Workshop Notes

By Marg Fitch

Attendees = 17 (including Board Members)

Review of work to date...see today as a continuing conversation...another step in the Phase I process of engaging members.

Presentations – four – illustrations of how some CANO members have engaged in international projects.

Discussion Points

The importance and need for

- funding of projects

- preparation ahead of time and 'on the ground

- contextualizing for the local situation

How to do appropriate learning assessments

- Understanding the role of the nurse in the local situation

- Understanding the 'power' hierarchy, both locally and regionally

- Collaborative planning approaches

- See their key problems – listen to them

The need for flexibility

- In adapting materials from other jurisdictions for use locally

- In teaching strategies once 'on the ground'

- In evaluating (what are the outcomes that are appropriate)

Need for astute collaboration

- Bring our experiences and allow them to build upon them

- 'not for the faint of heart' – great deal of energy required

Consideration of safety/especially as an organization sponsoring activity

- Insurance? Contracts? Awareness? Eyes and ears on the ground?

- Who bears the risk? Would need policy if CANO to support work

- Policy needed to mitigate and offset risks

- Physical safety is a key aspect (especially for women)

Use of word vulnerable – not politically correct? Better to use ‘underserved’? Implying that we are not able to see or service their needs; it is not a fault of theirs; lack of access and/or stigma may play a role’ what about ‘under-resourced’?

Should the focus be on low/middle resource countries; places where health resource do not exist or are not easily accessible; is our goal to improve, restore, maintain health? Or respond to unmet health needs?

Our focus should be on capacity building and health promotion (broadly)

With the number of cultures coming to Canada and forming into their own communities, we have lots of challenges at home and a need to understand what environment (including health set-up) these individuals actually came from

Who are our allies in any endeavor such as this – UK? Australia?; who would be our partners? We cannot work internationally as a silo (there is too much of that already). There is a need to work collaboratively and in partnership – EONS? ISNCC? Are they interested in working with us, working together?

Need to think **within and beyond** our borders; there is a different level of thoughtfulness and different pieces of work for these two environments as well as different levels of collaboration and sophistication; there are different drivers and strategies required for each; health is really a global issue but different approaches are needed in different parts of the world; things work much better if there is an invitation to go ‘in country’

Some of this work would already be within our mandate.

Suggest that international and within Canada be separate visions/missions and that within Canada be the priority (we have that mandate already, do we not?). We really need separate mission statements and strategies; we need both!!

International work needs to be collaborative/in partnerships; and we do have a global responsibility ot ‘give back’ as a high resource country; collaboration needed to have a global impact

At home, what elements of work are already underway regarding the ‘under-served’? Is there something we could be doing with CPAC? Perhaps we need to explore collaboration there as well.

Next steps

Need to continue the conversation, grow the understanding and strategy; Need to discuss with members; perhaps a plenary at next conference (could have these four presentations as a panel); perhaps an article in CONJ

Need to identify the desired outcomes of work within Canada as well as internationally

Mission Statement

“Working in partnership within and beyond our Canadian boundaries to enhance oncology care in vulnerable communities”

Feedback

Does this statement resonate with you?

Does it fit with CANO/ACIO overarching Mission/Vision?

- Vulnerable – the word is undermining
- Unmet health needs
- Involving patients as the main focus on the mission statement
- Working in partnership with patients, global health care systems, and our Canadian Values, to enhance the health of oncology patients in all communities
- Instead of communities use populations
- Vulnerable – is there a better word like the term underserved, “underresourced”
- I do think CANO should have a position statement and especially considering our own populations ie new comers, refugees, homeless, indigenous; there is lots of work here to be done
- Vulnerable change to underserved or under resourced
- Unmet health needs and cancer care
- CANO – separate within boundaries and international underserved
- Partnership with Australia and England and other ISNCC ? CPAC
- We can do both
- Change work ONCOLOGY to CANCER
- Change VULNERABLE TO UNDERSERVED
- Add in “improve health outcomes”
- Unmet health needs
- Capacity building and health promotion
- Within and beyond

Workshop Evaluation

What did you like about this workshop?

- Enjoyed the overseas presentations
- Great discussion
- Global experience shared by the members
- Learning about the dif projects that CANO has worked on internationally
- Making us think about CANOs international vision and strategy mission statement
- Presentations on work done internationally
- Conversation around what CANO should do , prioritize Canadian work but continue to develop international partnerships using CANO members not necessarily CANO as a group
- Discuss with membership
- Discussion and ideas that were discussed around the “within and beyond concept”
- Underserved vs vulnerable populations
- Stories
- The dialogue in the room
- The stories of how Onc Nurses have participated in the international community
- Presentations and discussions about international
- It was interesting to see how different countries/cultures manage their hospital setting, patients ect..

What could be improved?

- Some data showing improvement
- Maybe more time for discussions
- Need to present to membership for input on what they want
- Presentations – keep within time to allow more time for speaker
- Maybe give more time to speakers to talk more about in detail about oncology treatments in different parts of the world, particularly 3rd world countries

Overall Thoughts/Comments

- Very well layed out
- Valuable workshop
- Both foci important
- Partnership with ISNCC and other organizations
- Great comments
- Like to see us address in house and international
- How do we work with other organizations, ISNCC
- Good concepts
- Important conversations
- Don't stop
- We have underserved communities in Canada that need our help

Workshop Title:	Your Safety Matters- Promotion Chemotherapy Safe Practice
Date:	October 28, 2017
Abstract:	<p>More than half of patients diagnosed with cancer will receive chemotherapy as treatment in either the adjuvant or metastatic setting, before or after another cancer treatment modality. There are dozens of chemotherapy agents available in Canada and the number is increasing each year. Safe handling is an essential consideration for nurses administering and providing care for patients receiving hazardous drugs, whether their work-setting is in a hospital, ambulatory clinic or the community. The Canadian Association of Nurses in Oncology Standards and Competencies highlight importance of having the knowledge and skills to safely administer, and to prevent and manage a cytotoxic spill.</p> <p>de Souza Institute and the Canadian Association of Nurses in Oncology (CANO) will collaborate to offer a 90 minute workshop. In this workshop, the presenters will review CANO's Practice Standards on Chemotherapy administration, principles of safe handling and managing a spill, discuss work practices that reduce one's exposure, and participants will be given an opportunity to develop their skills by practicing how to manage a spill.</p>
Goals/objectives:	<ol style="list-style-type: none"> 1) Understand CANO's Practice Standards on Chemotherapy administration 2) Learn principles of safe handling and managing a spill 3) Hands on experience on how to clean-up a chemotherapy spill
Workshop outline:	<ul style="list-style-type: none"> • Pre-test 10 minutes • Safe Handling Principles 30 minutes • Hands on Simulation 20 minutes • Large Group Discussion 10 minutes • Post Test 10 minutes

	<ul style="list-style-type: none"> • Test take up and Q&A 	10 minutes
Board members sponsoring the event (names and roles)	Charissa Cordon – Director of Education –At-Large	
Alignment with strategic plan	<ul style="list-style-type: none"> - Support oncology nurses to achieve and maintain specialized knowledge and skills 	

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

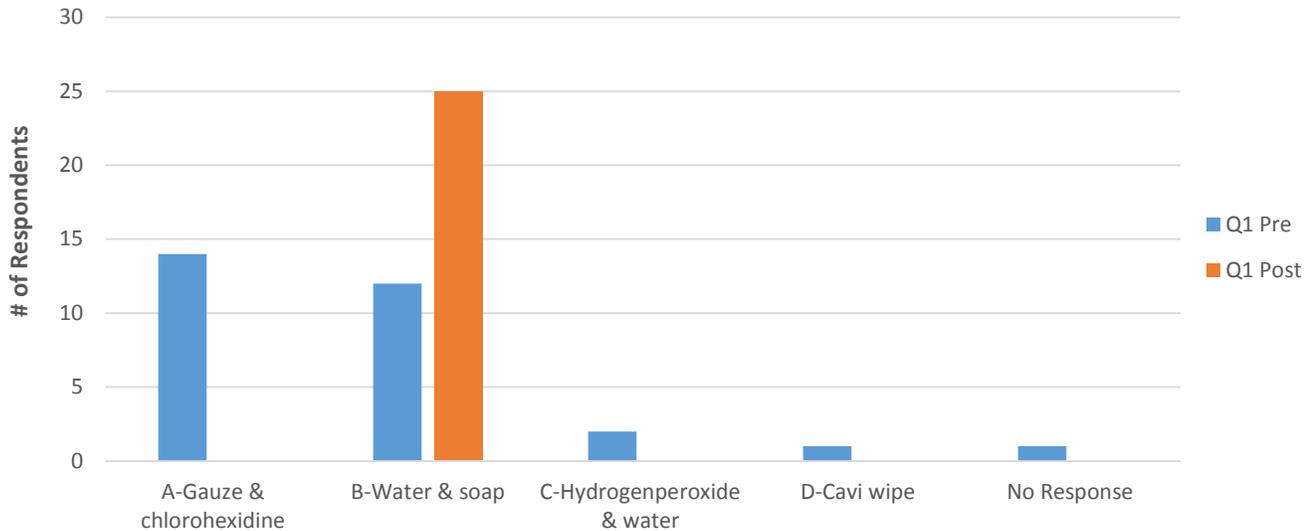
- This was a skills building workshop
- Lots of discussion around PPE for administration, and disposal/body fluid guidelines
- Discussion around steps to spill management, esp with AIP and providing patient education with management of spills during home infusions.
 - o One of the deSouza educators gave a practical tip to participants that was not evidence informed; I made it clear that CANO did not endorse the strategy (use a paper clip or toothpick to cap off the line if cut in half to prevent leakage)

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

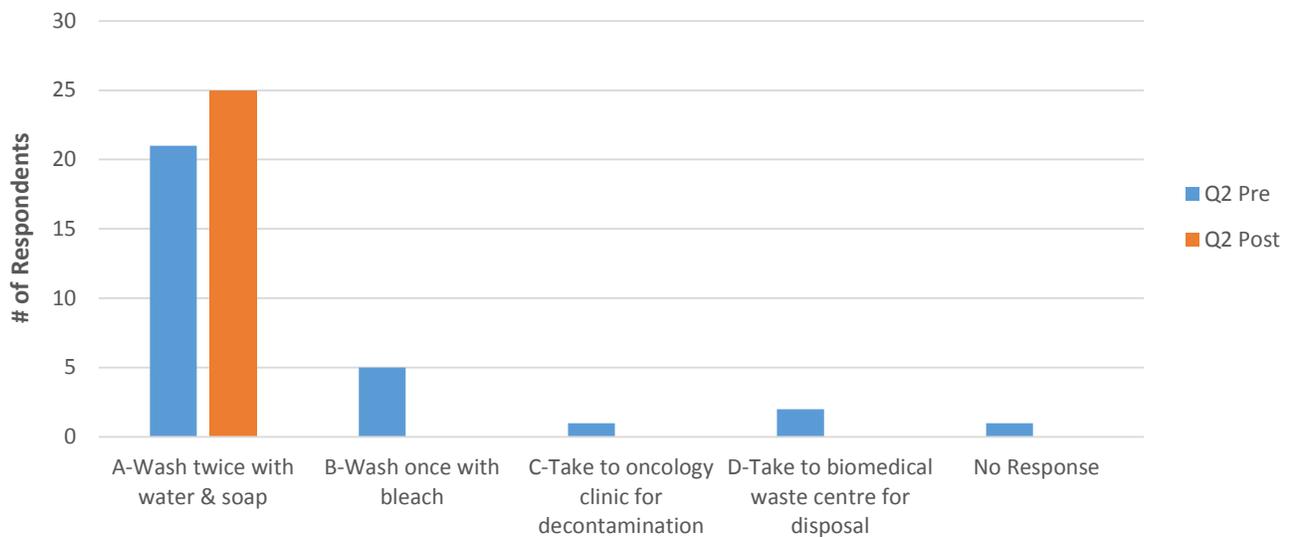
- Pre and post tests to assess knowledge change were completed.
- Pre and post self-assessment pre completed.
- Results from survey to follow

CANO Conference 2017
Your Safety Matters – Promoting Chemotherapy Safe Practices Workshop
 Pre (n=30) & Post (n=25) Knowledge Tests

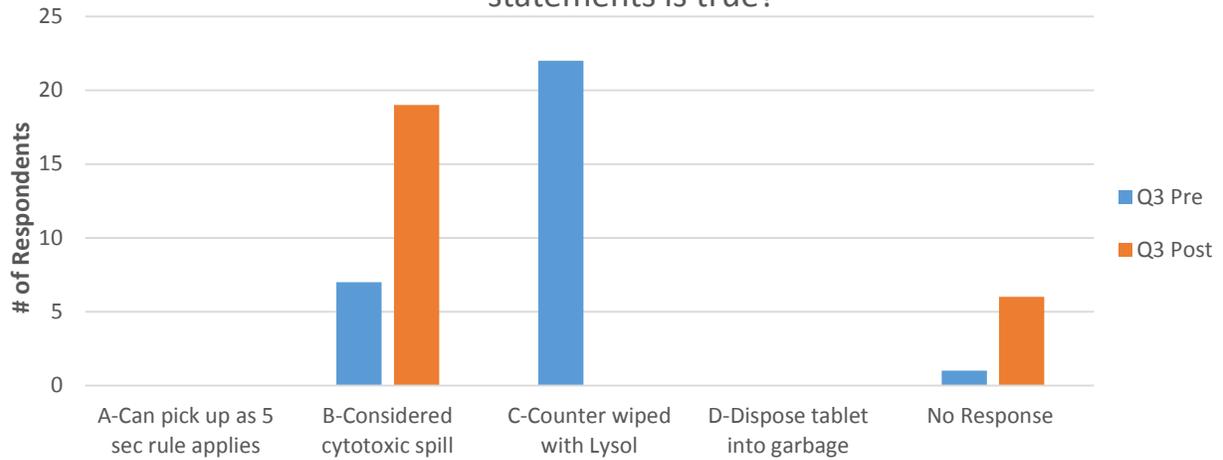
Q1 - Mr. Jones is receiving 5-fluorouracil by peripheral IV via an ambulatory infusion pump. There is a small leak of 2 drops at the connection site. The connection site is to be cleaned with:



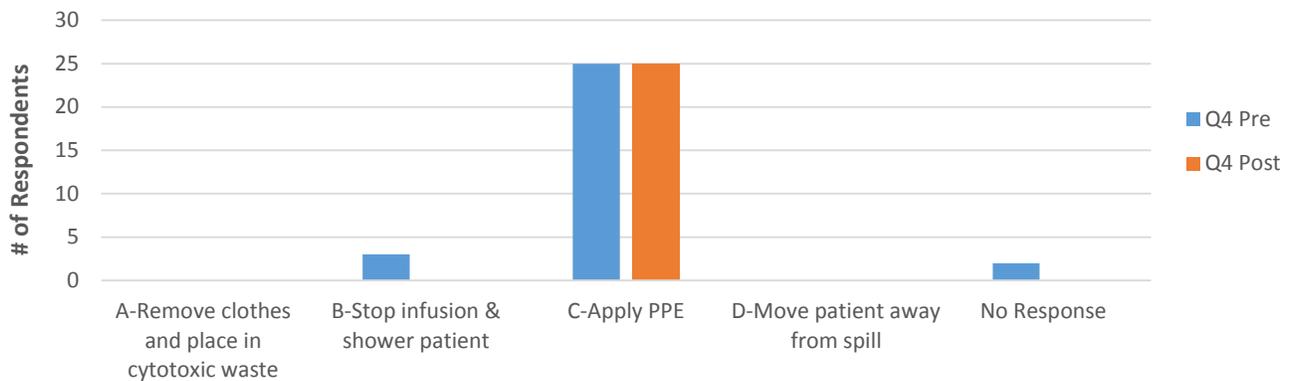
Q2 - Walter Wolfe had a spill of flurouracil in his bed at home. His sheets and PJs have been contaminated. What should Walter do with his contaminated sheets and PJs?



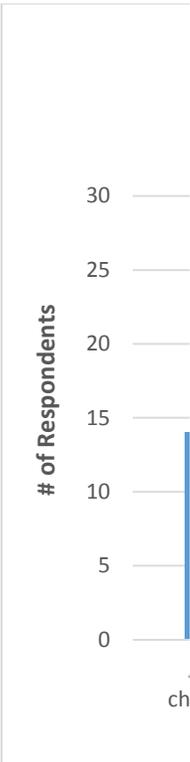
Q3 - Your patient has non-small cell lung cancer. He has been prescribed Erlotinib (Tarceva) 150mg tablet. The Patient accidentally drops the pill on the kitchen counter. Which of the following statements is true?



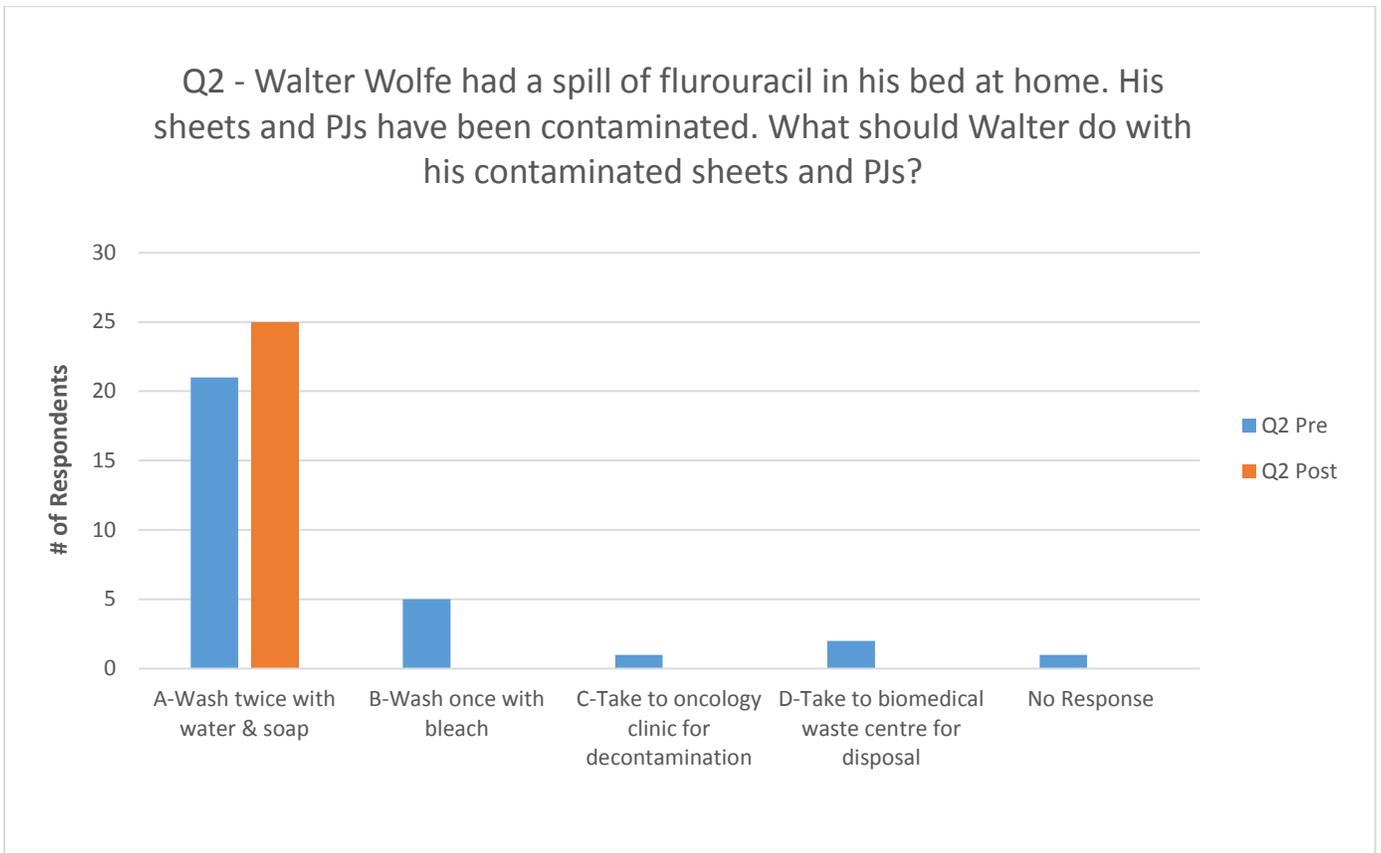
Q4 - Your patient is receiving continuous chemotherapy via elastomeric pump. Your patient tells you that she thinks she got the chemotherapy onto her legs. What is the first action the nurse should take?



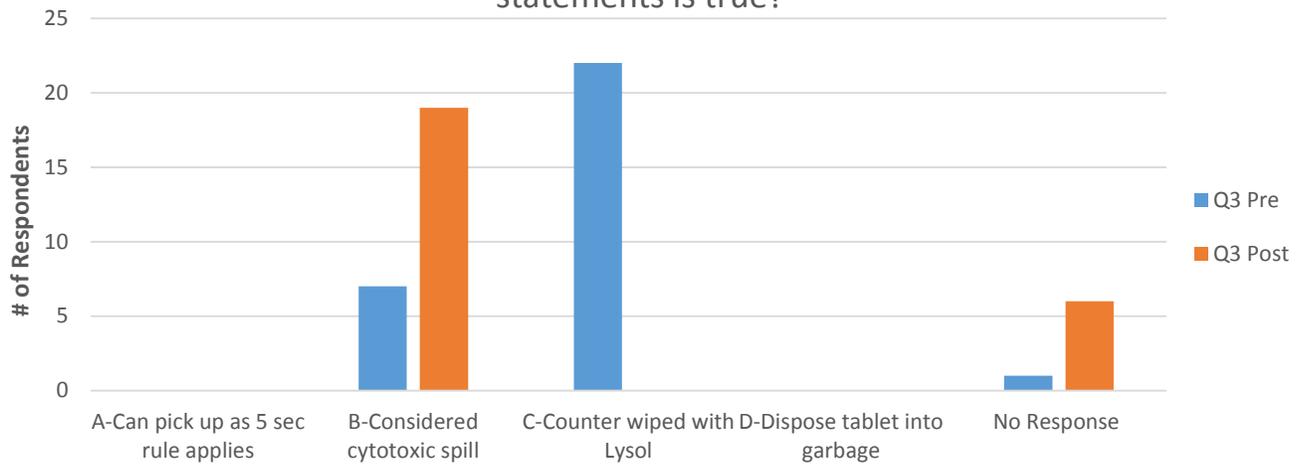
CANO Conference 2017
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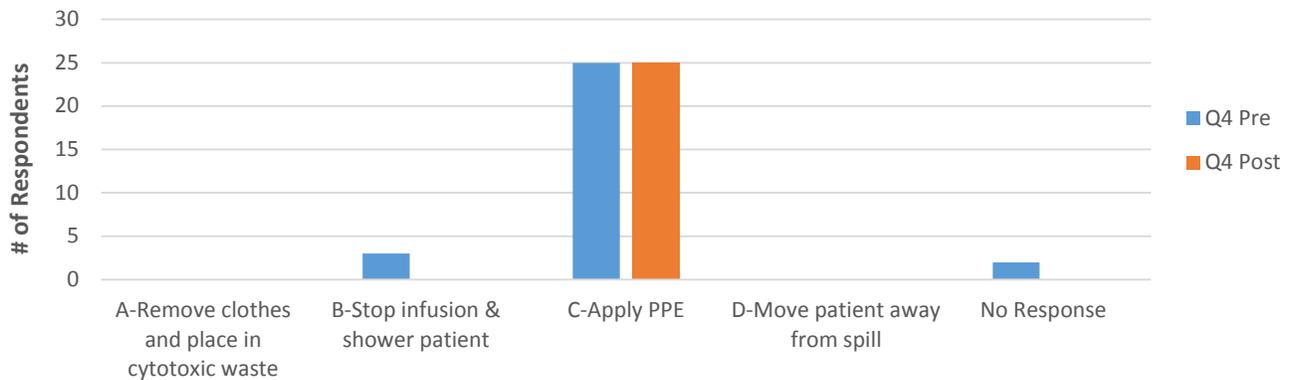
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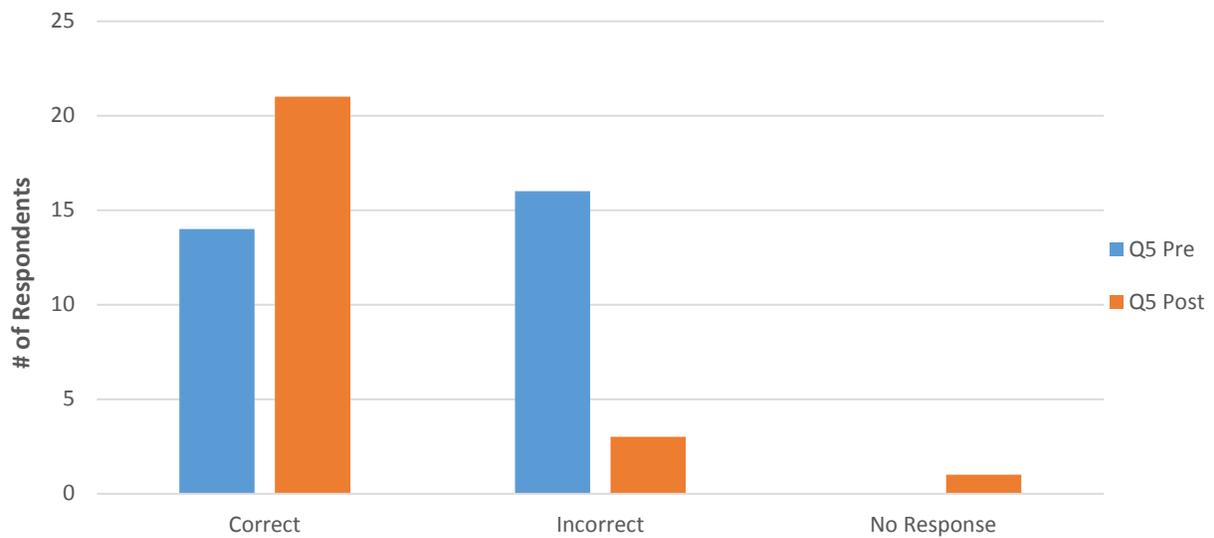
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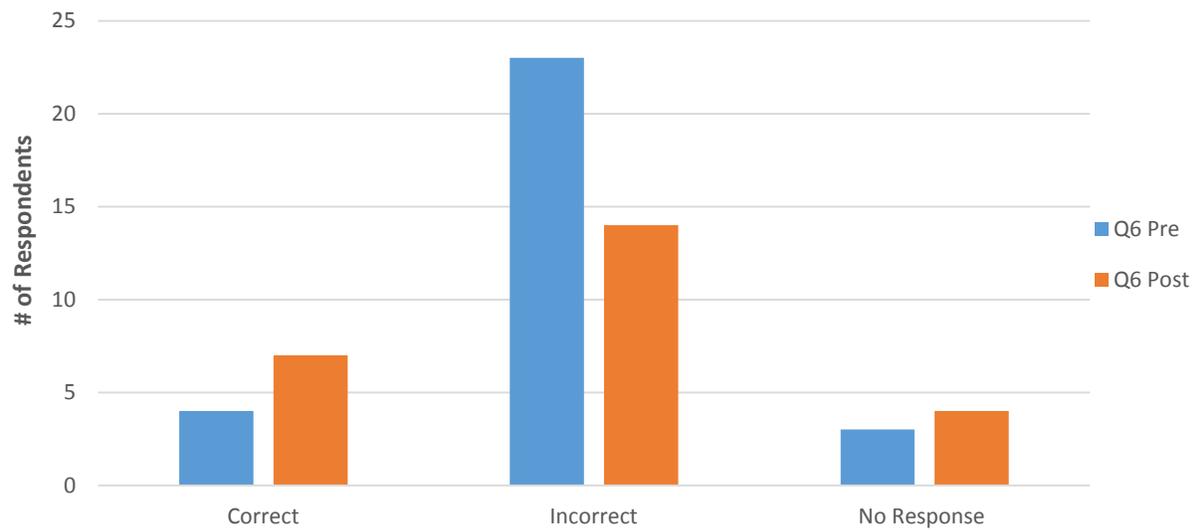
Q4 - Your patient is receiving continuous chemotherapy via elastomeric pump. Your patient tells you that she thinks she got the chemotherapy onto her legs. What is the first action the nurse should take?



Q5 - Which of the following personal protective equipment should be worn while cleaning up a cytotoxic spill? Select all that apply.



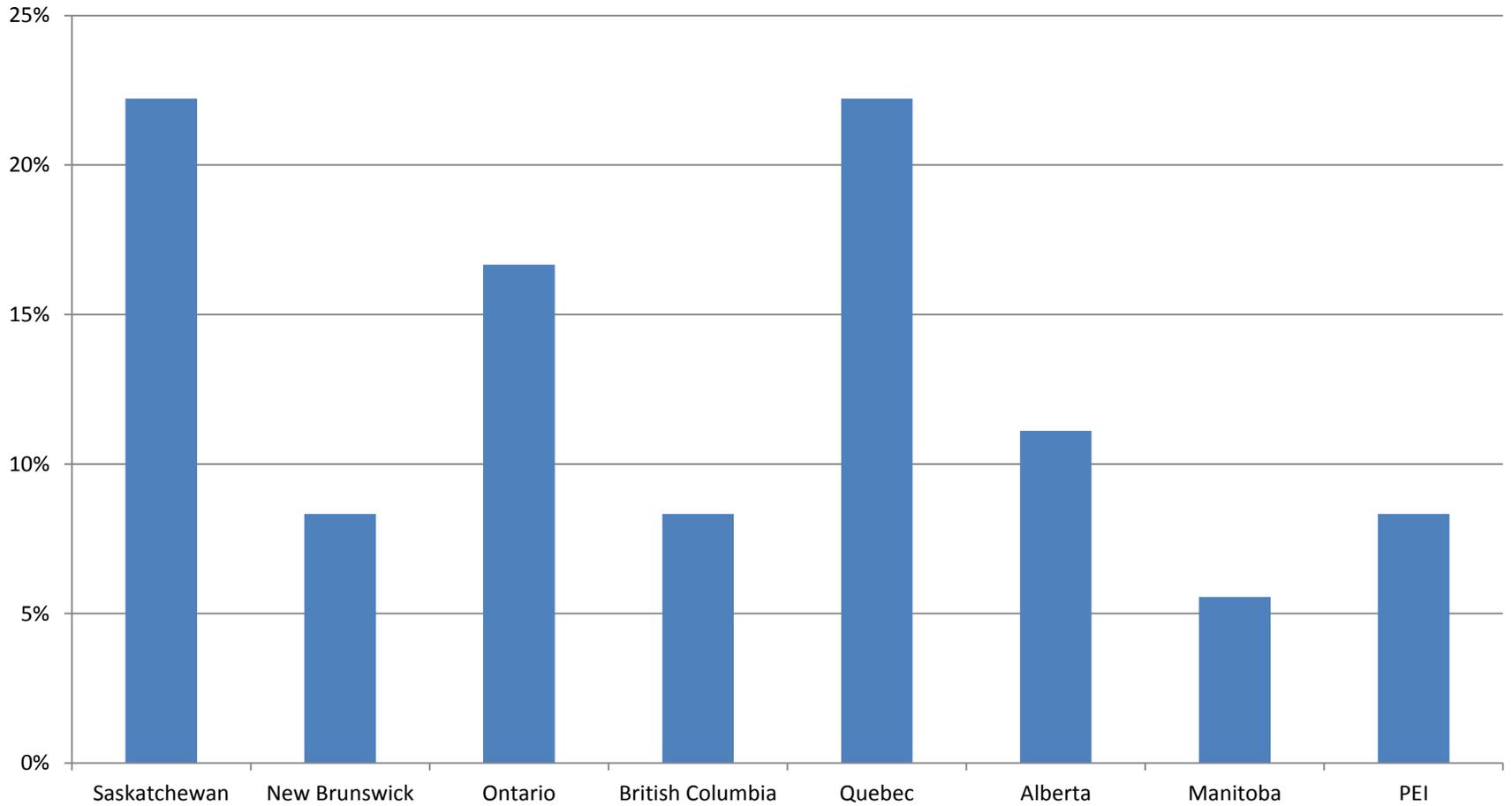
Q6 - what are the correct steps to cleaning a spill? Put steps in correct order by placing number 1-9 beside each step



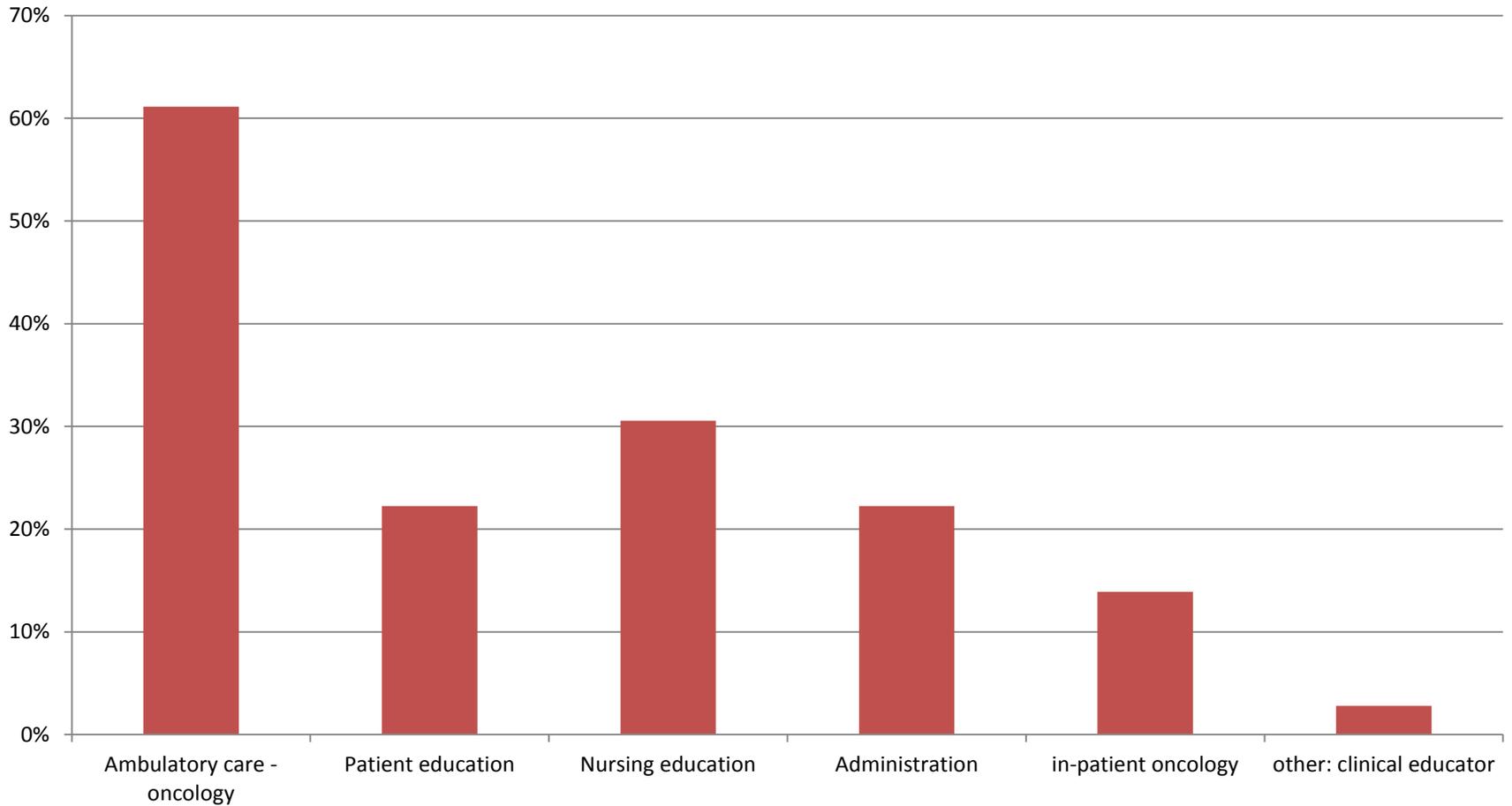
CANO Conference 2017

Your Safety Matters – Promoting
Chemotherapy Safe Practices
Workshop

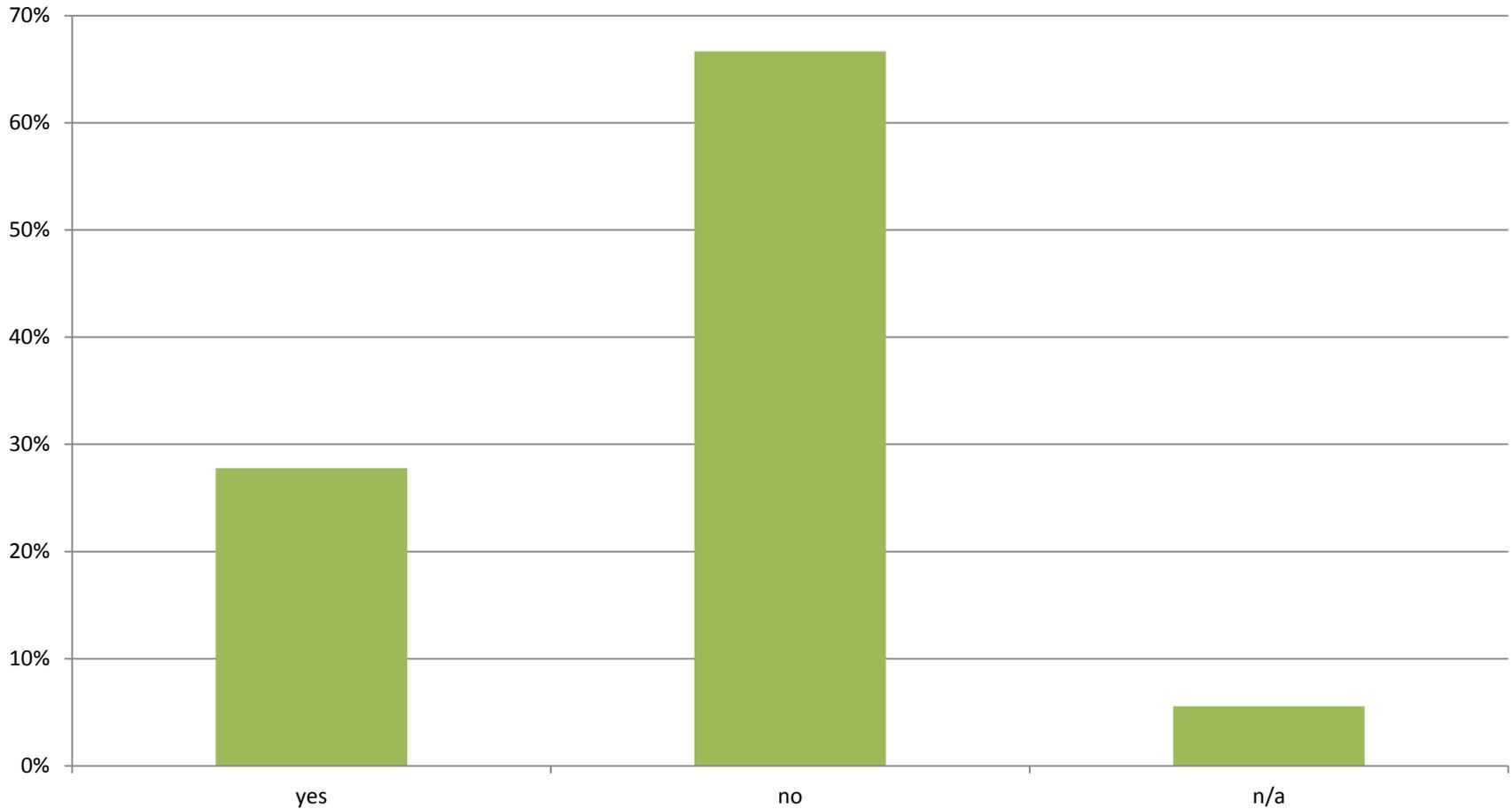
Province



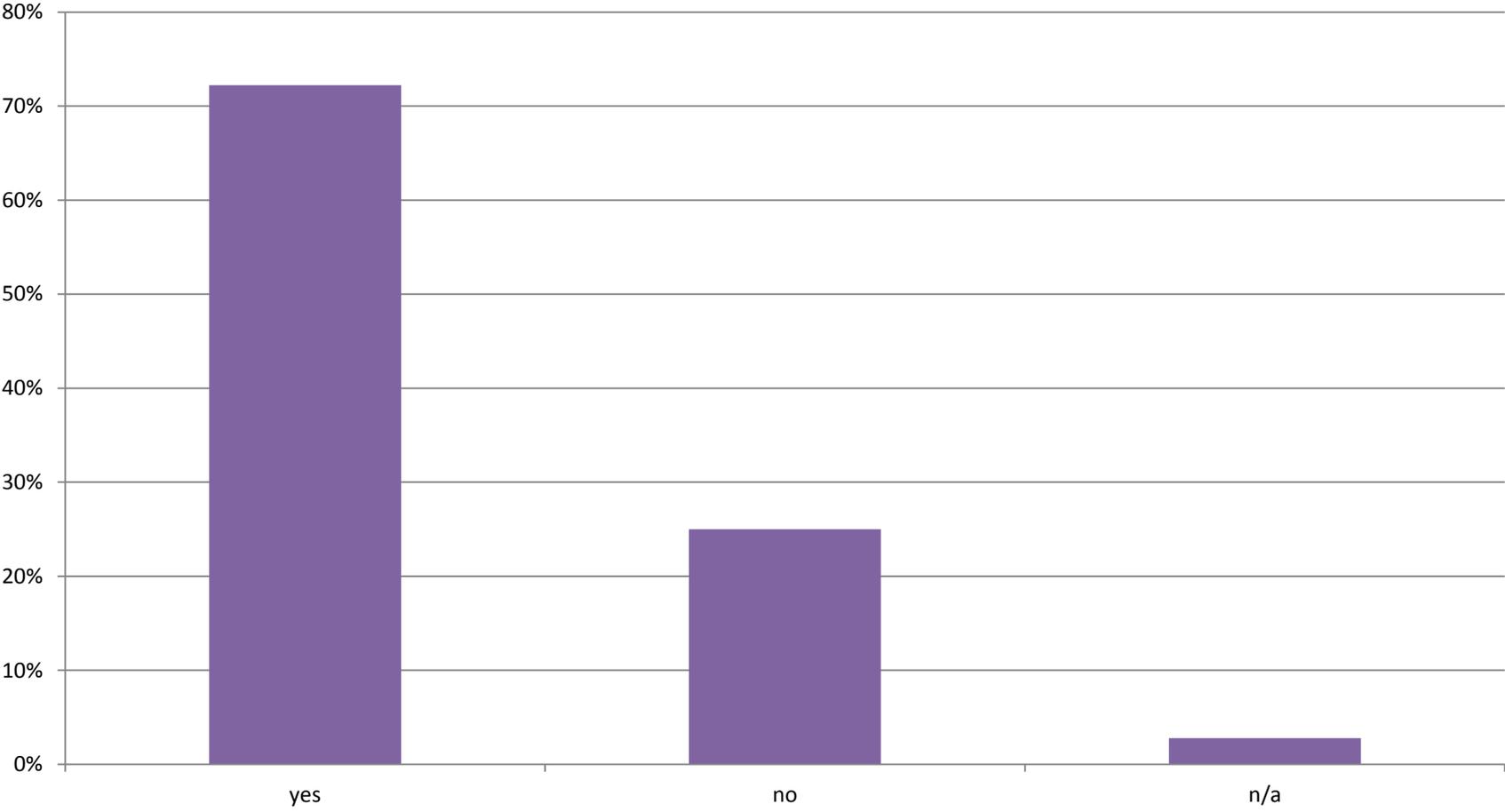
Area of Practice



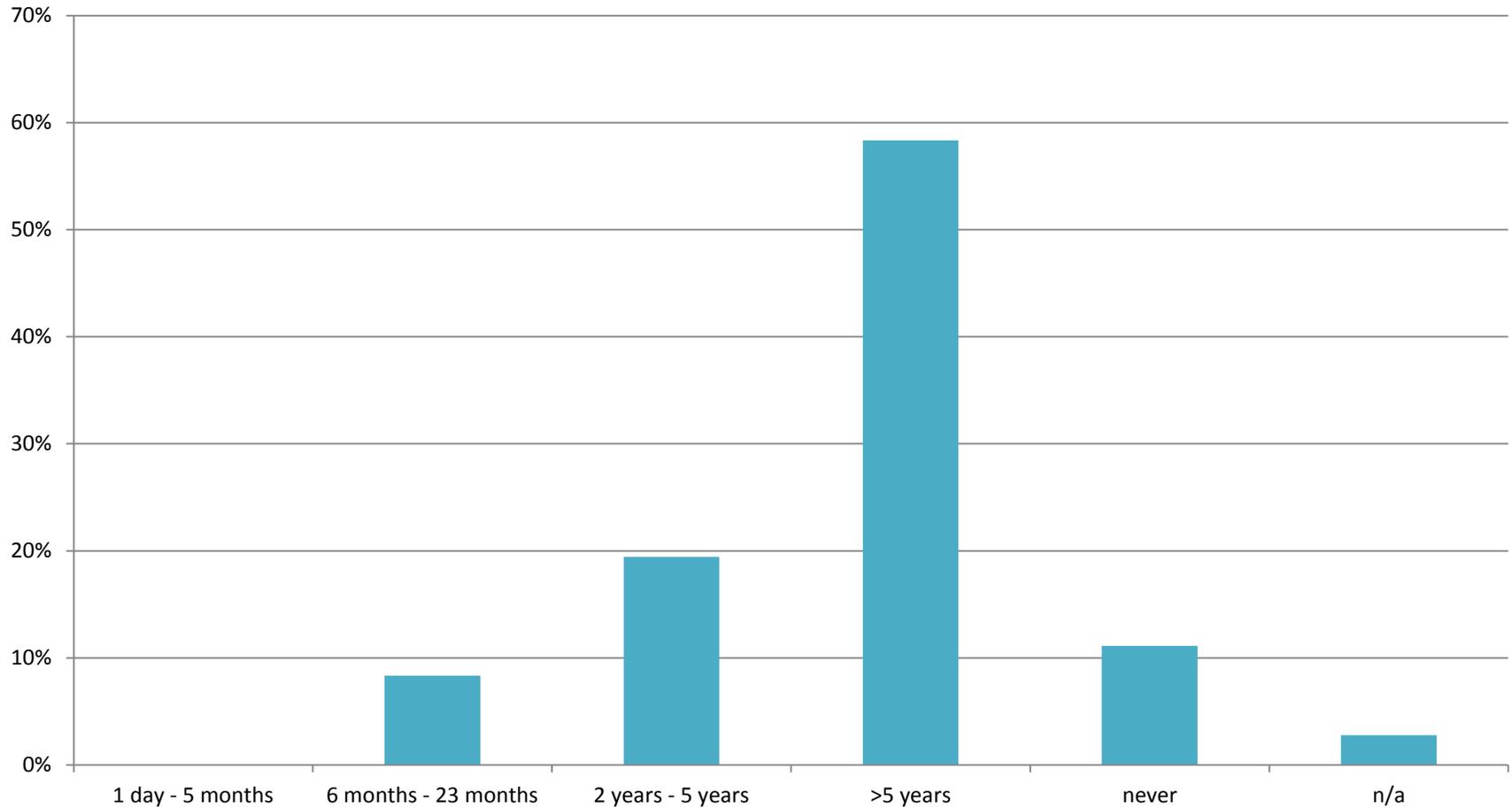
Are you an oncology chemotherapy/biotherapy educator?



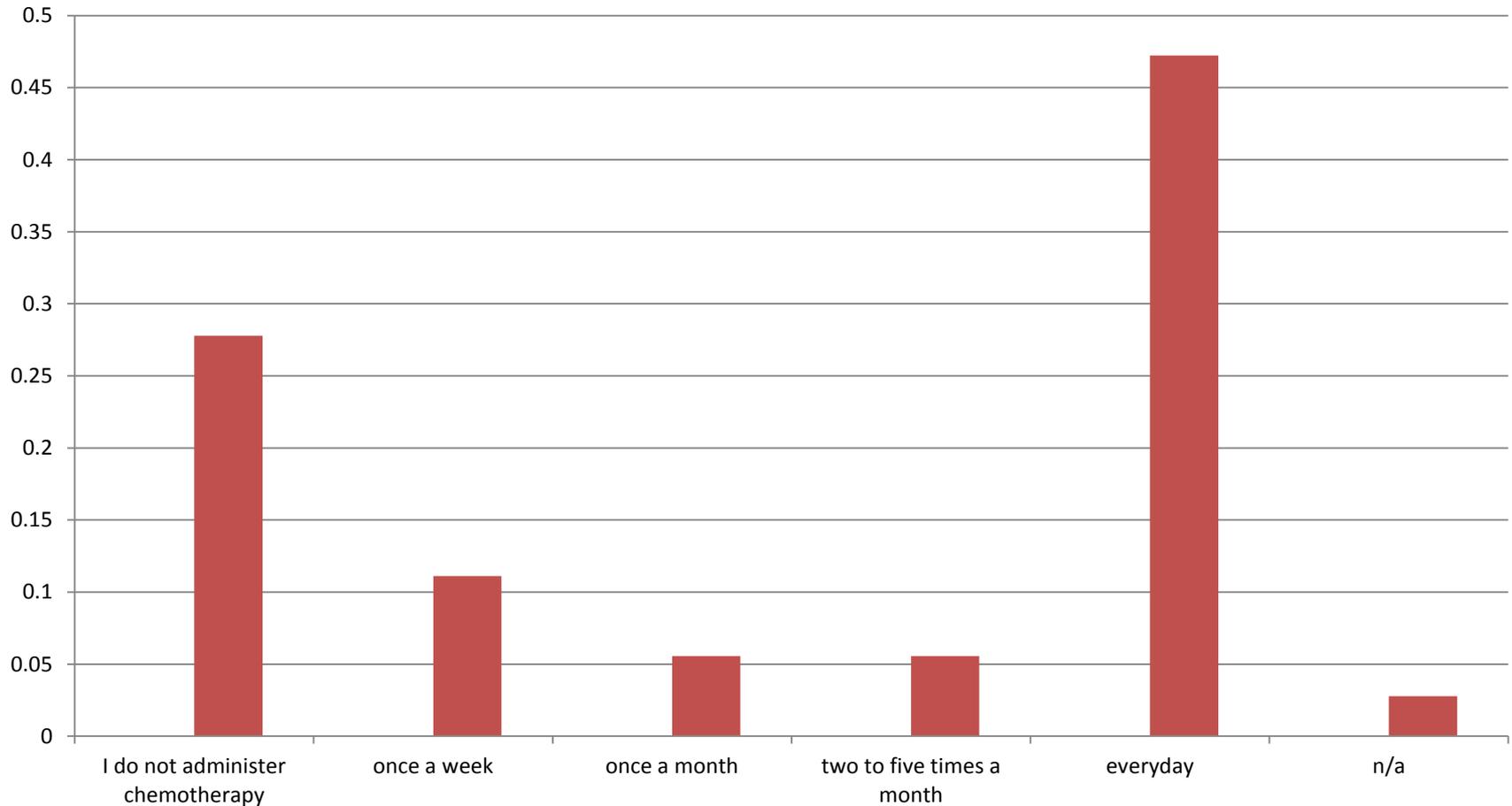
Do you care for patients receiving chemotherapy and biotherapy agents?



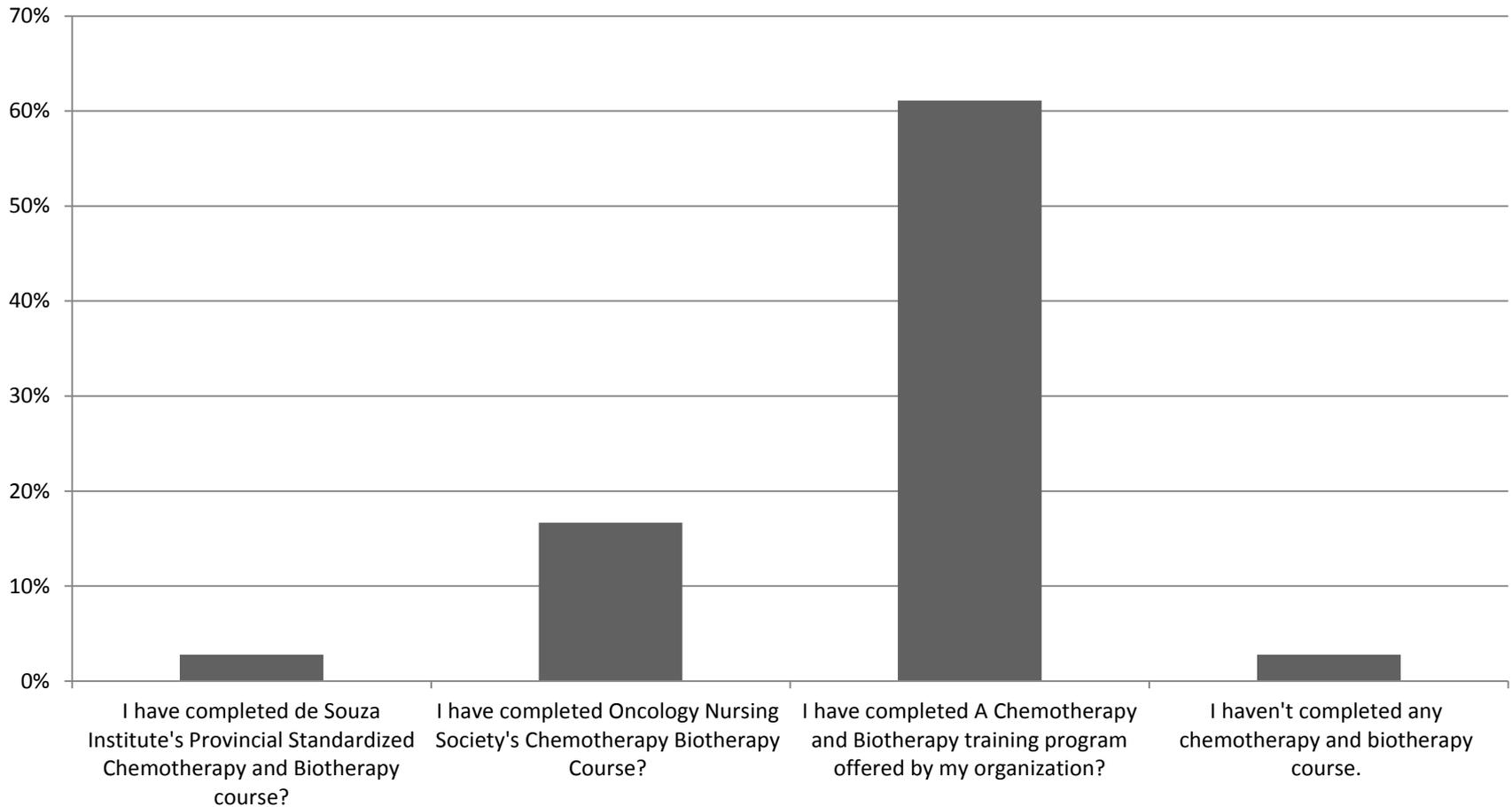
How long have you been administering chemotherapy and biotherapy?



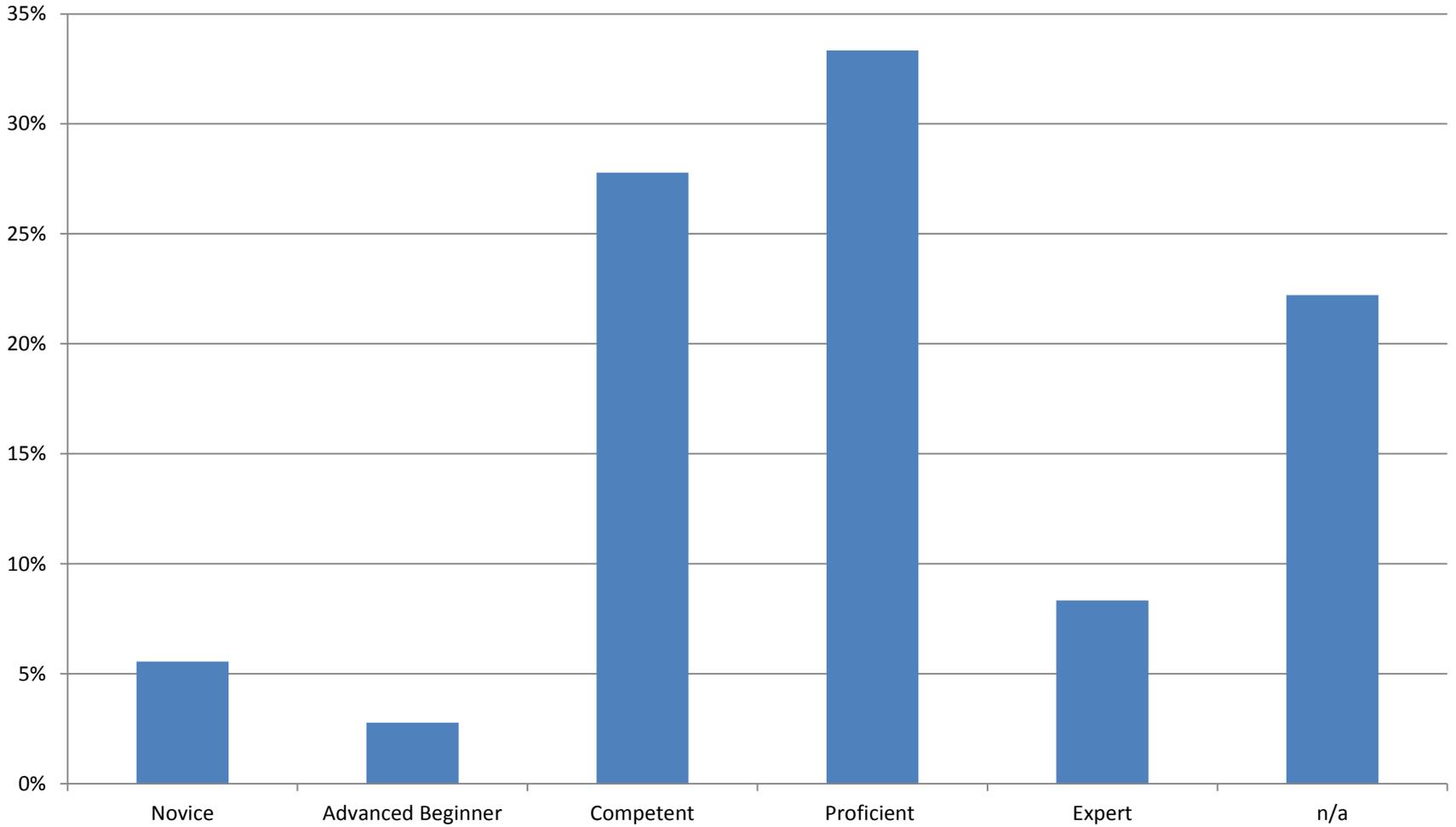
How often do you administer chemotherapy?



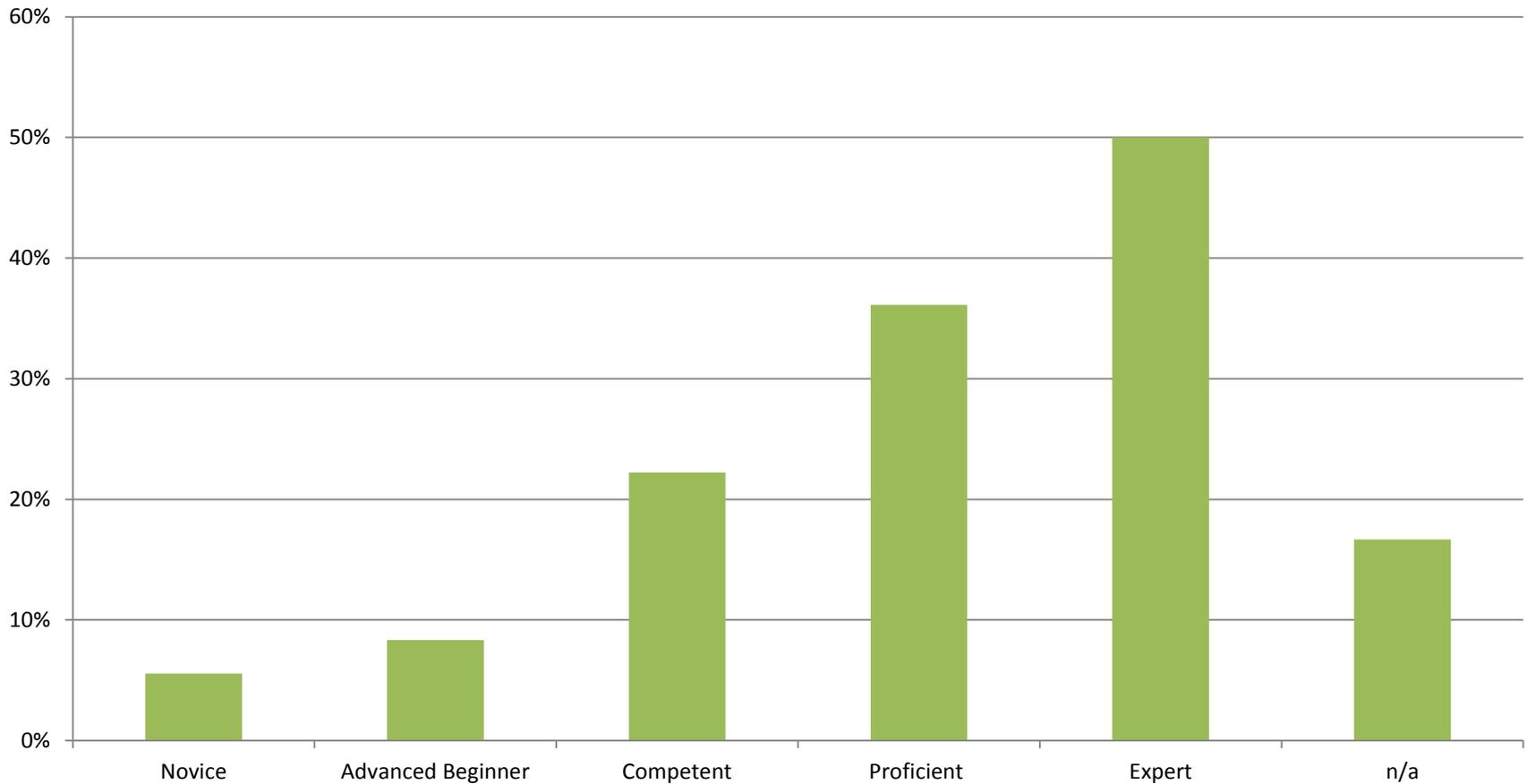
Out of the following how many chemotherapy biotherapy courses have you taken?



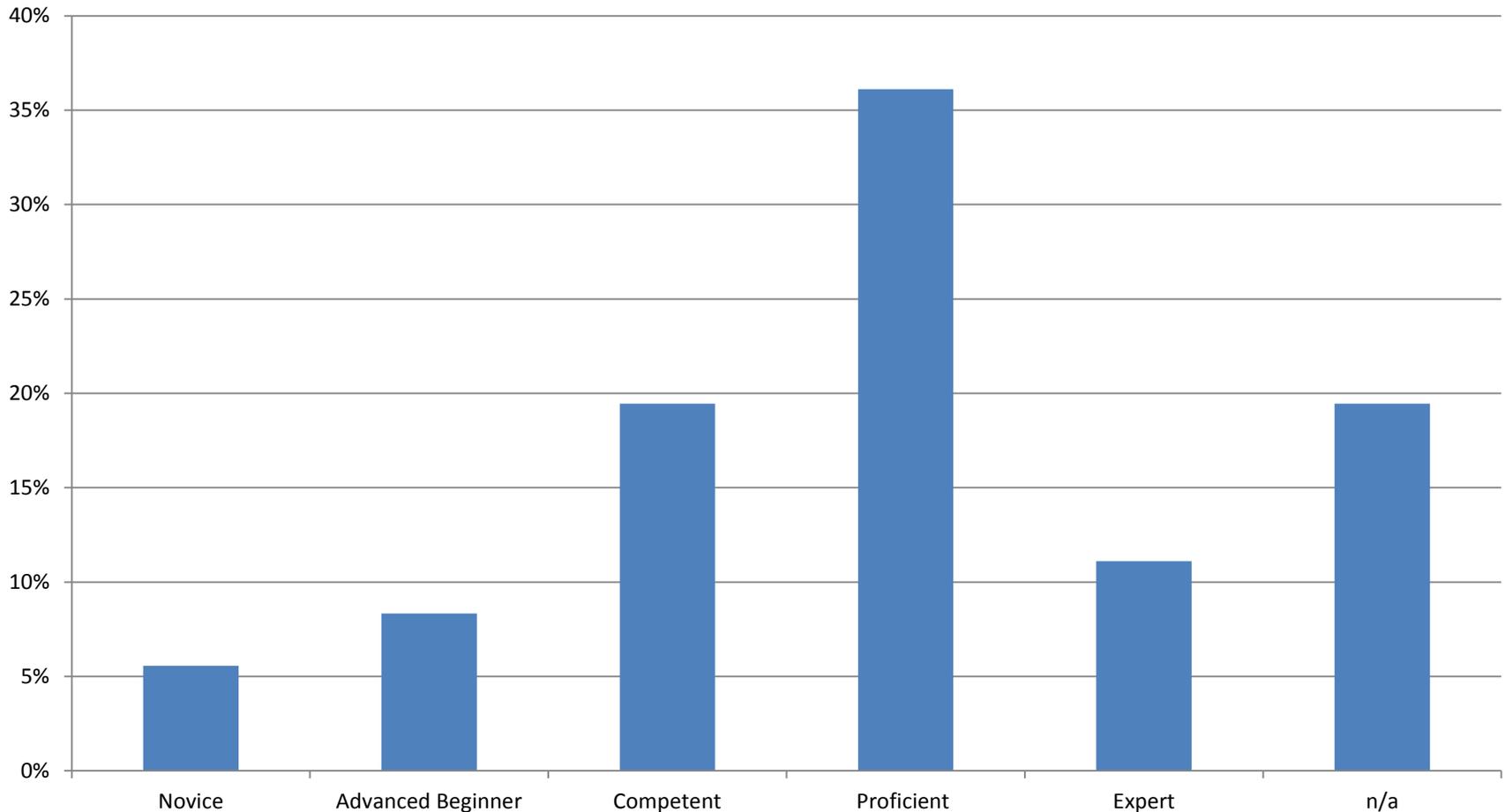
I apply medication safety principles and theories, for example, human factors principles.



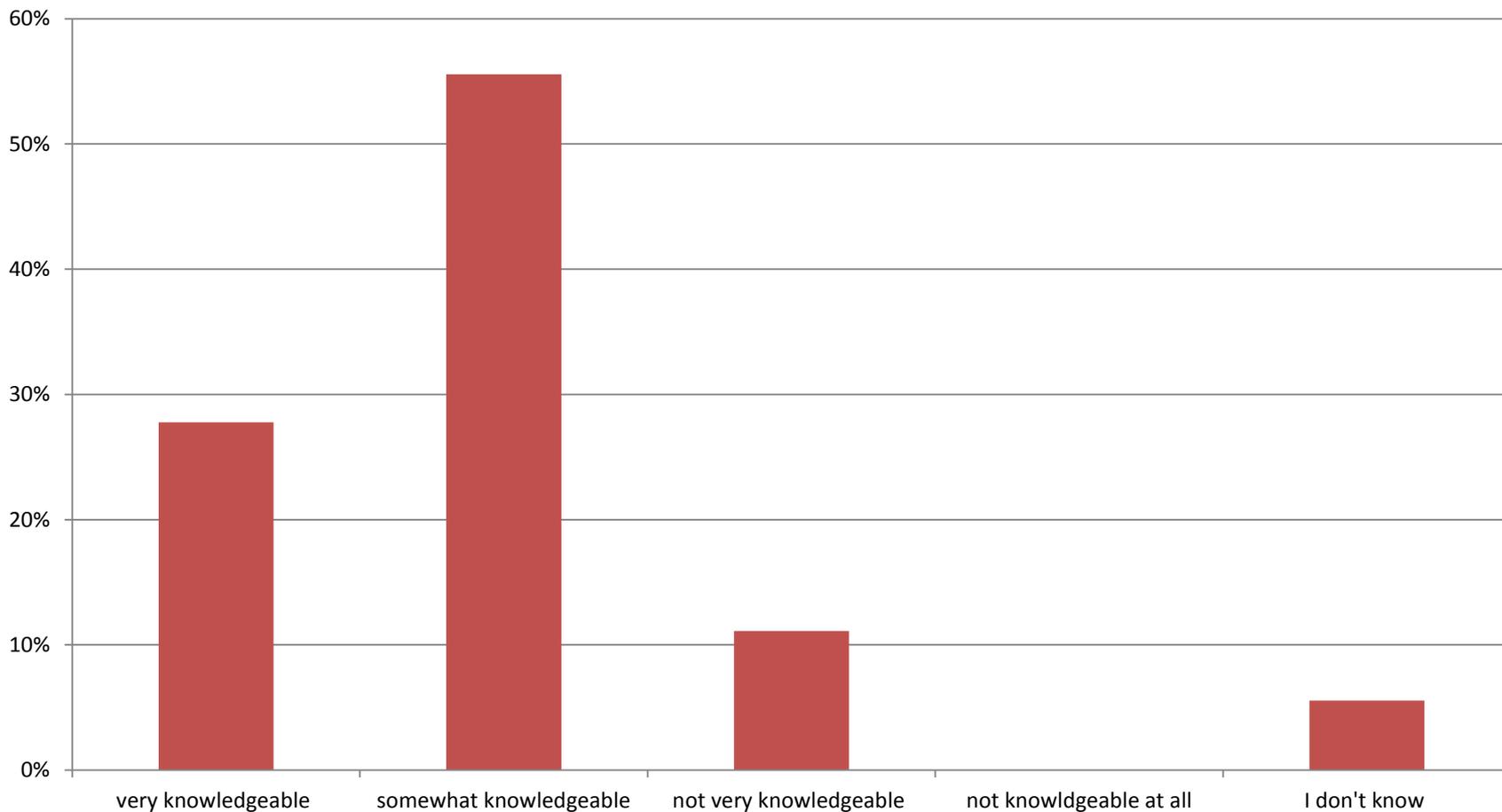
I apply principles of safety and safe handling specific to the route and method of chemotherapy and biotherapy administration and the cytotoxic profile of the drugs.



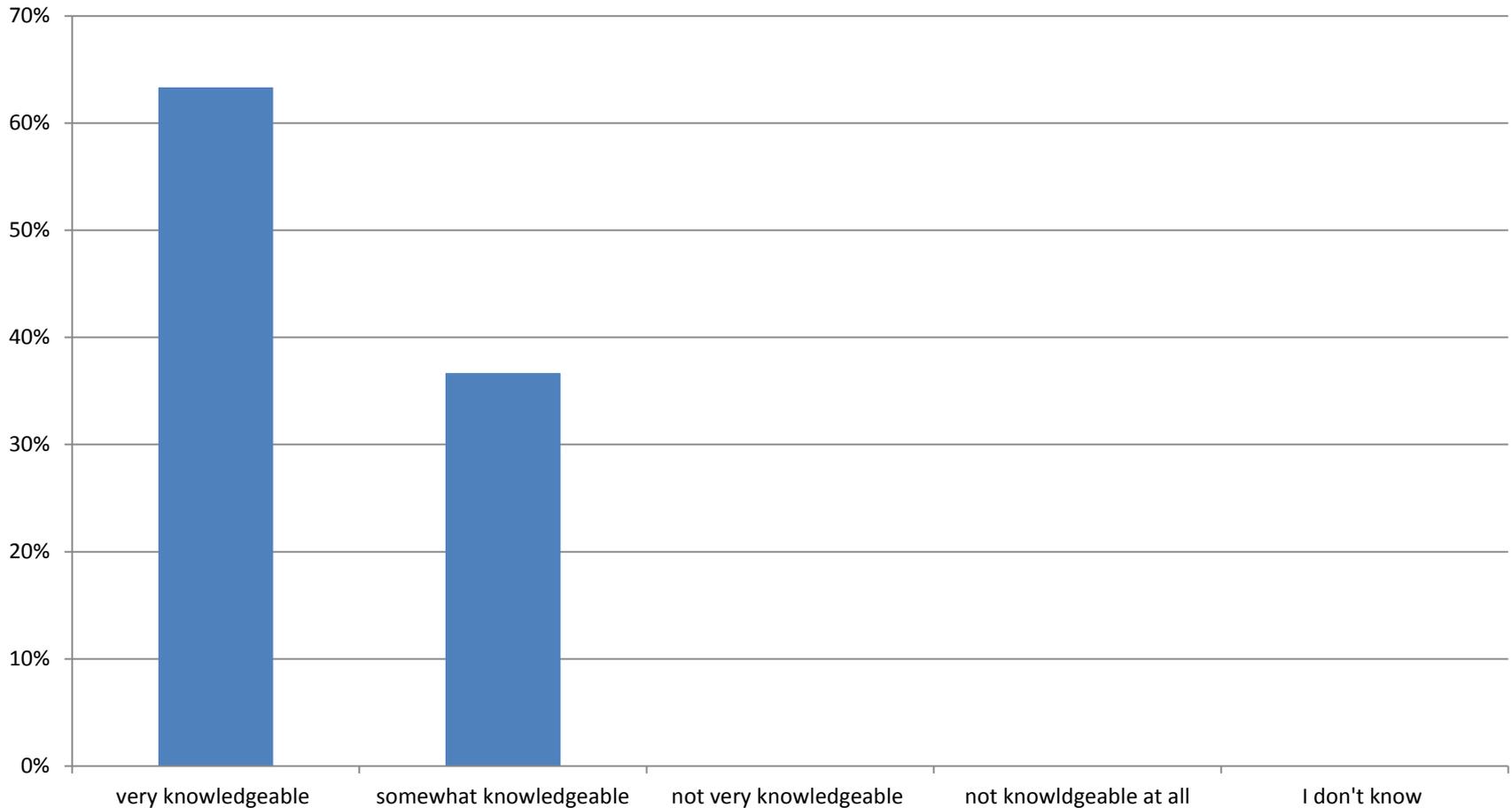
I apply principles of safe handling to disposal of contaminated equipment and cytotoxic agents, spill management, and contaminated body fluids.



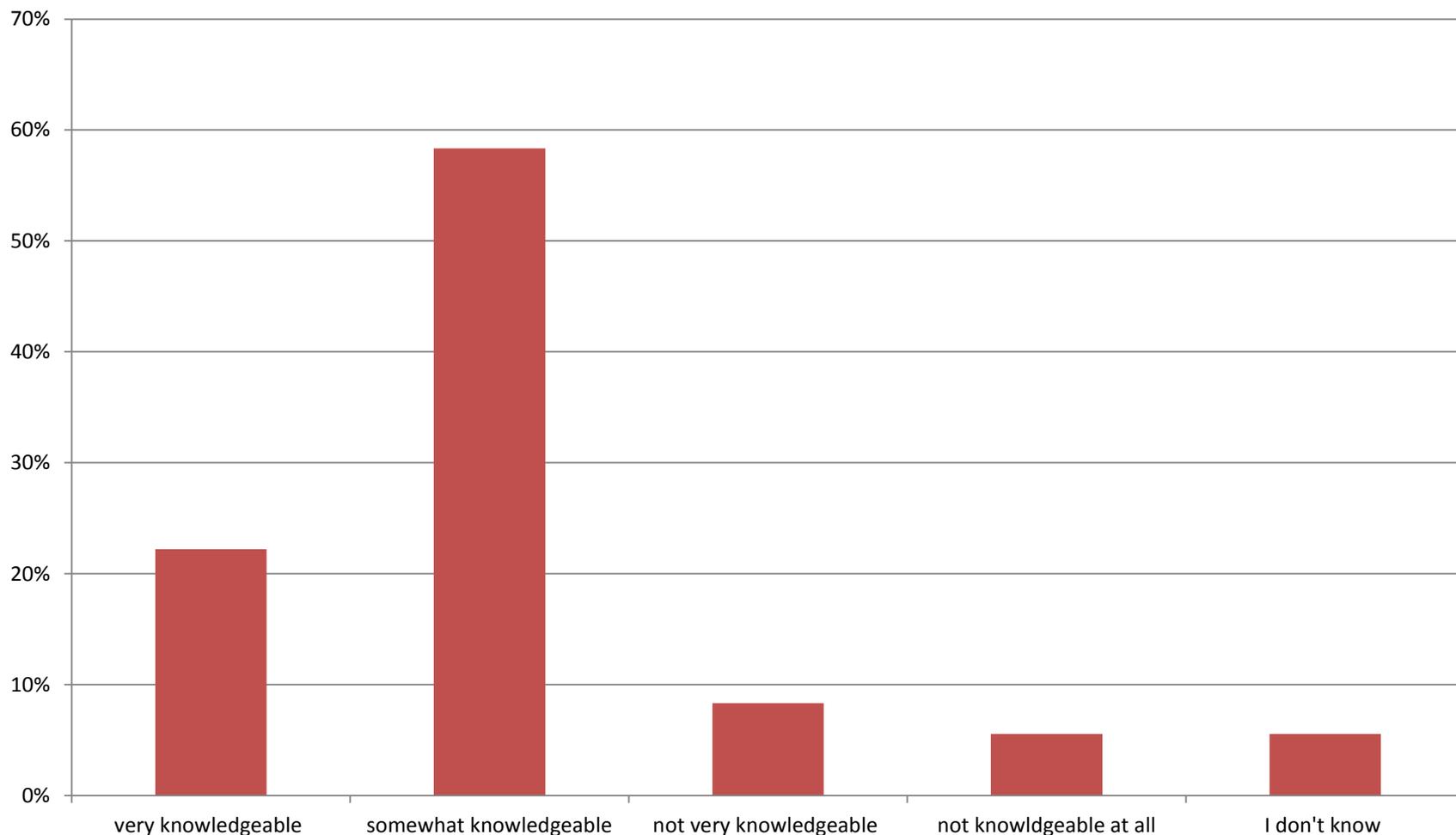
How knowledgeable are you in cleaning a cytotoxic spill using the correct steps? (PRE)



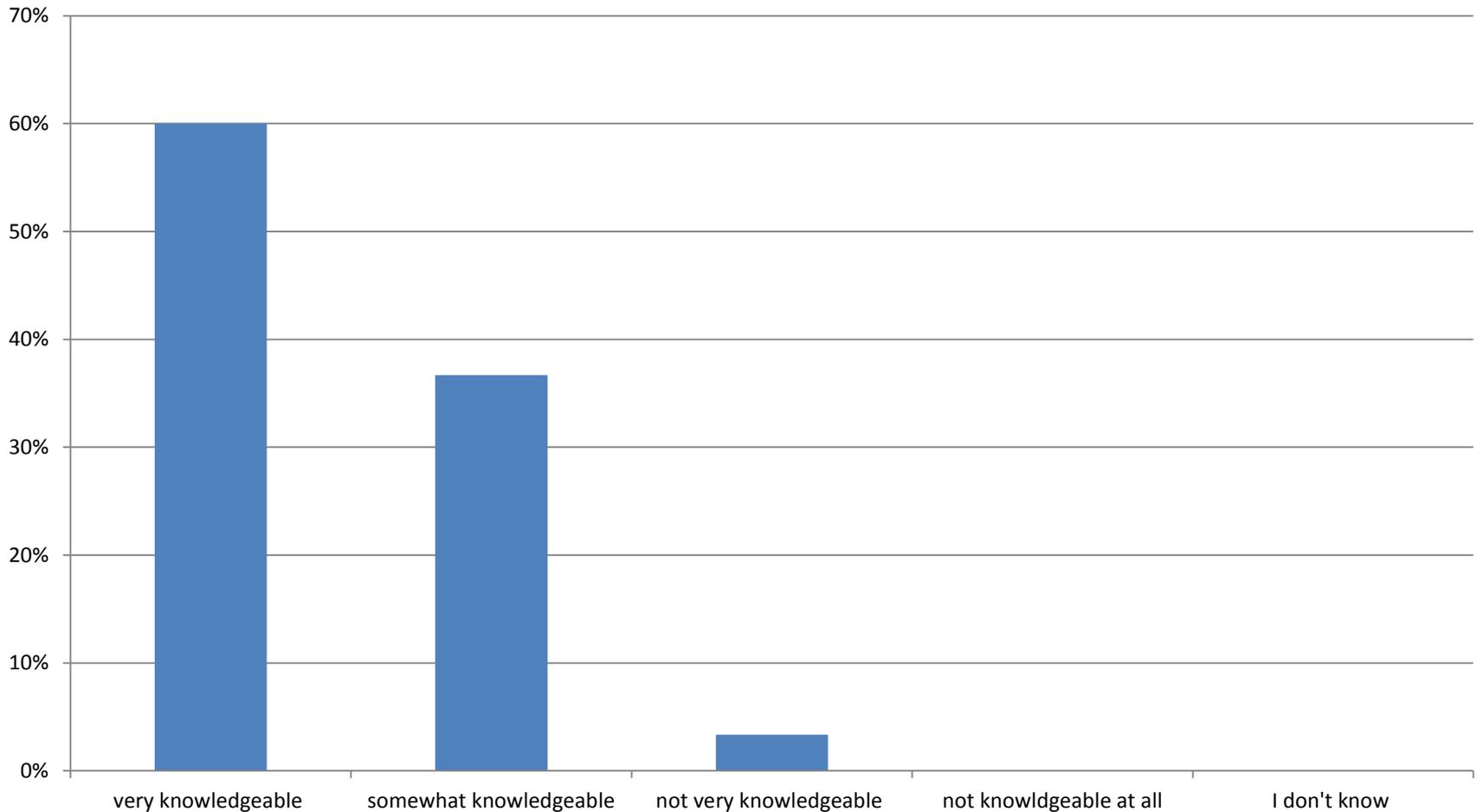
How knowledgeable are you in cleaning a cytotoxic spill using the correct steps? (POST)



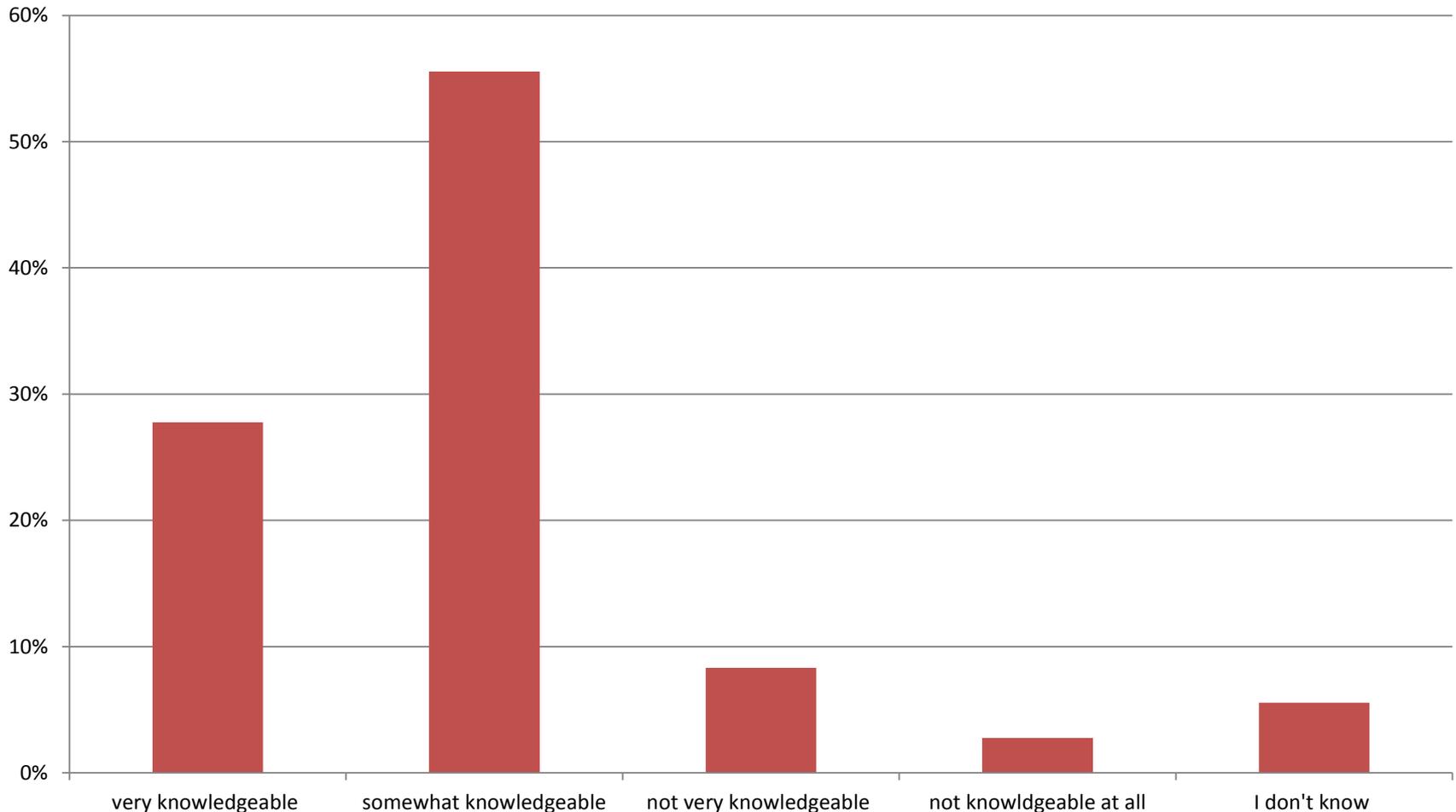
How confident are you in being able to manage a cytotoxic spill using the correct steps? (PRE)



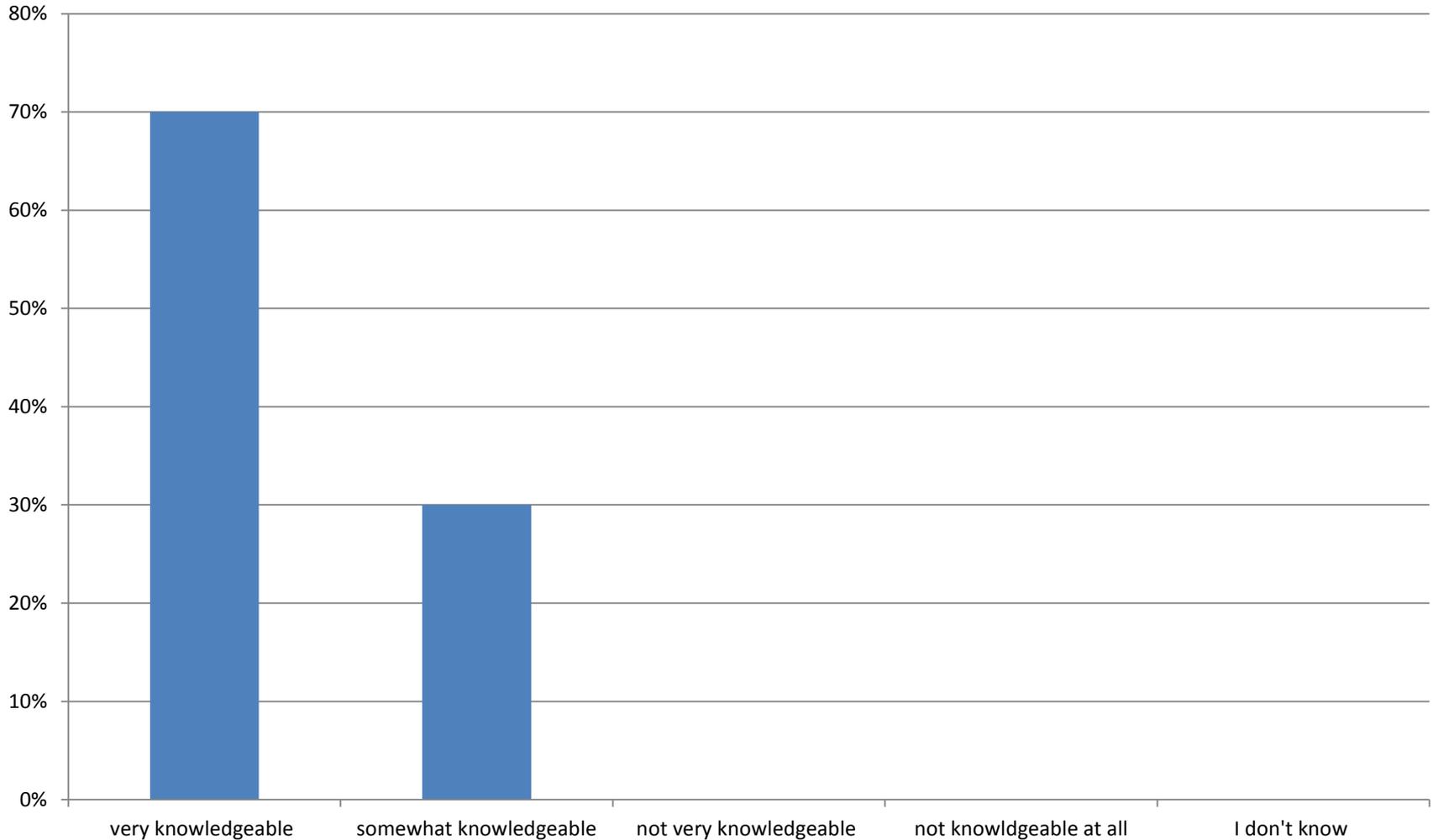
How confident are you in being able to manage a cytotoxic spill using the correct steps? (POST)



How knowledgeable are you in identifying the equipment needed to clean a cytotoxic spill? (PRE)



How knowledgeable are you in identifying the equipment needed to clean a cytotoxic spill? (POST)



CANO Nursing Knowledge and Competencies Framework for Cancer Care
Board Meeting November 2017

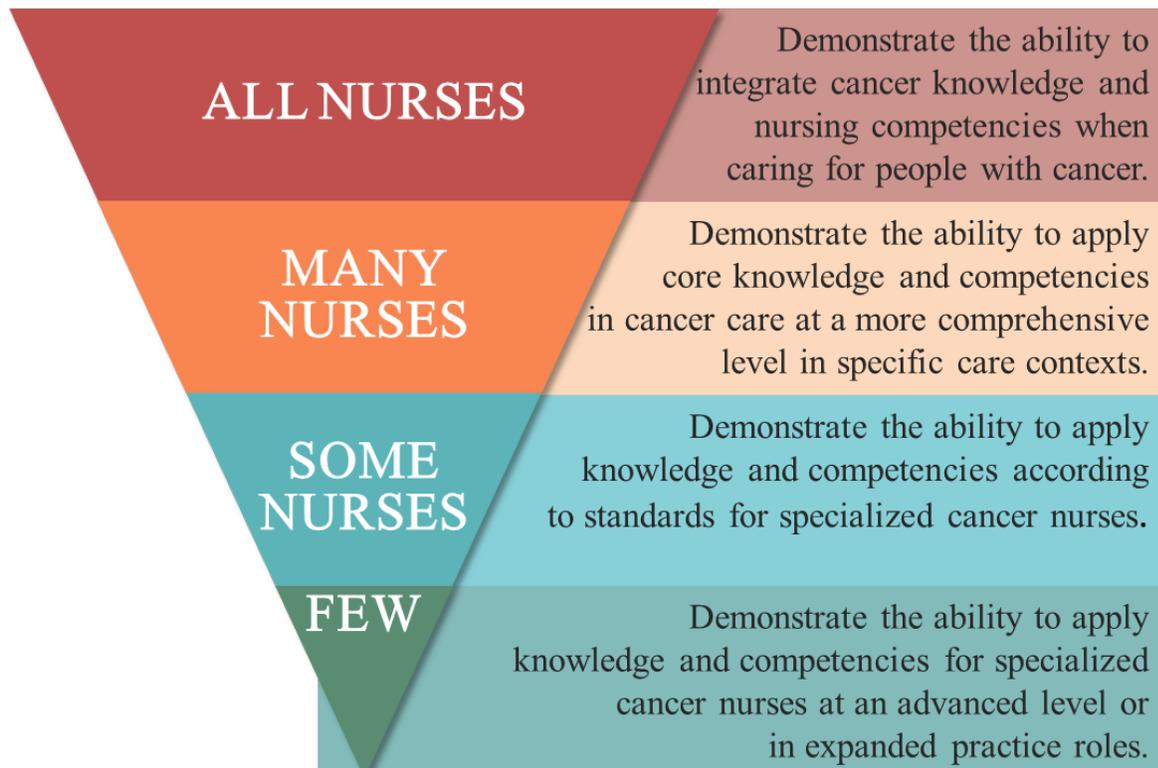
Request for CANO Board:

- Review information below of Oncology Nursing Framework to discuss and vote on adoption of Framework for CANO and development of accompanying work to focus on Standards and Competencies and role clarity within cancer care
- Outcome of vote: post Framework, Purpose, Objectives and Definitions to the website

Background

- Link to and build on CANO Standards of Care
- Generalist to Advanced Role discussions
- Guidance on integrating RPNs/LPNs

CANO Nursing Knowledge and Competencies Framework for Cancer Care



- Adopted from Cancer Australia – EdCan Framework (2016) was developed as a professional development framework to establish educational requirements and resources aligned to each level

CANO Adopting Framework

Title of Framework

- CANO Nursing Knowledge and Competencies Framework for Cancer Care

Purpose of Framework

- To provide a framework for nursing practice and knowledge to guide care across the continuum for patients with cancer and their families

Objectives of Framework

- a) highlight nurses contribution to high quality cancer care
- b) describe oncology nursing knowledge -across the continuum of care for cancer patients(Standards and Competencies)
- c) discussion of variability of nursing roles across the spectrum of cancer care

Overview of Framework

- Underpinnings of Framework:
 - Highlights oncology knowledge expected of nurses irrespective of where they work
 - To ensure best care of cancer patients, collaboration of all nurses across continuum is essential

Framework Definitions

All Nurses *'Demonstrate the ability to integrate cancer knowledge and nursing competencies when caring for people with cancer.'*

- Spans across the cancer care continuum in non oncology settings (ie., community, general practice, LTC, general med or nurses entering practice)
- Patients being cared for with multiple comorbidities, of which cancer is just one. The nurse may not be providing care for cancer specific issues, but requires foundational understanding of cancer care concepts and competencies to provide the best care to patients

Many Nurses *'Demonstrate the ability to apply core knowledge and competencies in cancer care at a more comprehensive level in specific care contexts.'*

- Participate more frequently or for intensive periods in the care of people affected by cancer
- May be specialized in another area and are addressing patient's specific healthcare needs often related to cancer (ie. Enterostomal therapy, Interventional radiology) or their work context or setting has larger volumes of cancer patients (ie. Surgical oncology inpatient units, palliative care)
- Nurses demonstrate capabilities at an enhanced level and require increased knowledge of specialized cancer care to apply to their role or context

Some Nurses *'Demonstrate the ability to apply knowledge and competencies according to standards for specialized cancer nurses.'*

- Nurses work solely with cancer patients either at a specific phase of the cancer journey (ie. radiation, DAP, chemo) or across the cancer continuum (ie. disease site, navigator)
- Nurses need to demonstrate specialized cancer knowledge in combination with cancer nursing experience
- In line with CANO Specialized Oncology Nursing Standards and Competencies

Few Nurses *'Demonstrate the ability to apply knowledge and competencies for specialized cancer nurses at an advanced level or in expanded practice roles.'*

- Nurses practice in an advanced and/or expanded practice role in cancer care with graduate level preparation (e.g. Clinical Nurse Specialist and Nurse Practitioners)
- Builds on the Specialized Oncology Nurse standards and competencies and requires increased practice knowledge for providing care to patients with greater complexity, requiring advanced clinical decision making and enhanced leadership competencies impacting at organizational and population levels

Board Vote

- *Motion to adopt the EdCan Framework as the CANO Nursing Knowledge and Competencies Framework for Cancer Care*

Workshop Title:	Writing for Publication: Submitting to the Canadian Oncology Nursing Journal (CONJ) and Achieving Success
Date:	Saturday, October 28, 2017
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, 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 interactive and allow a substantial time for questions from the audience and responses from the members of the Editorial Board.
Goals/objectives:	<ol style="list-style-type: none"> 1) Help 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>Part A</p> <ul style="list-style-type: none"> – Explain the CONJ guidelines for submission – Review suitability of topics for CONJ – Describe the peer review processes utilized – Questions and answers <p>Part B</p> <p>Explore your ideas for articles, writing tips, preparation of your manuscript, and dealing with revisions...</p>

Board members sponsoring the event (names and roles)	Margaret Fitch Editor in Chief CONJ; Supported by members of the Editorial Board: Dawn Stacey and Sally Thorne
Alignment with strategic plan	Aligns with 3.2a – sustain a scholarly journal for cancer nursing and continue to align with rapid changes in the publishing world.

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

The participants were able to ask questions throughout the session regarding their individual plans and concerns about writing for publication in the CONJ.

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

The session included a balance of both presentation by the Editor in Chief and members of the Editorial Board as well as open discussion in response to the participant questions.

Participants commented that they found the session helpful and recommended that it be held again in the future.

Name
Naureen Mukhi
Vickey Samuel
Jeanne Niekiewicz
Kara Giordano
Sonia Harnois
Laura Olmi
Joy Tarasuk
Tracey Powell
Sarah Quinn
Melanie Kim

Workshop Title:	Enabling and Enhancing Specialty Certification of Canadian Oncology Nurses: CANO/ACIO, CNA/AIIC and Oncology Leaders Pathway to Success
Date:	Oct 29, 2017
Abstract:	<p>Oncology certification demonstrates positive outcomes for patients/families, nurses, and organizations. Registered Nurses (RNs) report that the specialty certification process has positive impacts, both professionally and personally. Certified oncology nurses from the United States have higher symptom management knowledge scores, achieved higher patient satisfaction and job satisfaction. Positive professional results of oncology certification enables improved interprofessional collaboration, greater confidence, empowerment and motivates nurses engage in continuous learning activities. Organizations and employers which support RNs with Canadian Nurses Association (CNA) certification reflect an appreciation of specialized knowledge and a commitment to lifelong learning, as well as an investment into nurses' capacity to enhance patient and family outcomes.</p> <p>To achieve these outcomes, CANO/ACIO's Position Statement on Oncology Nursing Certification (2015) recommends that RNs working primarily with cancer patients or in cancer systems achieve oncology certification by their 5th year of practice. Organizations providing oncology services should strive to have at least 75% of their eligible RNs certified in oncology.</p> <p>To ensure the potential positive outcomes associated with specialty practice for both the patient and the nurse are achieved, an organizational framework is required. This presentation will outline not only the evidence to support the value-add of specialty certification, but also provide a framework for moving towards competency-based specialty practice standards for nurses and the evidence associated with certification's contribution to a strong workforce.</p>
Goals/objectives:	<p>Workshop objectives:</p> <p>Provide an brief overview of the value of certification for patients/families, RNs, and employers</p> <p>Provide a brief review of CANO/ACIO, CNA/AIIC and DeSouza 2016 CANO/ACIO Conference workshop</p>

	Discuss strategies to promote and support certification among oncology nurses
Workshop outline:	<p>This was a 45 minute BOD Sponsored workshop:</p> <p>Shari Moura</p> <ul style="list-style-type: none"> • Introduction, purpose of workshop • Recap from CANO/ACIO 2016 Workshop • Provided stats of # of certified oncology nurses <p>Lucie Vachon</p> <ul style="list-style-type: none"> • Overview of the value of certification • Current state of oncology nurses in Canada • Strategies to promote support specialty certification <p>Charissa Cordon</p> <ul style="list-style-type: none"> • Group Discussion: Thinking about the tools and resources that were presented to you.... What tools will you bring back to your organization to start working towards having 75% of all oncology nurses achieve certification? What more is needed to assist you in this journey?
Board members sponsoring the event (names and roles)	<p>Shari Moura, DAL Membership</p> <p>Charissa Cordon, DAL Education</p>
Alignment with strategic plan	Support oncology nurses to achieve and maintain specialized knowledge and skills

Summary of notes and knowledge generated from the event

- Provided participants with handouts on how to support certification in organization (evidence from literature, employer strategies, strategies for nurses, organizational framework)
-
- Group discussion and feedback re: what else is needed
 - o Establish study groups for each chapters
 - o Group discount of writing exam
 - o Have exam writing opportunities at conference
 - o CNA to work with leaders of organization re: value of certification
 - o Web-based platform to help with tracking of CE hours
 - App to help track hours
 - o Send reminders to recertify (already doing this, and sending emails, but if email is not up to date, then then nurse may not receive the email)

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

Workshop goals were met because we were able to

- highlight with group value of certification, and share existing evidence from literature.
- Provide handouts that participants can use to advocate at their organization about value of certification
- Provide framework as to how to embed educational activities in orientation, preceptorship that leads to either supporting with writing the exam or maintaining CE hours for recertification
 - o Provided information on how to access resources on the CANO website to support certification (initial and recert)
- Report back to the group the activities that CANO has completed since the last workshop, based on their feedback, to support certification

Presentation Title:	'PallOnc': How the Synergy of Two Disciplines can Optimize Outcomes for Patients and Caregivers In Cancer Care
Date:	Monday, October 30, 2017
Abstract:	<p>The practice domains of palliative ('Pall') care (PC) and oncology ('Onc') have evolved tremendously in recent years. Advancements in both the understanding of cancer biology as well as in therapeutic modalities for cancer have led to improved survival for many patients faced with a cancer diagnosis. However, the provision of supportive and palliative care has not kept pace with the rapidity of innovations in the treatment realm, leaving many patients to experience suboptimal management of symptoms and psychosocial distress. Oncology care teams have an important role to play in the integration of early palliative care following a cancer diagnosis as early as the treatment planning phase of the illness trajectory rather than solely once curative-intent treatment ceases or end-of-life approaches. In order to provide comprehensive, cohesive care to patients and their loved ones, collaboration and communication amongst PC and oncology specialties are essential. The term 'PallOnc' embodies the merging of two distinct disciplines that share many similarities and ultimately, the collective goal of helping patients live as well as they can for as long as they can. Evidence is mounting that early integration of PC in oncology has a variety of encouraging outcomes for patients, caregivers and the healthcare system. A number of sentinel studies have demonstrated an unequivocal positive impact of early PC integration on patient outcomes, including improved quality of life and end-of-life care, better symptom control, enhanced patient and caregiver satisfaction and reductions in the cost of care. This session will provide an overview of the potential challenges and barriers to the early integration of PC in oncology. Practical suggestions for including PC as part of the provision of optimal, high-quality patient care throughout disease trajectory will be discussed. Resources on PC, for health care providers as well as for patients and caregivers, will be offered.</p>
Goals/objectives:	<ul style="list-style-type: none"> • To discuss definitions related to palliative care (PC) • To highlight research on the integration of early PC in

	<p>oncology</p> <ul style="list-style-type: none"> To discuss ways that nurses can incorporate a palliative approach to care into their practice
Workshop outline:	n/a (was not a workshop → was changed to a presentation)
Board members sponsoring the event (names and roles)	<p>Reanne Booker, incoming VP Allyson Nowell, DAL Professional Practice Shari Moura, DAL External Relations Linda Watson, VP (incoming President)</p>
Alignment with strategic plan	<p>Strat Plan pillar: ‘Support oncology nurses to achieve and maintain specialized knowledge and skills’</p> <ul style="list-style-type: none"> This presentation provided an overview of palliative care and how oncology nurses can adopt a palliative approach to care. Content was relevant for all oncology nurses from novice to expert.

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

Presentation included an interactive poll with the audience (completed by participants via text message/smartphone responses

Palliative care should be integrated early in the disease trajectory:

True: 100%
 False: 0%

Palliative care is only needed at end-of-life:

True: 0%
 False: 100%

At our centre, there are adequate palliative care resources:

True: 0%

False: 100%

At our centre, all patients have adequate access to palliative care:

True: 0%

False: 100%

At our centre, all patients who undergo assessment for MAiD have had palliative care involvement:

True:

False: 33%

Not sure: 67%

A palliative approach to care should be a standard competency of oncology nursing:

True: 100%

False: 0%

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

Objectives of presentation were met. Print materials/resources were provided to participants. Next steps: continue working on the integration of palliative care in oncology. Reanne is working with the American Society of Clinical Oncology (ASCO) on adapting ASCO's palliative care booklet for patients/caregivers.

Workshop Title:	Speed mentoring to enhance oncology nursing research: An interactive workshop of the CANO research committee
Date:	Monday, October 30, 2017
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 French.</p>

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 (DS, CM, KH, VL, ST, and invited MUHC researcher guest Andrea Laizner). 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>C Maheu is the in-coming 2017 Director at Large – Research on the Board of Directors</p> <p>D Stacey is the out-going 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

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.

Attendees were encouraged to share current or future research work projects and share among the scholars available in the room. At each 15 minute, the attendees had a chance to share their project ideas with the research committee members present at the workshop.

IN TOTAL THERE WERE 7 CONFERENCE ATTENDEES WHO PARTICIPATED IN SPEED MENTORING.