

29^e Conférence annuelle de l'ACIO/CANO 29th Annual CANO/ACIO Conference

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

The Path to Change: Oncology Nurses Leading the Way

27 au 30 octobre 2017 / October 27 to 30, 2017

Hilton Lac-Leamy Gatineau-Ottawa

**PROGRAMME
FINAL**
FINAL
PROGRAM

Célébration du 150^e anniversaire du Canada



Celebrating Canada's 150th Anniversary



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie

WWW.CANO-ACIO.CA



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We share your commitment to improving the lives of cancer patients and are proud to be a sponsor of the 2017 CANO Annual Conference.

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Lundbeck en oncologie

Nous croyons en l'ouverture d'esprit face aux nouvelles connaissances. En outre, ce qui nous définit le plus est notre sens de l'humanité et la façon dont nous tendons la main à ceux qui nous entourent.

Nous avons créé une vidéo d'animation dont l'objectif est d'aider les enfants à mieux comprendre le cancer lorsqu'il survient dans leur famille et à faire face à la situation. Si vous pensez que cette vidéo pourrait être utile à votre patient, voici l'adresse URL où elle peut être visualisée : <http://www.lundbeck.com/ca/fr/les-maladies/oncologie>.



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LA CÉRÉMONIE DE REMISE DES PRIX DE L'ACIO/CANO AURA LIEU
le dimanche 29 octobre 2017 de 9h30 à 10h15 [heure de l'Est]
dans la salle Beethoven/Chopin du Hilton Lac-Leamy.

La cérémonie de remise des prix sera enregistrée et
publiée après la conférence à :
WWW.CANO-ACIO.CA

La cérémonie nous permet de reconnaître
la contribution hors pair de nos membres envers
leur profession, leurs patients et la collectivité.

RECONNAISSANCE DES ÉTOILES DE L'ACIO/CANO

NOUS Y PRÉSENTERONS LES PRIX SUIVANTS :

- ☆ Prix Amgen pour l'innovation dans l'enseignement aux patients en oncologie et à la famille
- ☆ Prix Boehringer Ingelheim de l'infirmière en oncologie de l'année
- ☆ Prix d'excellence Pfizer en Éducation infirmière
- ☆ Prix d'excellence Pfizer en Leadership infirmier
- ☆ Prix d'excellence Pfizer en pratique clinique infirmière
- ☆ Prix d'excellence Pfizer en Recherche infirmière
- ☆ Prix étoile montante de l'ACIO
- ☆ Subvention de recherche de l'ACIO
- ☆ Prix ACIO-Becton-Dickinson [BD] de l'engagement envers la sécurité
- ☆ Prix de distinction de l'ACIO
- ☆ Prix oeuvre de toute une vie de l'ACIO
- ☆ Prix d'excellence de l'éditeur CONJ

NOS DEUX CONFÉRENCES DE REMISES DE PRIX SPÉCIAUX AURONT LIEU AUX HEURES ET DATES SUIVANTES :

CONFÉRENCE ET REMISE DE PRIX
Vendredi 27 octobre 2017 de 15h30 à 16h30
Commanditée par Merck

PRÉSENTATION DU PRIX DE CONFÉRENCE À LA MÉMOIRE D'HELENE HUDSON
Samedi 28 octobre 2017 de 9h45 à 10h45
Commanditée par Amgen

**LE PRIX DE PRÉSENTATION DES ABRÉGÉS SUIVANTS SERONT REMIS LORS DE LA CÉRÉMONIE DE CLÔTURE :
LUNDI LE 30 OCTOBRE 2017 À 2H45 DANS LA SALLE BEETHOVEN/CHOPIN.**

- ☆ Prix d'excellence des soins infirmiers oncologiques en gynécologie de Cancer de l'ovaire Canada
- ☆ Prix de la meilleure affiche décerné par les sections de l'ACIO/CANO commanditée par les sections de la Colombie-Britannique, de Toronto, l'Île-du-Prince-Édouard, Manitoba et du sud de l'Alberta

**Nous tenons à remercier les personnes qui ont proposé la candidature d'un ou d'une de leurs collègues
pour leur initiative. Nous souhaitons également remercier tous les commanditaires des prix !**

THE CANO/ACIO AWARDS CEREMONY IS SCHEDULED FOR
SUNDAY, OCTOBER 29, 2017

9:30AM - 10:15AM EST

**In the Beethoven/Chopin room of the
Hilton Lac-Leamy.**

The awards ceremony will be recorded and
published post-conference at:
WWW.CANO-ACIO.CA

At the ceremony we will recognize the
extraordinary contributions of our members
to their profession, their patients, and
their community.

RECOGNIZING CANO/ACIO STARS

THE FOLLOWING AWARDS WILL BE PRESENTED:

- ☆ Amgen Award for Innovation in Oncology Patient and Family Education
- ☆ Boehringer Ingelheim Oncology Nurse of the Year Award
- ☆ Pfizer Award for Excellence in Nursing Education
- ☆ Pfizer Award for Excellence in Nursing Leadership
- ☆ Pfizer Award for Excellence in Nursing Clinical Practice
- ☆ Pfizer Award of Excellence in Nursing Research

- ☆ CANO Rising Star Award
- ☆ CANO Research Grant
- ☆ CANO Lifetime Achievement Award
- ☆ CANO-Becton-Dickinson [BD] Commitment to Safety Award
- ☆ CANO Award of Distinction
- ☆ CONJ Editor's Award of Excellence

OUR TWO LECTURESHIP AWARDS WILL BE PRESENTED IN THE FOLLOWING SESSIONS:

CLINICAL LECTURESHIP AND AWARD PRESENTATION

Friday, October 27, 2017 from 3:30pm - 4:30pm EST

Sponsored by Merck

HELENE HUDSON LECTURE AND AWARD PRESENTATION

Saturday, October 28, 2017 from 9:45am - 10:45am EST

Sponsored by Amgen

THE FOLLOWING ABSTRACT AWARDS WILL BE PRESENTED AT THE CLOSING CEREMONY:
MONDAY, OCTOBER 30, 2017 AT 2:45PM IN THE BEETHOVEN/CHOPIN ROOM.

- ☆ Ovarian Cancer Canada Award for Excellence in Gynecology Oncology Nursing
- ☆ CANO/ACIO Chapter Poster Award Sponsored by the British Columbia, Toronto, Prince Edward Island, Manitoba and Alberta South Chapters

We wish to thank members for the leadership shown in nominating one of their colleagues for an award.
And, we wish to thank the sponsors of the awards.



**Toutes nos félicitations aux candidat(e)s au prix
Boehringer Ingelheim de l'infirmier(ère) de l'année pour 2017!**

**Congratulations to the nominees of the 2017
Boehringer Ingelheim Oncology Nurse of the Year Award!**

Barbara Ammeter, WINNIPEG, MB
Melissa Boonstra, OTTAWA, ON
Colleen Campbell, HILLSDALE, ON
Tracey DasGupta, WHITBY, ON
Stéphanie Duguay, QUÉBEC CITY, QC
Harold Dunn, LOURDES-DE-BLANC-SABLON, QC
Allison Filewich, KELOWNA, BC
Janet Giroux, KINGSTON, ON
Donna Head, VICTORIA HARBOUR, ON
Brenda Hiebert, BRANDON, MB

Lynne Jolicoeur, GATINEAU, QC
Karey McCann, SHERWOOD PARK, AB
Jean Morrison-Kennedy, LANARK, NS
Massey Nematollahi, NEWMARKET, ON
Jane Palmateer, BELLEVILLE, ON
Tammy Pentney, CAMPBELL RIVER, BC
Janice Petruk, FORT, MCMURRAY, AB
Maureen Watt-Smith, KITCHENER, ON
Karen Woodworth, HALIFAX, NS

**La remise du prix de 2017 sera présenté au Hilton Lac-Leamy à Gatineau, QC
Le dimanche 29 octobre, de 9h30 à 10h15 (HNE)**

The 2017 Nurse of the Year Award will be presented at the Hilton Lac-Leamy in Gatineau, QC
Sunday, October 29, 9:30am - 10:15am EST

La cérémonie de remise des prix sera enregistrée et publiée après la conférence à cano-acio.ca
The awards ceremony will be available via recording post-conference at cano-acio.ca

Encore une fois, toutes nos félicitations et nos meilleurs vœux à l'ensemble des candidates et candidats.
Congratulations and best wishes to all nominees.

L'ACIO/CANO tient à remercier Boehringer Ingelheim (Canada) du généreux soutien fourni envers ce prix.
CANO/ACIO gratefully acknowledges the generous support of Boehringer Ingelheim (Canada) for this award.

Liste des commanditaires et exposants

Sponsor and Exhibitor Listing

La 29^e conférence annuelle de l'ACIO/CANO est rendue possible grâce au généreux soutien des organisations suivantes:
The 29th CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:

Platine / Platinum



Or / Gold



Oncology
Oncologie



Argent / Silver



Bronze / Bronze



Symposium / Symposia

Merck • Pfizer Injectables • Pfizer Oncology • Roche • Shire

Panel de discussion / Focus Group

AstraZeneca • Ipsen Biopharmaceuticals Canada Inc. • Jazz Pharmaceuticals Canada Inc. • Novartis Pharmaceuticals Canada

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Exposants / Exhibitors

Abbott Nutrition • Advanced Innovations Inc. (Bio-Oil) • Alberta Health Services • Amgen • Ansell • Apobiologix • Astellas • AstraZeneca • Bayshore Specialty Rx • Becton-Dickinson (BD) • Boehringer Ingelheim • Boiron Laboratories • Bristol-Myers Squibb • Canadian Nurses Association • Canadian Vascular Access Association • Carcinoid-NeuroEndocrine Tumour Society (CNETS) - Canada • Celgene • de Souza Institute • Eisai Ltd. • Gilead Sciences • ICU Medical, Inc. • Innomar Strategies • Innovative OncoSolutions Inc. • Ipsen Biopharmaceuticals Canada Inc. • Janssen Inc. • Lundbeck Canada Inc. • Lymphoma Canada • Merck • Novartis Pharmaceuticals Canada Inc. • Pfizer Injectables • Pfizer Oncology • Purdue • Roche • Shire • Southmedic Inc. • Takeda



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PRIME MINISTER • PREMIER MINISTRE

Du 27 au 30 octobre 2017

Chères amies, chers amis,

Je suis heureux de présenter mes salutations les plus chaleureuses à celles et ceux qui participent à la 29^e conférence annuelle de l'Association canadienne des infirmières en oncologie (ACIO).



Depuis sa fondation en 1985, l'ACIO se consacre à promouvoir et à favoriser l'excellence de la pratique, de l'éducation, de la recherche et du leadership dans le domaine des soins infirmiers en oncologie. Cet événement réunit des professionnels de la santé hautement qualifiés afin d'échanger des connaissances et des idées, approfondir des questions d'intérêt mutuel et prendre connaissance des plus récentes avancées dans la prévention et le traitement du cancer, ainsi que dans la recherche sur cette maladie.

Je tiens à féliciter les organisateurs d'avoir préparé un programme qui offre aux participants de précieuses occasions d'apprentissage et de réseautage. Je suis convaincu que les délégués tireront profit de cette rencontre et en repartiront avec le désir de mettre en pratique ce qu'ils auront pu y apprendre.

Je vous souhaite une conférence des plus mémorables et fructueuses.

Cordialement,

Le très hon. Justin P.J. Trudeau, C.P., député
Premier ministre du Canada



PRIME MINISTER • PREMIER MINISTRE

October 27–30, 2017

Dear Friends:

I am pleased to extend my warmest greetings to everyone attending the 29th annual conference of the Canadian Association of Nurses in Oncology (CANO).



Since it was founded in 1985, CANO has been dedicated to promoting and developing excellence in oncology nursing through practice, education, research and leadership. This event brings together highly trained health-care professionals to share their knowledge and ideas, explore issues of mutual interest and learn about the latest developments in cancer prevention, research and treatment.

I would like to commend the organizers for putting together a program that provides valuable learning and networking opportunities for everyone in attendance. I am certain that delegates will benefit from this meeting and will leave inspired to put what they have learned into practice.

Please accept my best wishes for a memorable and productive conference.

Sincerely,

The Rt. Hon. Justin P.J. Trudeau, P.C., M.P.
Prime Minister of Canada



MESSAGE DU PREMIER MINISTRE DU QUÉBEC

Je vous souhaite la bienvenue à la conférence annuelle de l'Association canadienne des infirmières en oncologie.

Si les personnes atteintes d'un cancer peuvent bénéficier d'un maximum de confort, d'écoute et de soutien dans les différentes étapes de leurs traitements, c'est en grande partie grâce au travail et à l'engagement des infirmières et infirmiers qui, chaque jour, veillent à leur bien-être.

L'oncologie est la discipline de l'espoir; celle de la vie. Si elle passionne celles et ceux qui œuvrent dans le milieu médical, elle représente surtout de nombreux défis et invite au partage du savoir. En ce sens, cette 29^e conférence annuelle de l'Association canadienne des infirmières en oncologie vous permettra d'affiner vos connaissances et, ainsi, de continuer à être des ressources essentielles pour toutes les personnes atteintes et leur famille.

Vous avez tout mon appui et toute mon admiration. Bonne conférence !

Philippe Couillard

Welcome to the Canadian Association of Nurses in Oncology Annual Conference.

Cancer patients enjoy a great deal of comfort, support, and attentive care at all stages of their treatment largely thanks to the hard work and commitment of nurses, who look after their well-being each and every day.

Oncology is dedicated to providing hope for life. While the medical community is passionate about it, oncology poses many challenges and calls for knowledge sharing. In this regard, the 29th Canadian Association of Nurses in Oncology Annual Conference will enable you to hone your expertise and thus continue to be key resources for all cancer patients and their families.

You have my full support and greatest admiration. Enjoy the conference!



Premier of Ontario - Première ministre de l'Ontario

Du 27 au 30 octobre 2017

MESSAGE DE LA PREMIÈRE MINISTRE DE L'ONTARIO

Au nom du gouvernement de l'Ontario, je suis ravie d'offrir mes plus chaleureuses salutations aux participants et aux participantes de la 29^e Conférence annuelle de l'Association canadienne des infirmières en oncologie (ACIO), coorganisée avec les sections d'Ottawa-Champlain et l'Association québécoise des infirmières en oncologie.

Je me réjouis que les professionnels de la santé membres et non membres de l'ACIO aient une fois de plus l'occasion de participer à des activités de réseautage, de mettre en commun les connaissances les plus récentes dans le domaine et de discuter de moyens de travailler en collaboration.

Je tiens à souligner le rôle important que joue l'ACIO en tant que porte-parole nationale des infirmières et infirmiers en oncologie. Mes collègues du gouvernement et moi apprécions le travail qu'effectue l'ACIO afin de favoriser l'avancement de l'excellence dans la pratique des soins infirmiers en oncologie au profit de l'ensemble des Canadiens et Canadiennes.

Je remercie tous ceux et celles qui ont contribué à la réalisation de cette conférence annuelle, dont le personnel dévoué de l'ACIO, les coorganiseurs, les commanditaires, les exposants et exposantes, les conférenciers et conférencières et les animateurs et animatrices d'ateliers.

Bienvenue dans la région de la capitale du Canada, un lieu riche par son histoire, sa vie culturelle et ses beautés naturelles. Je suis certaine que ses citoyens et citoyennes vous réserveront un très bel accueil.

Je vous souhaite une conférence productive et remplie de succès.

La première ministre de l'Ontario,

Kathleen Wynne





Premier of Ontario - Première ministre de l'Ontario

October 27 – 30, 2017

A PERSONAL MESSAGE FROM THE PREMIER

On behalf of the Government of Ontario, I am delighted to extend warm greetings to everyone attending the 29th annual conference of the Canadian Association of Nurses in Oncology (CANO), an event co-hosted by the association's Ottawa-Champlain and Québec chapters.

I am very pleased that CANO members and health-care professionals will once again have the opportunity to come together to network with colleagues, discuss the latest developments in the field, and put forward ideas on working collaboratively.

I want to acknowledge CANO's important role as the national voice of the oncology nursing profession. My colleagues in government and I value the work that CANO undertakes to advance excellence in oncology nursing practice for the benefit of all Canadians.

I would also like to thank all those who have helped to make this conference possible, including CANO's hard-working staff, the co-hosts, sponsors and exhibitors, and the speakers and workshop leaders.

To those visiting Canada's Capital Region — welcome! It is an area rich in history, culture and natural beauty, and one that is ready to offer you the very best of its hospitality.

Please accept my sincere best wishes for a successful and productive conference.

A handwritten signature in black ink, reading "Kathleen Wynne".

Kathleen Wynne
Premier



MESSAGE DU MAIRE

Au nom de la Ville de Gatineau, j'aimerais souhaiter la bienvenue à toutes les participantes et tous les participants à la Conférence annuelle de l'Association canadienne des infirmières en oncologie.

Nous sommes très heureux que l'Association ait choisi de tenir sa 29^e Conférence annuelle sur le territoire de Gatineau, permettant ainsi aux quelque 600 participantes et participants de découvrir notre ville et notre région.

Dans le cadre de cette conférence, vous aurez l'occasion de discuter de votre rôle essentiel dans la lutte menée contre le cancer et, comme le dit si bien le thème de votre conférence, de « prendre les devants ».

Je vous souhaite des échanges riches et stimulants et vous invite chaudement à prendre un peu de temps pour découvrir les attraits culturels et de plein air que Gatineau a à vous offrir.

Bonne conférence !



Le maire,



A WORD FROM THE MAYOR

On behalf of Gatineau, I would like to extend a warm welcome to the participants in the Annual Conference of the Canadian Association of Nurses in Oncology.

We are very happy that the Association decided to hold its 29th Annual Conference in Gatineau. This will be a great opportunity for the 600 or so participants to discover our city and our region.

This conference will give you the chance to talk about the key role you play in the battle against cancer, and as the theme so appropriately indicates, to “lead the way”.

I trust that your exchanges will be rich and stimulating, and I very much hope that you will be able to take a little time to head out and discover Gatineau’s many cultural and outdoor attractions.

Wishing you all the best!



Maxime Pedneaud-Jobin,
Mayor



Jim Watson
Mayor/Maire

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Courriel : Jim.Watson@ottawa.ca

On behalf of Members of Ottawa City Council, it is my distinct pleasure to extend a warm welcome to all those participating in the **29th Annual National CANO/ACIO Conference**, taking place at the Hilton Lac-Leamy, in the National Capital Region, from October 27th to 30th 2017.

I am delighted to offer my moral support to the Ontario-Ottawa Champlain and Québec Chapters of CANO/ACIO for providing a valuable forum for oncology nursing educators, clinicians, researchers and other stakeholders to convene under the theme *The Path to Change: Oncology Nurses Leading the Way*.

Delegates will be inspired by keynote speakers to explore their role in the transformation of our cancer care system to address equity issues, and ensure the delivery of accessible and high-quality person-centered holistic care, which is responsive to the needs of both the patients and their families. Through presentations and workshops, participants will examine new treatments and technologies, in addition to innovative practices developed to benefit persons living with cancer.

As Head of Council, I want also to acknowledge the Conference Planning Steering Committee, Local Planning Committee, Scientific Program Committee, CANO/ACIO, sponsors, and guest speakers for dedicating efforts, expertise and resources to the successful organization of this educational meeting of international scope.

Canada celebrates its 150th birthday in 2017 and the grandest festivities will be unfolding in Ottawa. I hope you will find time to enjoy our nation's capital for the sesquicentennial anniversary.

Allow me to convey my best wishes to the participants for a productive and rewarding gathering, as well as to the visitors for a memorable stay in Ottawa.

Sincerely,

J'ai l'immense plaisir de souhaiter une cordiale bienvenue, au nom des membres du Conseil municipal d'Ottawa, à tous les participants à la **29^e Conférence nationale annuelle de l'Association canadienne des infirmières en oncologie (ACIO)**, qui aura lieu à l'hôtel Hilton Lac-Leamy, dans la région de la capitale nationale, du 27 au 30 octobre 2017.

Je suis ravi d'apporter mon soutien moral aux chapitres d'Ontario-Champlain et du Québec de l'ACIO, qui fournissent aux professeurs, aux cliniciens, aux chercheurs et aux autres intervenants du domaine des soins infirmiers en oncologie un cadre précieux où ils pourront se réunir sur le thème *En route vers le changement : les infirmières en oncologie prennent les devants*.

Les conférenciers principaux encourageront les délégués à explorer leur rôle dans la transformation de notre système de soins aux patients atteints du cancer afin de se pencher sur les questions d'équité et d'assurer une prestation de soins holistiques accessibles et de qualité axés sur la personne, qui répondent aux besoins des patients et de leur famille. Grâce à des présentations et à des ateliers, les participants examineront les nouveaux traitements et technologies, ainsi que les pratiques novatrices élaborées au bénéfice des personnes atteintes du cancer.

En tant que chef du Conseil, je tiens également à remercier le comité directeur de la planification de la conférence, le comité de planification locale, le comité du programme scientifique, l'ACIO, les commanditaires et les conférenciers invités de mettre leurs efforts, leur savoir-faire et leurs ressources au service de l'organisation de cette rencontre éducative d'envergure internationale pour en assurer la réussite.

L'année 2017 marque le 150^e anniversaire du Canada et les festivités les plus grandioses se dérouleront à Ottawa. J'espère que vous trouverez le temps de profiter des attraits de notre capitale nationale à cette occasion.

Permettez-moi de souhaiter aux participants une conférence productive et enrichissante et aux visiteurs un séjour mémorable à Ottawa.

Meilleures salutations.

Jim Watson, Mayor/Maire



Lettre de la Présidente

Chers collègues,

C'est au nom du conseil de l'ACIO/CANO que je vous souhaite la bienvenue à la 29^e conférence nationale annuelle de l'ACIO/CANO ayant lieu à Gatineau–Ottawa du 27 au 30 octobre 2017.

Le thème retenu pour la conférence de cette année, En route vers le changement : les infirmières en oncologie prennent les devants / The Path to Change: Oncology Nurses Leading the Way, nous amène à examiner les diverses façons dont les infirmières en oncologie manifestent leur leadership relativement à la constante évolution du milieu de pratique. De plus, elles se montrent proactives en établissant leur vision en transformant le système de soins en oncologie pour le rendre plus équitable, plus axé sur la personne et plus réceptif aux besoins des patients et des proches.

Le parcours de l'Association et la prise de position des infirmières en oncologie en tant qu'actrices de premier plan dans la mise en œuvre, au Canada, de soins en oncologie et de résultats pour les patients de qualité optimale ont été solidement étayés par l'extraordinaire leadership infirmier en oncologie des trente dernières années. Cependant, les forces sociales et politiques actuelles autant sur la scène nationale qu'internationale provoquent une onde de choc qui a une incidence sur le système de santé du Canada et son système de soins aux personnes atteintes de cancer, déjà fort complexes. La discrimination et la déconstruction des soins de santé à prix abordable aux É.-U. où l'accent est désormais mis sur le « moi » plutôt que sur le « nous », la poursuite du conflit en Syrie qui crée une nouvelle génération d'immigrants vers le Canada sont autant d'exemples d'événements internationaux qui continueront d'avoir des incidences directes et indirectes sur les systèmes de santé et de soins en oncologie de notre pays. Au plan national, l'introduction de la législation sur l'aide médicale à mourir, la multiplication rapide des traitements et des technologies, l'expansion d'un mouvement de participation des patients et les pressions visant à optimiser les ressources et les rôles infirmiers primaires, sont quelques-uns des défis et des opportunités qui permettent aux infirmières en oncologie d'agir et de manifester du leadership de façon innovante et variée pour le bienfait des Canadiens atteints du cancer.

Nous vivons à une époque complexe. Afin de tracer une voie vers le changement à venir, nous devons non seulement continuer à dispenser des soins holistiques de haute qualité centrés sur la personne, mais encore étendre la portée de nos activités de façon à mettre en œuvre l'impératif de justice sociale inhérent aux soins infirmiers afin que les soins soient conçus pour l'ensemble de la population, accessibles et réceptifs à tous. Aujourd'hui plus que jamais, les infirmières en oncologie doivent être des leaders qui se livrent à la réflexion critique, interviennent et font de la représentation aux niveaux local, national et international.

L'ACIO/CANO croit que chaque infirmière est un leader. Plutôt que de se limiter aux rôles de leadership traditionnels, le leadership infirmier repose sur la réflexion critique, l'intervention et la représentation, et ce, dans l'ensemble des rôles, des milieux de pratique et des domaines de la pratique infirmière. À titre de leaders, c'est ensemble que nous avons le plus de force. Il nous faut œuvrer en collaboration dans l'ensemble des rôles et des milieux, en partenariat avec les patients, les familles et les collectivités, créer des synergies afin d'apporter des solutions concrètes et durables aux problèmes qui nous confrontent.

Cette conférence offre une occasion exceptionnelle de rassembler un merveilleux groupe d'infirmières de tout le Canada et d'autres parties du monde en vue de commencer à créer ces synergies pour l'avenir. Le comité directeur de la conférence, le comité de planification local et le comité de planification scientifique ont mis sur pied un programme exceptionnel qui saura stimuler vos réflexions, éclairer votre pratique, favoriser votre croissance personnelle et enfin, attiser votre passion, ce qui vous amènera à vous investir plus avant dans votre travail auprès des patients, de leurs familles et des systèmes de soins. Nous avons, cette année, trois conférenciers principaux à la fois impressionnants et inspirants : Stuart Schwartz, une vedette de la radio d'Ottawa et un représentant des patients; Greta Cummings, PhD, une chercheuse en leadership infirmier de renommée nationale et internationale; et Pierre Lainey, un expert du leadership et de la gestion du changement.

L'assemblée générale annuelle de l'ACIO/CANO, qui se tiendra le 29 octobre 2017, est un événement important auquel tous les membres présents devraient assister. Elle permet au conseil de présenter aux membres les progrès réalisés par l'association et ses accomplissements. Cette année, nous présenterons notre nouveau plan stratégique (2017–2019) et les éléments livrables, et les membres auront la possibilité d'y exprimer leur opinion et leur rétroaction. Comme nous sommes une association dirigée par les membres pour les membres, il importe que vous fassiez entendre votre voix et que vous soyez au courant des occasions d'implication.

Un des moments phares de notre conférence annuelle est la soirée sociale « Un événement royal : Dangereusement vôtre » le dimanche 29 octobre 2017. Le comité de planification a organisé une soirée placée sous le sceau du prestige et de l'intrigue et agrémentée d'un souper et de rafraîchissements afin de célébrer avec l'éclat qui se doit les infirmières en oncologie. Comme cela promet d'être une soirée mémorable, habillez-vous pour impressionner! La soirée sociale aura lieu au Hilton Lac-Leamy, à Gatineau. J'espère que vous nous rejoindrez pour cette soirée bien spéciale où vous côtoierez vos collègues dans un cadre pas comme les autres!

Des mercis tout particuliers aux coprésidentes du comité directeur de la conférence Charissa Cordon et Stéphanie Ouellette, aux présidentes du comité de planification local Lynne Jolicoeur, Laurie Ann Holmes et Maria Gabriela Ruiz Mangas, aux coprésidentes du programme scientifique Lynn Kachuik et Christine Maheu, à la présidente du comité de la reconnaissance de l'excellence Karen Janes, à l'équipe du siège national de l'ACIO/CANO Jyoti Bhardwaj, Sharon Leung, Marlee McElligott et Ernest Ho, et enfin, à l'ensemble de nos bénévoles et de nos commanditaires!

Je vous remercie à l'avance de votre participation à cette conférence et de votre soutien envers l'ACIO/CANO!

Bien à vous,



Tracy Truant, inf., M.Sc.inf., PhD(c)

Présidente

Association canadienne des infirmières en oncologie

Letter from the President

Dear Colleagues,

On behalf of the CANO/ACIO Board, I welcome you to the 29th Annual National CANO/ACIO Conference in Gatineau—Ottawa from October 27th to 30th, 2017.

Our conference theme this year, *The Path to Change: Oncology Nurses Leading the Way / En route vers le changement : les infirmières en oncologie prennent les devants*, sets the stage for us to consider the ways in which oncology nurses lead in response to the ever changing practice environment, as well as in proactively setting a vision and taking action to transform our cancer care system to be more equitable, person-focused and responsive to patient and family needs.

Our path as an Association and the positioning of oncology nurses as important contributors to high quality cancer care and patient outcomes in Canada has been solidly forged by outstanding oncology nursing leadership over the past three decades. However, current social and political forces on national and world stages are creating ripples that are impacting our already complex cancer and health care system in Canada. Discrimination and deconstruction of affordable health care in the US that shifts the focus from “we” to “me”, and ongoing conflict in Syria that is creating a new generation of Canadian immigrants are examples of world events that will continue to have direct and indirect impacts on Canadian health and cancer care systems. Nationally, the introduction of medically assisted dying legislation, rapidly expanding treatments and technologies, a growing patient engagement movement, and a push to optimize primary nursing roles and resources, are examples that create challenges and opportunities for oncology nurses to step up and provide oncology nursing leadership in new and different ways that will benefit Canadians living with cancer.

We are living in complex times. To carve a future path to change, we must not only continue to deliver high quality person-centred holistic care, we also must extend our reach to enact our nursing social justice imperative to ensure this care is designed for, is responsive to and accessible for all. More than ever, oncology nurses must be leaders to think critically, act and advocate locally, nationally and globally.

CANO/ACIO believes that every nurse is a leader. Rather than being situated only within traditional leadership roles, nursing leadership is about *critical thinking, action and advocacy* across all roles, practice settings and domains of nursing practice. Together, as leaders, we are stronger. We need to work collaboratively across all roles and settings, in partnership with patients, families and communities, to create synergies for real and lasting solutions to the issues in front of us.

This conference provides an outstanding opportunity to bring together an exceptional group of nurses from across Canada and other parts of the world to begin creating these synergies for the future. The conference planning steering, local planning and scientific programming committees have created an outstanding program that will stimulate your thinking, inform your practice and foster your personal growth, and revive your passion to re-engage in your work with patients, families and health care systems. We have three impressive and engaging keynote speakers this year: Stuart Schwartz, Ottawa radio personality and patient representative; Dr. Greta Cummings, a nationally and internationally recognized researcher in the field of nursing leadership; and Pierre Lainey, a leadership and change management expert.

CANO/ACIO's annual general meeting, scheduled on October 29, 2017, is an important event for all members to attend. It is an occasion for the board to present and report on the association's progress and achievements to members. This year, our new strategic plan (2017–2019) and deliverables will be introduced, including opportunities for member input and feedback. As a member driven organization, it is important for your voice to be heard, and to learn about opportunities to become involved.

A highlight of our annual conference is the social event, “A Royale Event: A View to a Thrill” on Sunday October 29, 2017. The planning committee has created an evening of glamour, intrigue, dinner and drinks to celebrate oncology nurses in style. It promises to be an iconic night to remember, so dress to impress! The social will be held at the Hilton Lac-Leamy, Gatineau. I hope you join us for a very special evening of connecting with your colleagues on a whole different level!

A special thank you to the conference planning steering committee co-chairs Charissa Cordon and Stephanie Ouellette, the local planning chairs, Lynne Jolicoeur, Laurie Ann Holmes and Maria Gabriela Ruiz Mangas, the scientific programming co-chairs, Lynn Kachuik and Christine Maheu, the recognition of excellence committee chair, Karen Janes, the CANO/ACIO Head Office team Jyoti Bhardwaj, Sharon Leung, Marlee McElligott and Ernest Ho, and all of our volunteers and sponsors!

I want to thank all of you in advance for being a part of this conference and supporting CANO/ACIO!

Sincerely,



Tracy Truant, RN, MSN, PhD(c)
President
Canadian Association of Nurses in Oncology

Bienvenue à la 29^e conférence annuelle de l'ACIO/CANO

Au nom du comité de planification local de la conférence de l'ACIO/CANO 2017, nous vous souhaitons la bienvenue dans la région de la capitale nationale!

C'est en l'honneur du 150^e anniversaire de la confédération de notre merveilleux pays que la région de la capitale nationale a été choisie comme site de la conférence de cette année. Les chapitres d'Ottawa–Champlain et du Québec ont collaboré en transcendant la frontière interprovinciale ainsi que les différences linguistiques et culturelles afin de planifier et de coparrainer cet événement des plus inspirants.

Nous espérons que cette conférence, s'appuyant sur les fondements établis par l'ACIO/CANO, ravivera votre passion tout en soulignant qu'ensemble, nous pouvons accomplir davantage. Les infirmières en oncologie, œuvrant en éducation, en clinique, en gestion et en recherche, montrent la voie à suivre. Du fait de nos perspectives uniques dans tous ces domaines, nous occupons une place privilégiée pour prendre la tête des changements à apporter au système pour le bien des patients en oncologie.

Le comité de planification scientifique a travaillé avec diligence au développement du programme en engageant les conférenciers principaux, en évaluant et en sélectionnant les abrégés et les affiches scientifiques, le tout dans le but de promouvoir le leadership infirmier en oncologie.

Tout au long de la conférence, ces conférenciers, ateliers, présentations et affiches aborderont les thèmes suivants :

- Le développement et l'implication du leadership infirmier dans tout le continuum de la pratique infirmière;
- La mise en œuvre de pratiques novatrices et visionnaires qui répondent aux besoins des patients et aux défis organisationnels;
- La création d'une vision commune pour bâtir l'avenir des soins infirmiers en oncologie et des soins de santé.

La conférence vise à donner aux infirmières en oncologie les moyens d'être des chefs de file dans leurs domaines sur la voie du changement grâce au réseautage,

au dialogue et au partage d'expérience et d'expertise. Nous espérons que cette conférence inspirera les infirmières en oncologie à diriger le changement au nom de leur profession!

Nous innovons cette année en introduisant une filière fondamentale conçue pour appuyer l'acquisition des connaissances des infirmières en oncologie débutantes. Nous avons poursuivi l'inclusion réussie de pictogrammes dans l'aperçu du programme afin d'aider les délégués à planifier leurs journées.

Cette année encore, nous avons des affiches électroniques qui pourront être consultées tout au long de la conférence, avec des créneaux horaires assignés durant lesquels les délégués peuvent interagir avec les auteurs des affiches tel qu'indiqué dans le programme.

Nous croyons que cette conférence annuelle sera le moment idéal de célébrer l'incroyable travail que les infirmières en oncologie effectuent à longueur d'année. C'est également une excellente occasion de forger de nouveaux rapports avec des collègues de l'ensemble du Canada. Soyez des nôtres le dimanche 29 octobre pour notre soirée sociale prestige et intrigue.

Nous avons hâte de pouvoir vous accueillir dans la région de la capitale nationale. Nous y inciterons les infirmières en oncologie à relever le défi et à prendre la tête du changement.

Bien à vous,

Laurie–Ann Holmes, RN, BScN, CON(C) –
Chapitre d'Ontario – Ottawa Champlain
Lynne Jolicoeur, RN, MScN, CON(C) –
Chapitre d'Ontario – Ottawa Champlain
Maria Gabriela Ruiz Mangas, RN, MSc(A), CNN(c) – Chapitre
du Québec

*Coprésidentes du comité de planification local 2017
Association canadienne des infirmières en oncologie*

Welcome to the CANO/ACIO's 29th Annual Conference

On behalf of your Local Planning Committee for the 2017 CANO conference, we warmly welcome you to the national capital region!

In honour of the 150th anniversary of the confederation of our beautiful country, the national capital area was chosen as the location for this year's conference. The Ontario – Ottawa Champlain and Quebec Chapters collaborated across provincial borders, differing languages and cultures to plan and co-host this inspiring event.

Building on the foundation set by CANO/ACIO, we hope this conference will re-ignite your passion and reinforce that, together we can achieve more. Oncology nurses from educators, to clinicians, to researchers, are leading the way. We are well positioned to lead system changes for oncology patients by virtue of our unique clinical, educational, management and research perspectives.

The scientific planning committee worked diligently to develop the programme by engaging keynote speakers, appraising and selecting quality abstracts and posters to promote oncology nursing leadership.

Over the course of the conference these speakers, workshops, presentations and posters will address the following themes:

- Developing and engaging nursing leadership across the entire continuum of nursing practice;
- Implementing innovative and visionary practices that respond to patient needs and organizational challenges;
- Creating a shared vision to build the future of oncology nursing and health care.

The goal of this conference is to empower oncology nurses to be leaders in their fields on the path to change by networking, dialoguing and sharing their experience and expertise. We hope this conference inspires oncology nurses to lead change for their profession!

One innovation this year is the introduction of a foundational stream that is designed to support knowledge acquisition of novice oncology nurses. We have continued with the successful inclusion of pictograms in the program at a glance to help delegates plan their conference days.

Once again this year we have electronic posters which can be viewed throughout the conference, with designated timeslots for attendees to interact with poster authors as outlined in the program.

We believe this annual conference is a perfect time to celebrate the incredible work oncology nurses do all year round. It is also an opportunity to forge new relationships with colleagues from across Canada. Join us at our evening of glamour and intrigue on Sunday October 29.

We look forward to welcoming you to the national capital region. You will be challenged as oncology nurses to lead the path to change.

Sincerely,

Laurie–Ann Holmes, RN, BScN, CON(C) –

Ontario – Ottawa Champlain Chapter

Lynne Jolicoeur, RN, MScN, CON(C) –

Ontario – Ottawa Champlain Chapter

Maria Gabriele Ruiz Mangas, RN, MSc(A), CNN(c) –

Quebec Chapter

*2017 Local Planning Committee Co-Chairs
Canadian Association of Nurses in Oncology*

Informations sur la conférence / General Conference Information

Inscription

Le bureau d'inscription est situé dans le Foyer.
L'inscription est disponible sur place.

Heures d'inscription:

Jeudi 26 octobre: 15h00 à 19h00
Vendredi 27 octobre: 6h30 à 18h00
Samedi 28 octobre: 8h00 à 17h30
Dimanche 29 octobre: 7h30 à 18h00
Lundi 30 octobre: 8h30 à 15h15

Commanditaires des prix

Nous tenons à remercier nos commanditaires des prix.



Réunions de groupes d'intérêt spécial

Les membres de l'ACIO/CANO peuvent accéder à n'importe lequel ou à tous les groupes d'intérêt spécial. Actuellement, il existe des groupes d'intérêt spécial dans les domaines suivants: soins palliatifs, oncologie chirurgicale, soins infirmiers avancés, médecine complémentaire, hématologie / BMT, rayonnement, leadership, oncologie gynécologique, oncologie & vieillissement, et survie.

Il y aura un certain nombre de réunions de groupes d'intérêt spécial tenues lors de la conférence pour discuter des enjeux et des tendances actuels et pour soutenir et promouvoir la collaboration au Canada. Quiconque peut se joindre à ces réunions et si vous cherchez plus d'informations, nous vous encourageons à participer!

Vous trouverez ces réunions dans le programme de la conférence en un coup d'œil.

Séance d'exercice

Rythme et mouvement

Grâce au mouvement créatif et à la danse, les individus peuvent s'amuser en utilisant des mouvements de danse de base avec la musique d'aujourd'hui. Nous vous recommandons des vêtements confortables. [Suggestion: une chemise ou un débardeur et des jambières vont bien avec un blazer, des bottes et une écharpe, donc vous pourrez vous changer dans la salle en quelques secondes!]

Interprétation simultanée

Les conférences plénières seront présentées en anglais avec une traduction simultanée en français ou vice versa. Veuillez réserver des écouteurs lors de votre inscription.

Parfums

Veuillez noter que la Conférence ACIO/CANO 2017 est un environnement sans parfum. Par respect pour les autres participants, merci de ne pas utiliser de fragrances ou autres odeurs fortes lors de la conférence.

WiFi

Nous sommes heureux d'offrir un Wifi gratuit pour la conférence 2017.

SSID: CANO2017 Mot de passe: nurses

Accréditation

Cet événement est approuvé pour un maximum de 14,5 heures d'études infirmières permanentes accréditées par le Bureau de l'éducation continue des infirmières et infirmiers (CNE), l'École des sciences infirmières d'Ingram, l'Université McGill.

Assurez-vous de signer la fiche pour chaque jour de la conférence que vous assistez au stand ACIO/CANO situé dans le Foyer.

Registration

The registration desk is located in the Foyer.
On-site registration is available.

Registration Hours:

Thursday, October 26 from 3:00pm – 7:00pm
Friday, October 27 from 6:30am - 6:00pm
Saturday, October 28 from 8:00am - 5:30pm
Sunday, October 29 from 7:30am - 6:00pm
Monday, October 30 from 8:30am – 3:15pm

Prize Sponsors

We would like to thank our prize sponsors.



Special Interest Group Meetings

CANO/ACIO members can access any or all Special Interest Groups (SIGs). Currently there are SIGs in the following areas: palliative care, surgical oncology, advanced practice nursing, complementary medicine, hematology/BMT, radiation, leadership, gynecologic oncology, oncology & aging, and survivorship.

There will be a number of SIG meetings held at the conference to discuss current issues and trends and to support and promote collaboration across Canada. Anyone can join these meetings and if you are looking for more information, we encourage you to attend! You will find these meetings in the conference—at-a—glance.

Exercise Break

Rhythm and Movement

Through creative movement and dance, individuals can have fun using basic dance movements with today's top hits. Please wear comfortable attire. [Suggestion: a shirt or tank top and leggings pair well with a blazer, boots and scarf so you can change in the room within seconds!]

INFORMATION

Pour plus d'informations, veuillez contacter le Secrétariat de la Conférence : For further information contact the conference secretariat:

CANO/ACIO Management Office 750 West Pender Street, Suite 301, Vancouver, BC V6C 2T7
Tel: 604.874.4322 Fax: 604.874.4378 Email: cano@malachite-mgmt.com **www.cano-acio.ca**

Simultaneous Translation

Plenaries may be presented in English, with simultaneous translation into French or vice versa. We strongly recommend that you reserve a simultaneous translation headset when you register.

Scents

Please note that the CANO/ACIO 2017 Conference is a scent free environment. Please refrain from the use of perfumes or other strong scents during the conference.

WiFi

We are happy to offer free Wifi for the 2017 Conference.
SSID: **CANO2017** Password: **nurses**

Accreditation

This event is approved for a maximum of 14.5 hours of accredited continuing nursing education by the Continuing Nursing Education (CNE) Office, Ingram School of Nursing, McGill University.

Please ensure that you sign-in for every conference day you attend at the CANO/ACIO booth located in the Foyer.

Liste des Membres des Comités / Committee Listing

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

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Stephanie Ouellette, RN, CON(C), CPSC Co–Chair
Lynn Kachuik, RN, MS, CON(C), CHPCN(C), SPC Co–Chair
Christine Maheu, RN, PhD, SPC Co–Chair
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Lynne Jolicoeur, RN, MScN, CON(C), LPC Co–Chair
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Kara McQuaid–Duffy, RN, BScN, CON(C), 2018 LPC Co–Chair

Comité de planification local / Local Planning Committee

Chapitre Ontario – Ottawa Champlain / Ontario – Ottawa Champlain Chapter

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Chapitre du Québec / Quebec Chapter

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Gabrielle Chartier, inf, MSc(N)
Natalie Leon, inf, BScN
Linda Hershon, inf, BSc, DESS

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C'est ça Gatineau-Ottawa!

Rejoignez-nous pour célébrer le 150^e anniversaire du Canada avec ces deux belles provinces, deux langues officielles, et un mélange de cultures unique au monde.

Gatineau est connu pour leurs restaurants gastronomiques, leur sommelière réputée internationalement, des microbrasseries accueillantes ainsi que des chefs inspirés. De plus, nous y trouvons le plus grand spa en Amérique du Nord, soit le Nordik Spa-Nature. De même que ses nombreux musées, dont le Musée canadien de l'histoire, le plus populaire et le plus visité au pays. N'oubliez pas le parc de la Gatineau. À 1,5 km du centre-ville, une porte d'entrée vers cette immense oasis de verdure et ses centaines de kilomètres de sentiers aménagés.

Ottawa, capitale du Canada, est une ville captivante et dynamique qui compte plus d'un million d'habitants. Ottawa est située en Ontario, juste à la frontière du Québec, et vous y entendrez parler anglais et français. Vous y découvrirez aussi le riche patrimoine du Canada en visitant ses monuments nationaux impressionnants et ses lieux emblématiques, notamment le canal Rideau (classé au Patrimoine mondial de l'UNESCO). Ottawa est une ville imprégnée de culture où de nombreux musées et galeries d'envergure internationale présentent des collections nationales stupéfiantes et des expositions temporaires d'artistes du Canada et du monde entier.

La conférence aura lieu à l'hôtel Hilton Lac-Leamy. Profitez du Lac de la Carrière, faites du jogging autour du Lac Lemay, assistez à une production théâtrale ou relaxez au spa de l'hôtel. Vous pouvez aussi faire une petite visite à Ottawa pour voir la Colline du Parlement, visiter un de nos musées nationaux ou encore aller vous promener dans les forêts de la région de Gatineau pour admirer les couleurs de l'automne.



This is Gatineau-Ottawa!

Join us in celebrating Canada's 150th Anniversary with these two beautiful provinces, both official languages and mix of cultures that is unique to this world.

Gatineau is known for its Five Diamond restaurants, its inspired chefs and inviting microbreweries, for NordikSpa—Nature, the largest spa in North America and for its museums, including the most visited one in Canada, the Canadian Museum of History. Don't forget about Gatineau Park, just 1.5 km from downtown is the entrance to a natural paradise with hundreds of kilometres of trails.

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

The conference will be held at the Hilton Lac-Leamy conference centre and hotel. Enjoy Lac de la Carrière, jog around Lac-Leamy, attend a theatrical production or relax in the hotel spa. You can also make a short trip to Ottawa to enjoy parliament hill, go to any of our national museums or hike the Gatineau hills to view the fall colors.

Soirée sociale / Social Event

UN ÉVÉNEMENT ROYALE

Dangereusement vôtre

A Royale Event

A view to a thrill

Dimanche 29 octobre 2017 19h00

Chambre: Chopin

**Code vestimentaire: Soirée de glamour,
habillez-vous pour impressionner!**

Sunday, October 29, 2017 7:00pm

Room: Chopin

Dress code: Evening of glamour, dress to impress!

**Les billets peuvent être achetés au bureau
d'inscription du Foyer (sous réserve de
disponibilité).**

Tickets can be purchased at the registration
desk in the Foyer (subject to availability).



Venez savourer une soirée de prestige, d'intrigue, un dîner et des rafraîchissements (au shaker, pas à la cuillère) au luxueux Hilton Lac-Leamy à Gatineau, au Québec. Habillez-vous pour impressionner et n'oubliez pas vos compétences en recherche d'agents secrets, un meurtre et mystère aura lieu au cours du dîner. Après avoir démasqué le meurtrier, rendez-vous sur la piste de danse!

Votre mission, si vous décidez de l'accepter : venez bien habillé, résoudre le mystère et célébrer les soins infirmiers en oncologie!

Join us for an evening of glamour, intrigue, dinner and drinks (shaken, not stirred) at the luxurious Hilton Lac-Leamy in Gatineau, Quebec. Dress to impress and don't forget your secret agent sleuthing skills, a murder mystery will take place over dinner. After unmasking the villain, report to the dance floor!

Your mission (should you choose to accept it): Look fab, crack the case, and celebrate oncology nursing!

Plan du centre de conférences et liste des exposants / Conference Floor Plan and Exhibitor Listing

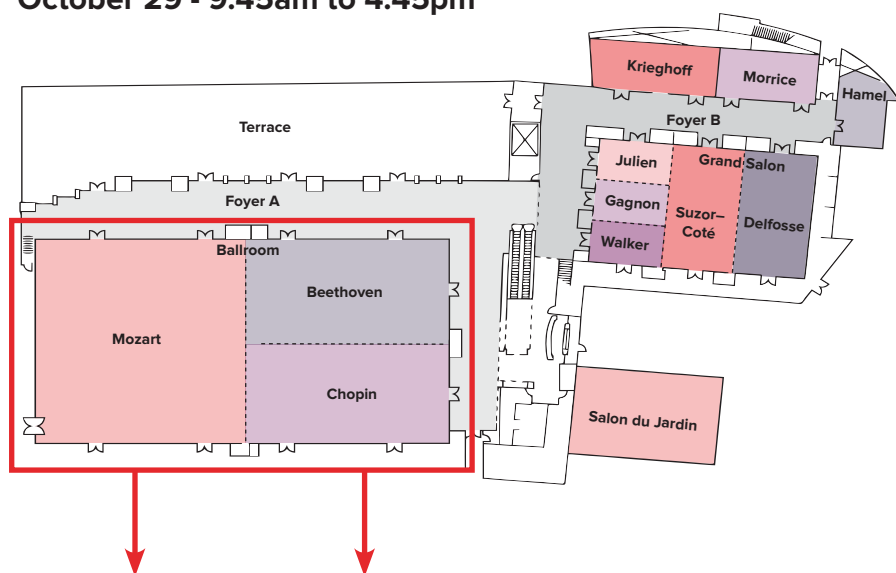
CONFERENCE FLOOR PLAN

Heures d'exposition / Exhibit Hours:

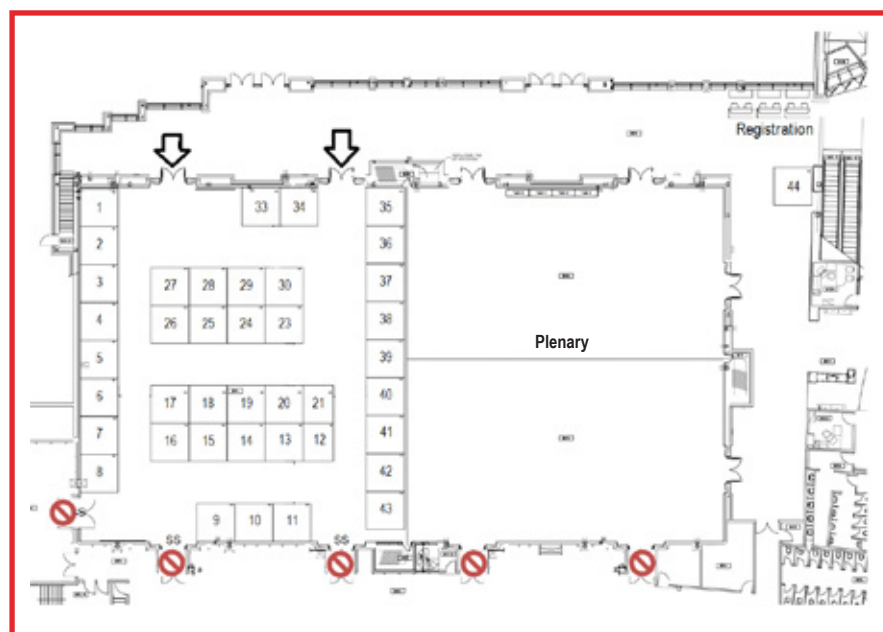
October 27 - 10:00am to 6:00pm

October 28 - 10:15am to 4:15pm

October 29 - 9:45am to 4:45pm



EXHIBITOR LISTING



EXHIBITOR	BOOTH
Abbott Nutrition	5
Advanced Innovations Inc. (Bio-Oil)	8
Alberta Health Services	7
Amgen	36
Ansell	41
Apobiologix	16
Astellas	2
AstraZeneca	39
AstraZeneca (Medical)	6
Bayshore Specialty Rx	40
Becton-Dickinson (BD)	20
Boehringer Ingelheim	9
Bristol-Myers Squibb	28
Boiron Laboratories	24
Canadian Association of Nurses in Oncology	44
Canadian Nurses Association	21
Canadian Vascular Access Association	12
Carcinoid-NeuroEndocrine Tumour Society (CNETS) - Canada	43
Celgene	27
Coalition Priorité Cancer au Québec	11
de Souza Institute	13
Eisai Ltd.	4
Gilead Sciences	29
ICU Medical, Inc.	25
Innomar Strategies	10
Innovative OncoSolutions Inc.	14
Ipsen Biopharmaceuticals Canada Inc.	15
Janssen Inc.	35
Lundbeck Canada Inc.	1
Lymphona Canada	42
Merck	30
Novartis Pharmaceuticals Canada Inc.	37
Pfizer Injectables	38
Pfizer Oncology	23
Purdue	17 & 18
Roche	33 & 34
Shire	3
SouthMedic Inc.	19
Takeda	26

Programme de la conférence d'un coup d'œil / Conference Program-at-a-Glance

 **Leadership/Modèles de soins** / Leadership/Models of Care
  **Éducation** / Education
  **Connaissances fondamentales** / Foundational Knowledge Stream
  **Recherche** / Research
  **Pratique clinique** / Clinical
  **Plénière** / Keynote
  **Session sponsorisée par le conseil** / Board Sponsored Session
  **Session d'affiches** / Poster Session
  **Séance d'exercice** / Exercise Break

  Simultaneous interpretation into English
   Interprétation simultanée en français

MERCREDI 25 OCTOBRE 2017 / WEDNESDAY OCTOBER 25, 2017

2:00 PM – 4:00 PM **Réunion du Comité exécutif** (sur invitation seulement) / Executive Committee Meeting (invitation only) *Salon du Jardin*
6:00 PM – 9:00 PM **Réunion du conseil d'administration** (sur invitation seulement) / Board of Directors Meeting (invitation only) *Salon du Jardin*

JEUDI 26 OCTOBRE 2017 / THURSDAY OCTOBER 26, 2017

8:00 AM – 12:00 PM **Réunion du conseil d'administration** (sur invitation seulement) / Board of Directors Meeting (invitation only) *Salon du Jardin*
1:00 PM – 5:00 PM **Atelier de leadership LEADs** (sur invitation seulement) / LEADs Leadership Workshop (invitation only) *Krieghoff*
4:00 PM – 8:00 PM **Atelier – Intégration des pratiques exemplaires d'immuno-oncologie dans les soins aux patients sponsorisée par Bristol-Myers Squibb (pré-inscription requise) / Integrating I–O Best Practice into Patient Care Workshop Sponsored by Bristol-Myers Squibb (pre-registration required)** *Delfosse*
3:00 PM – 7:00 PM **Heures d'ouverture pour l'inscription Foyer et bureau des services aux conférenciers** *Hamel* / Registration *Foyer and Speaker Services Open* *Hamel*
6:30 PM – 9:00 PM **Dîner du président** (sur invitation seulement) / President's Dinner (invitation only) *Salon du Jardin*

JOUR UN : VENDREDI 27 OCTOBRE 2017 / DAY ONE: FRIDAY OCTOBER 27, 2017

6:30 AM – 6:00 PM **Heures d'ouverture pour l'inscription Foyer et bureau des services aux conférenciers** *Hamel* / Registration *Foyer and Speaker Services Open* *Hamel*
7:00 AM – 8:15 AM **Déjeuner éducatif Shire** / Shire Breakfast Symposium *Beethoven/Chopin*
8:30 AM – 9:30 AM **Cérémonie d'ouverture** / Opening Ceremony *Beethoven/Chopin*
9:30 AM – 10:30 AM  **Conférence plénière I** / Keynote Address I – Stuart Schwartz *Beethoven/Chopin*  
10:00 AM – 6:00 PM **Exposition ouverte** / Exhibition Open *Mozart*
10:30 AM – 11:00 AM **Pause santé sponsorisée par Bristol-Myers Squibb dans la salle d'exposition** / Health Break Sponsored by Bristol-Myers Squibb in Exhibit Hall *Mozart*

11:00 AM – 12:30 PM
SESSION I

**ATELIER SIMULTANÉ /
CONCURRENT SESSION I-1**
Suzor-Coté

AMM / MAiD

 **A** Medical Assistance in Dying (MAiD): What Oncology Nurses Need to Know

Reanne Booker

 **B** Caring for Caregivers in the Workplace

Michelle Lack

 **C** Leading The Way: The Oncology Nurse's Role in Developing & Implementing Medical Assistance in Dying

Laurie Ann Holmes

**ATELIER SIMULTANÉ /
CONCURRENT SESSION I-2**
Delfosse

Préoccupations dans la phase de survie/ Survivorship Issues

 **A** Fear of Cancer Recurrence in Breast Cancer Survivors: An Interpretive Description Study of the Cognitive and Emotional Aspects of Fear of Cancer Recurrence

Christine Maheu

 **B** The Path to Change: Breast Cancer Recovery Tools for Engaging Women and Enhancing Follow-Up Care and Recovery Following Breast Cancer Treatment

Marian Luctkar-Flude

 **C** Return to Work Experiences of Cancer Survivors

Dale Rajacich

 **D** Women's Self-Management of Arm Morbidity After Breast Cancer: A Secondary Data Analysis

Vicky Samuel

**ATELIER SIMULTANÉ /
CONCURRENT SESSION I-3**
Krieghoff

Soins urgents et évitement de la salle d'urgence / Urgent Care and Avoiding ER

 **A** Nurse Practitioner-Led Toxicity Assessment Clinic Within the Ambulatory Cancer Program: Transforming the Way We Practice

Colleen Campbell

 **B** RESCU: The Emergence of the Oncology Urgent Care Nursing Team

Sheila Kenesky, Janice Langhorn

 **C** Improving Access to Urgent Care for Oncology Patients: A Quality Improvement Project

Charissa Cordon

 **D** Improving Access to Cancer Symptom Management by Optimizing Oncology Nursing Roles In Urgent Care

Denise Lukosius

**ATELIER SIMULTANÉ /
CONCURRENT SESSION I-4**
Morrice

Rôle infirmier: mentorat et leadership / Nursing Role: Mentorship and Leadership

 **A** Embracing Nurses as Leaders along the Path to Change: Creating a Person-Centered Model of Care

Joy Bunsko

 **B** Using the Modified Delphi Method to Establish Clinical Consensus on the Effective Use of APNs in the Delivery of Adult Cancer Services in Ontario via an Engaged Advanced Practice Nurse (APN) Community of Practice (COP)

Lesley Moody

 **C** The Clinical Nurse Expert: Optimizing the Role for Change Leadership

Charissa Jenken, Amber Killam

 **D** Unplanned Oncology Hospitalizations: Development of an Oncology Service in a General Medicine Program

Alix Duck

**ATELIER SIMULTANÉ /
CONCURRENT SESSION I-5**
Julien/Gagnon

Alphabétisation en santé, éducation des patients et autogestion / Health Literacy, Patient Education and Self-Management

 **A** Nurse-led Anxiolysis for Bone Marrow Aspiration and Biopsy: Keep Calm and Aspirate On

Jennifer Newton

 **B** Smoking Cessation: Oncology Nurses Can Make a Difference

Chantal Bornais

 **C** Start The Talk – Parlons-En: Web-Based Modules as a Resource for Health Professionals, Educators and Patients About Communication with Children and Teens when Someone Close to Them Has Cancer

Andréa Laizner

**ATELIER /
WORKSHOP I-6**
Salon du Jardin

La navigation / Navigation

 Oncology Nursing and Navigation: Continuing the National Conversation to Forge a Path for Change

Linda Watson

12:30 PM – 2:00 PM

Dîner éducatif Pfizer Oncology / Pfizer Oncology Lunch Symposium *Beethoven/Chopin*

2:00 PM – 3:30 PM
SESSION II

**ATELIER SIMULTANÉ /
CONCURRENT SESSION II-1**
Suzor-Coté

Questions culturelles / Cultural Issues

 **A** Jon's Tricky Journey

Patricia McCarthy

 **B** Inuusinni Agqusaagtara – My Journey: Meeting the information Needs of Inuit Living with Cancer

Chaneesa Ryan, Tracy Torchetti

 **C** Exploring the Needs, Access, and Understanding of Information among Culturally and Linguistically Diverse (CALD) Patients in Managing Chronic Illness

Chidinma Iherjirik

 **D** An Innovative Model for Navigating Aboriginal Patients and their Families through Cancer Care

Gwen Barton, Carolyn Roberts

**ATELIER SIMULTANÉ /
CONCURRENT SESSION II-2**
Delfosse

Rôle infirmier / Nursing Role

 **A** Addressing the Nursing Model of Care in the Inpatient Surgical Oncology Unit

Charissa Cordon, Delia Palmer

 **B** Leading the Path to Change with Synergy: Application of a Professional Practice Model

Charissa Cordon, Jennifer Lounsbury

 **C** Raising the Practice Bar: Development and Implementation of a Practice Rubric to Evaluate Ambulatory Nursing Documentation and Communication

Kathy Carothers

 **D** A Nurse-Led Collaborative Initiative to Implement a Digital Vision for a Community Hospital's Cancer Care Clinic

Lisa Lun, Novlett Hamilton

**ATELIER SIMULTANÉ /
CONCURRENT SESSION II-3**
Krieghoff

Éducation des patients et amélioration de la qualité / Patient Education and Quality Improvement

 **A** Innovation clinique en partenariat patient pour un accompagnement optimal

Marie-Josée Levert

 **B** Creating Harmony – Systemic Therapy Patient Education in Alberta Health Services Cancer Control Alberta (Cca) Harmonization – Creation of an Evidence Based Set of Standard Information and Teaching with Site Specific Variation for Specialty Service and Contact Information

Karey McCann

 **C** Re-design of an Orientation Session for Patients Starting Parenteral Anticancer Therapy

Luisa Luciani Castiglia, Virginia Lee

 **D** Patient Education in Oncology Care: A Quality Improvement Project

Samantha Scime

**ATELIER SIMULTANÉ /
CONCURRENT SESSION II-4**
Morrice

Amélioration de la qualité des soins palliatifs / Palliative Care Quality Improvement

 **A** A Quality Dying Initiative to Improved End of Life Care for Oncology Patients

Allyson Nowell, Kalli Stillos

 **B** Successful Transitions Home for End of Life Care: Oncology Nurses Leading the Way!

Wendy Petrie, Sylvie Bruyere

 **C** Tools to Ensure Successful Transitions Home for Care at the End of Life: Oncology Nurses Paving the Path to Change!

Lynn Kachuik, Sara Blacker

 **D** Can a Follow-Up Phone Call Make a Difference to Successful Discharges and Ultimately Patient and Family Satisfaction?

Lynn Kachuik, Olga Tsortos

**ATELIER /
WORKSHOP II-5**
Julien/Gagnon

Télépratique fondée sur les preuves / Evidence Based Telepractice

 **A** Leading and Supporting Nurses to Use COSTaRS Symptom Practice Guides: An Interactive Workshop

Dawn Stacey, Barbara Ballantyne, Lynne Jolicoeur, Andra Davis

**ATELIER /
WORKSHOP II-6**
Salon du Jardin

Soins infirmiers en oncologie internationales / International Oncology Nursing

 CANO/ACIO International Vision and Strategy

Shari Moura, Tracy Truant, Marg Fitch

3:30 PM – 4:30 PM	Conférence clinique et remise de prix sponsorisée par Merck / Clinical Lectureship and Award sponsored by Merck – Sheryl McDiarmid <i>Beethoven/Chopin</i> 
4:30 PM – 6:00 PM	Réception de bienvenue dans la salle d'exposition / Welcome Reception in the Exhibit Hall <i>Mozart</i>
5:30 PM – 6:45 PM	Rencontre des nouveaux diplômés en soins infirmiers (sur invitation seulement) / New Graduate Nurses Panel Session (invitation only) <i>Salon du Jardin</i>
6:00 PM – 6:30 PM	 Séances d'affiches groupe 1 / Group 1 Poster Sessions <i>Foyer</i>
6:30 PM – 8:30 PM	Conseils pratiques pour la gestion des patients en traitement avec Lynparza® (olaparib) – Séminaire éducatif sponsorisée par AstraZeneca / Practical Tips for Managing Patients on Treatment with Lynparza® (olaparib) – Educational Seminar sponsored by AstraZeneca <i>Delfosse</i>
6:30 PM – 8:30 PM	Panel de discussion Ipsen (pré-inscription requise) / Ipsen Focus Group (pre-registration required) <i>Morrice</i>
7:00 PM – 9:00 PM	Sommet de leadership (sur invitation seulement) / Leadership Summit (invitation only) <i>Julien/Gagnon</i>

JOUR DEUX : SAMEDI 28 OCTOBRE 2017 / DAY TWO: SATURDAY OCTOBER 28, 2017

8:00 AM – 5:30 PM	Heures d'ouverture pour l'inscription Foyer et bureau des services aux conférenciers Hamel / Registration Foyer and Speaker Services Open Hamel					
7:00 AM – 8:15 AM	Déjeuner / Continental Breakfast <i>Beethoven/Chopin</i>					
8:30 AM – 9:30 AM	 Conférence plénière II / Keynote Address II – Greta Cummings <i>Beethoven/Chopin</i> 					
9:45 AM – 10:45 AM	Conférence Helene Hudson sponsorisée par Amgen / Helene Hudson Lectureship Sponsored by Amgen – Fay J. Strohschein <i>Beethoven/Chopin</i> 					
10:15 AM – 4:15 PM	Exposition ouverte / Exhibition Open <i>Mozart</i>					
10:45 AM – 11:15 AM	Pause santé sponsorisée par Merck dans la salle d'exposition / Health Break Sponsored by Merck in the Exhibit Hall <i>Mozart</i>  Séance d'affiches groupe 2 / Group 2 Poster Sessions <i>Foyer</i>					
11:15 AM – 12:45 PM SESSION III	ATELIER SIMULTANÉ / CONCURRENT SESSION III-1 <i>Suzor-Côté</i> Effets secondaires de traitement / Treatment Side Effects  A Blinatumomab: Sharing One Centre's Experience in Implementing a New and Complex Treatment Regimen for Relapsed or Refractory Acute Lymphoblastic Leukemia (ALL) <i>Laura Olmi, Amanda Jacques</i>  B ASK A NURSE: Innovative Education Program to meet Patients' and Caregivers' Informational Needs <i>Stephanie Burlein-Hall</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION III-2 <i>Delfosse</i> Cancers gynécologiques / Gynecological Cancers  A Addressing the Needs of Ovarian Cancer Patients Along Their Care Trajectory <i>Heidi Thomas</i>  B The Wellness Beyond Cancer Program: Meeting the Survivorship Needs of Endometrial Cancer Patients <i>Kelly-Anne Baines</i>  C Who You Gonna Call? A Nurse Led Initiative for Remote Patient Support Through the Development of a Nursing Phone Line for Patients with Gynecologic Malignancy <i>Carmen Jones, Sumy Salas</i>  D Randomized Controlled Trial of the Fear of Recurrence Therapy (Fort) Intervention for Women with Breast or Gynecological Cancer <i>Christine Maheu</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION III-3 <i>Krieghoff</i> Orientation et mentorat / Orientation and Mentoring  A Redesigning New Staff Orientation for Specialized Oncology Nurses at an Ambulatory Regional Cancer Centre <i>Suganya Vadivelu</i>  B Supporting Novice Nurses in a Multidisciplinary Approach to Oncology <i>Michelle Rosentreter, Barb Hues</i>  C An NP Fellowship Programme to Advance the Learning of Novice NPS in Oncology/Palliative Care Delivery in an Ambulatory Setting <i>Grace Bradish, Wendy McEwen</i>  D Programme de formation suite à l'obtention d'un poste en oncologie : bien préparées pour mieux accompagner! <i>Stéphanie Duguay</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION III-4 <i>Morrice</i> Engagement des patients et prise de décision / Patient Engagement and Decision Making  A Empowering the Head and Neck Patient Population Using A Patient-Centered Approach: One Year Later... <i>Melissa Boonstra, Lynn Kachuik</i>  B Application of a Symptom Diary <i>Allison Filewich, Tish Palfrey</i>  C Decision Making Needs of Older Adults with Acute Myeloid Leukemia: A Qualitative Study <i>Adrienne Fulford, Katelyn Doyle</i>  D Contralateral Prophylactic Mastectomy: Development and Feasibility of a Patient Decision Aid for Women with Early Stage Unilateral Breast Cancer <i>Janet Squires</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION III-5 <i>Julien/Gagnon</i> La navigation / Navigation  A Integrated Care Collaborative: Navigating Patients Through the Colorectal Cancer Continuum <i>Michelle Wong</i>  B Leading Change: A Patient Centered, Concurrent Modality Nurse Navigation Model of Care <i>Colleen Campbell</i>  C A Day in the Life of a Cancer Patient Navigator <i>Heather Brander, Darlene Holmes</i>  D Understanding Cancer Patient Navigation: A Constructivist Grounded Theory <i>Kristina Vimy</i>	ATELIER / WORKSHOP III-6 <i>Salon du Jardin</i> Sécurité infirmière / Nurse Safety  A Your Safety Matters: Promoting Chemotherapy Safe Practices <i>Komal Patel, Charissa Cordon</i>
12:45 PM – 2:15 PM	Dîner éducatif Roche / Roche Lunch Symposium <i>Beethoven/Chopin</i>					

2:15 PM – 3:45 PM SESSION IV	ATELIER SIMULTANÉ / CONCURRENT SESSION IV-1 <i>Suzor-Coté</i> Communication sérieuse et l'AMM / Serious Illness Communication and MAiD  A Medical Aid in Dying a New and Challenging Chapter for Oncology Nurses <i>Marika Swidzinski, Virginia Lee</i>  B The Path to Implementing a Medical Assistance in Dying (MAiD) Framework: Supporting Patients, Families and Staff <i>Patricia Murphy-Kane, Ana Luisa Costa, Pearlina Dawes</i>  C The Path to Change: Nursing Adaptation of the Serious Illness Conversation Guide <i>Siby Thomas, Laura Mercer</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION IV-2 <i>Delfosse</i> Pratique téléphonique / Telephone Practice  A Telephone Call Out Project for Patients Receiving High Risk Chemotherapy <i>Nancy Flight, Julie Dermatas</i>  B TB or not TB: An Interprofessional Approach to Implement Tuberculosis (TB) Screening in an Oncology Ambulatory Care Setting <i>Kathy Carothers, Nelisha Bhaloo</i>  C Identifying Cancer Patients at High Risk for Chemotherapy-Induced Nausea and Vomiting (CINV): the Development of a Prediction Tool <i>George Dranitsaris</i>  D Refining Ambulatory Oncology Orientation and Assessing Readiness for Telephone Practice <i>Stephanie Burlein-Hall</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION IV-3 <i>Krieghoff</i> Gestion des symptômes et besoins informationnels des patients / Symptom Management and Patient Informational Needs  A Oncology Nurses Changing Telephone Triage Practice through the Implementation of COSTaRS <i>Debra Grant, Tiffanie Sabourin</i>  B Cancer Symptom Management in Radiation Therapy: Evaluating Implementation of Evidence-Informed Practice Guides <i>Dawn Stacey, Lynne Jolicoeur</i>  C What is the Meaning of Changing Expectations for Patient's Living with Tongue Reconstruction <i>Agnes Wisniewski, Romeo Cruz, Natalia Evitch</i>  D Managing Symptoms During Cancer Treatments: Barriers and Facilitators to Homecare Nurses (RNs, RPNs/LPNs) Using Symptom Practice Guides <i>Claire Ludwig</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION IV-4 <i>Morrice</i> Effets tardifs et gestion des symptômes / Late Effects and Symptom Management  A Projet pilote d'une intervention neurocognitive et comportementale multidimensionnelle pour les femmes touchées par le cancer du sein aux prises avec des troubles cognitifs associés au cancer (TCAC) <i>Louise Compagna, Nicole Deschênes</i>  B D'un projet de recherche pan canadien sur la gestion de la détresse à l'amélioration du développement professionnel en oncologie au CHU de Québec-Université Laval <i>Philippe Asselin</i>  C Improving Organization of Care for Patients on Oral Chemotherapy Agents at the Chu de Quebec <i>Maria Gabriela Ruiz Mangas</i>	SÉANCE D'EXERCISE / EXERCISE BREAK IV-5 <i>Julien/Gagnon</i>  Rythme et mouvement / Rhythm and Movement Heure de début et de fin - 14h30 à 15h30 Start and end time - 2:30pm to 3:30pm	ATELIER SIMULTANÉ / CONCURRENT SESSION IV-6 <i>Salon du Jardin</i> Rôles infirmiers en oncologie / Oncology Nursing Roles  A A National Framework for Oncology Nursing Roles: Development of a Framework and Educational Implications <i>Allyson Nowell, Charissa Cordon</i>
3:45 PM – 4:15 PM	Pause santé sponsorisée par Astellas dans la salle d'exposition / Health Break Sponsored by Astellas in the Exhibit Hall <i>Mozart</i>  Séance d'affiches groupe 3 / Group 3 Poster Sessions <i>Foyer</i>					
4:15 PM – 5:15 PM	Symposium annuel conjoint de l'ACIO/CANO et de l'ACOP / Annual CANO/ACIO and CAPO Joint Symposium <i>Beethoven/Chopin</i>  					
5:15 PM – 6:15 PM	Réunion du conseil d'administration et du commanditaire (sur invitation seulement) / Board and Sponsor Meeting (by invitation only) <i>Suzor-Coté</i>	Réunion du SIG de l'oncologie radiologique / Radiation Oncology SIG Meeting <i>Delfosse</i>	Réunion du Comité de l'éducation / Education Committee Meeting <i>Krieghoff</i> Heure de réunion - 17h15 à 19h30 Meeting time - 5:15pm to 7:30pm	Réunion du SIG oncologie gynécologique / Gynecology Oncology SIG Meeting <i>Morrice</i>	Réunion du SIG de survivance / Survivorship SIG Meeting <i>Julien/Gagnon</i>	ATELIER / WORKSHOP  Writing for Publication: Submitting to the Canadian Oncology Nursing Journal (CONJ) and Achieving Success <i>Salon du Jardin</i> <i>Margaret Fitch, CONJ Editorial Board</i>
6:15 PM – 7:15 PM	Rencontre du conseil des sections (sur invitation seulement) / Council of Chapters Meeting (invitation only) <i>Delfosse</i>					
7:00 PM – 10:00 PM	Rencontre nationale de consultation en soins infirmiers contre le myélome sponsorisée par Amgen Canada (sur invitation seulement) / Multiple Myeloma Nursing National Consultancy Meeting Sponsored by Amgen Canada (invitation only) <i>Julien/Gagnon</i>					

JOUR TROIS : DIMANCHE 29 OCTOBRE 2017 / DAY THREE: SUNDAY OCTOBER 29, 2017

7:30 AM – 6:00 PM	Heures d'ouverture pour l'inscription Foyer et bureau des services aux conférenciers <i>Hamel</i> / Registration Foyer and Speaker Services Open <i>Hamel</i>
7:00 AM – 8:00 AM	Rencontre du conseil des SIG (sur invitation seulement) / Council of SIGs Meeting (invitation only) <i>Beethoven/Chopin</i>
8:00 AM – 9:15 AM	Assemblée Générale Annuelle de l'ACIO/CANO et déjeuner / CANO/ACIO Annual General Meeting and Breakfast <i>Beethoven/Chopin</i>  
9:30 AM – 10:15 AM	Cérémonie des prix d'excellence de l'ACIO/CANO / CANO/ACIO Awards of Excellence Ceremony <i>Beethoven/Chopin</i>  
9:45 AM – 4:45 PM	Exposition ouverte / Exhibition Open <i>Mozart</i>
10:15 AM – 10:45 AM	Pause santé sponsorisée par Shire dans la salle d'exposition / Health Break Sponsored by Shire in the Exhibit Hall <i>Mozart</i>  Séance d'affiches groupe 4 / Group 4 Poster Sessions <i>Foyer</i>
10:45 AM – 11:45 AM	Symposium international annuel : ACIO/CANO, ONS, ISNCC / Annual International Symposium: CANO/ACIO, ONS, ISNCC <i>Beethoven/Chopin</i>  

11:45 AM – 1:15 PM SESSION V	ATELIER SIMULTANÉ / CONCURRENT SESSION V-1 <i>Suzor-Coté</i> Types de cancers / Types of Cancers  A Introduction to Sarcoma: Surgical, Radiation and Systemic Therapy Nurses Leading the Way <i>Lynne Jolicoeur, Line Lalonde</i>  B Back to Basics – An Overview of CVAD Care and Maintenance Leading the Way to Best Practice <i>Sarah Champ</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION V-2 <i>Delfosse</i> Bases du cancer / Cancer Basics  A The Role Of Oncology Nurses in the Interdisciplinary Care of Patients with Pancreatic Cancer <i>Carolyn Hoeschen</i>  B The Path to Enhancing Competency for Specialized Oncology Nurses in Clinical Trials <i>Marcie Flynn-Post, Cynthia Bocaya</i>  C Tools for Understanding: Assessing and Addressing the Needs of Older Adults with Cancer <i>Fay Strohschein, Allison Loucks, Rana Jin, Brandy Vanderbyl</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION V-3 <i>Krieghoff</i> Rôle infirmier / Nursing Role  A Nurses Paving the Way Toward the Future: The Princess Margaret Cancer Centre Neoadjuvant Breast Cancer Program <i>Nancy Gregorio</i>  B INJECT!! From Concept to Reality: the Development of a Nurse-Led Injection Clinic <i>Kathy Carothers</i>  C Transforming the Way We Work Together: Registered Practical Nurses In the Ambulatory Cancer Program <i>Karin Poole, Shawna Lloyd-Rapson</i>  D Strength Based Nursing: Changing Practice to Regain the Essence of Nursing <i>Renata Benc, Christina MacDonald</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION V-4 <i>Morrice</i> Cancer de l'oesophage / Esophageal Cancer  A Following the Path to Success: Improving Esophageal Cancer Care <i>Jennifer Smylie</i>  B Piloting a Standardized Care Pathway for Esophagectomy Patients <i>Allyson Mayo</i>  C Addressing Cancer Related Fatigue in your Practice: Using an innovative Cancer Related Fatigue Self-Management Digital Video Series to Support Your Patients who are Fatigued <i>Linda Watson</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION V-5 <i>Julien/Gagnon</i> Sexualité et santé sexuelle / Sexuality and Sexual Health  A Sexuality in Palliative Care and Cancer <i>Reanne Booker</i>  B Oncology Nurses Leading the Way: The Implementation of a Sexual Health Clinic at the Cancer Centre of Southeastern Ontario <i>Janet Giroux, Jessica Holmes</i>  C Vaginal Dilation Group Teaching <i>Heather Doucette, Laverne McDaniel</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION V-6 <i>Salon du Jardin</i> Rôles infirmiers en oncologie et impact / Oncology Nursing Roles and Impact  A Enabling and Enhancing Specialty Certification of Canadian Oncology Nurses: CANO/ACIO, CNA/AIIC and Oncology Leaders Pathway to Success <i>Shari Moura, Charissa Cordon, Patricia Elliott-Miller, Lucie Vachon</i>  B Understanding the Concept of Conscience Within the Framework of Assisted Dying <i>Tracy Powell</i>  C The Emergence and Historical Evolution of Cancer Survivorship <i>Carrie Liska</i>
1:15 PM – 2:45 PM	Dîner éducatif Merck / Merck Lunch Symposium <i>Beethoven/Chopin</i>					
2:45 PM – 4:15 PM SESSION VI	ATELIER SIMULTANÉ / CONCURRENT SESSION VI-1 <i>Suzor-Coté</i> Intégrer l'approche palliative aux soins / Integrating the Palliative Approach to Care  A Standing Still, Keeping the Future Alive: Voices of those in Palliative Care <i>Minawatie Singh, Brenda Sabo</i>  B Barriers and Facilitators to Timely, Effective Transition to Palliative & End-of-Life Care: A Scoping Review <i>Brenda Sabo</i>  C Integrating Palliative Care into Oncology Nursing Practice: Palliative Care Nurses Lead the Way <i>Kelly McGuigan, Catherine Purcell, Patricia Murphy-Kane</i>  D The Great Divide: Is what we Tell our Patients Actually what they Hear? A Reflection on our Practice <i>Heather Brander, Jean Kennedy</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VI-2 <i>Delfosse</i> Leadership et éducation / Leadership and Education  A The Path to Leadership: How You Think, Is How You Lead! <i>Sherrol Palmer Wickham</i>  B Standardizing Cancer Care Through Collaboration: A Partnership Between Alberta and Ontario <i>Komal Patel, Dave Whiteside</i>  C Breaking Out: Expanding the Oncology Educational Pathway to Meet the Specialized Oncology Nurses' Needs at a Subspecialty Level in a Regional Tertiary Cancer Care Facility <i>Janny Proba</i>  D Revision of an Undergraduate Nursing Oncology Course <i>Catherine Mitchell</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VI-3 <i>Krieghoff</i> Gestion des symptômes et assistance téléphonique / Symptom Management and Telephone Support  A Beyond the Clinic: Oncology Nurses Leading the Way in Supporting Cancer Patients over the Phone <i>Angela Leahey</i>  B Leading the Way: Oncology Nurses Pilot After-hours Telephone Symptom Management Support for Oncology Outpatients <i>Dina Linardos</i>  C Opioid Crisis: What Is Our Role in Preventing Misuse of Opioids Prescribed to Cancer Patients? <i>Deborah Evans</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VI-4 <i>Morrice</i> Cancer de la tête et du cou / Head and Neck Cancer  A Cancer Anorexia Cachexia Syndrome: Foundational Information for Healthcare Providers <i>Susan McClement</i>  B Head and Neck Cancer 101... a Primer for Generalist Oncology Nurses <i>Melissa Boonstra, Skylar Young</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VI-5 <i>Julien/Gagnon</i> Survivance / Survivorship  A Highlighting the Path for Change: Toward High Quality Survivorship Care for All <i>Tracy Truant</i>  B Translating Distinct Cancer Survivorship Needs Into Healthcare Practices and Community Programs with First Nations People <i>Viviane Grandpierre</i>  C Building Capacity For Oncology Leaders And Clinicians To Lead Quality Improvement Initiatives <i>Charissa Cordon</i>  D The Effect Of Neurofeedback on Long-Term Symptoms and Quality of Life of Post-Treatment Cancer Survivors: Results of Interviews with Neurofeedback Providers and Clients <i>Marian Luctkar-Flude</i>	ATELIER / WORKSHOP VI-6 <i>Salon du Jardin</i> Survivance / Survivorship  Training Workshop with the Cancer and Work Website for a Successful Return to Work Following Cancer <i>Christine Maheu</i>
4:15 PM – 4:45 PM	Pause santé dans la salle d'exposition / Health Break in Exhibit Hall <i>Mozart</i>  Séance d'affiches groupe 5 / Group 5 Poster Sessions <i>Foyer</i>					
4:45 PM – 6:15 PM	Panel de discussion Jazz Pharmaceuticals / Jazz Pharmaceuticals Focus Group <i>Salon du Jardin</i>					
5:45 PM – 6:45 PM	Réunion du SIG de leadership / Leadership SIG Meeting <i>Suzor-Coté</i>	Réunion du SIG d'oncologie chirurgicale / Surgical Oncology SIG Meeting <i>Delfosse</i>	Réunion du SIG de vieillissement et oncologie / Aging and Oncology SIG Meeting <i>Krieghoff</i>	Réunion SIG de soins palliatifs / Palliative Care SIG Meeting <i>Morrice</i>	Réunion du comité de recherche / Research Committee Meeting <i>Julien/Gagnon</i>	
7:00 PM	Soirée sociale (pré-inscription requise) / Social Event (pre-registration required) <i>Chopin</i>					

JOUR QUATRE : LUNDI 30 OCTOBRE 2017 / DAY FOUR: MONDAY OCTOBER 30, 2017

8:30 AM – 3:15 PM	Heures d'ouverture pour l'inscription <i>Foyer</i> et bureau des services aux conférenciers <i>Hamel</i> / Registration <i>Foyer</i> and Speaker Services Open <i>Hamel</i>					
7:30 AM – 8:45 AM	Déjeuner / Continental Breakfast <i>Beethoven/Chopin</i>					
9:00 AM – 10:00 AM	Keynote Conférence plénière III / Keynote Address III – Pierre Lainey Cliquez ici pour en savoir plus sur Pierre / Click here to read more about Pierre <i>Beethoven/Chopin</i>					
10:00 AM – 10:30 AM	Pause santé et séance d'affiches groupe 6 / Health Break and Group 6 Poster Sessions <i>Foyer</i>					
10:30 AM – 12:00 PM SESSION VII	ATELIER SIMULTANÉ / CONCURRENT SESSION VII-1 <i>Suzor-Coté</i> Collaboration A Perceived Levels of Collaboration Between Cancer Patients and their Providers During Radiation Therapy <i>Charlotte Lee</i> B Collaboration and Change <i>Christine Gervais, Lourdes Abella</i> C Hearing Patient's Voices During the Times of Change <i>Renata Benc, Paula Calestagne</i> D Improving Patient Safety in the Administration of Cytotoxic and Biologic Agent at North York General Hospital <i>Maria Cherry Sunga, Yvette Barnes</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VII-2 <i>Delfosse</i> Oncologie palliative / Palliative Oncology A PallOnc': How the Synergy of Two Disciplines can Optimize Outcomes for Patients and Caregivers In Cancer Care <i>Reanne Booker</i> B Palliative Education through Art, Communication & Engagement: Enhancing Palliative Nursing Education through Performance Art <i>Brenda Sabo</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VII-3 <i>Krieghoff</i> Survivance / Survivorship A Fear of Cancer Recurrence Among Survivors of Adult Cancers: A Study Examining Prevalence, Predictors and Mediators <i>Jacqueline Galica</i> B Writing Between the Lines: A Secondary Analysis of Unsolicited Narratives From Cancer Survivors Regarding their Fear of Cancer Recurrence <i>Jacqueline Galica</i> C Coming to a Community Near You! How You Can Facilitate a "Living Your Best With and Beyond Cancer" Survivorship Workshop <i>Linda Watson</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VII-4 <i>Morrice</i> Amélioration de la qualité / Quality Improvement A The Immediate Management of Hypersensitivity Reactions in Oncology: A QI Project <i>Luisa Luciani Castiglia, Louise Duguay</i> B High Dose Rate Prostate Brachytherapy Clinical Pathway– A Nurse–Led Initiative <i>Sandra Lowry, Pamela Boulianne</i> C Effect Of The Establishment of a Hematological Multidisciplinary Oral Chemotherapy Clinic at a Community Hospital on the Number of Emergency Department Visits <i>Hannah Bjorkman</i> D Innovative Cancer Centre Care Delivery Model: NP Led Clinic for Men with Metastatic Castration–Resistant Prostate Cancer (mCRPC) <i>Grace Bradish, Wendy McEwen</i>	ATELIER SIMULTANÉ / CONCURRENT SESSION VII-5 <i>Julien/Gagnon</i> Innovation A Shared Medical Appointments for Patients with Cancer: A Systematic Review <i>Freyja Kelly</i> B Reaching Our Patients Through Innovation: The Path to Change A Pilot Study of Nurse/Pharmacy Led Telemedicine Clinic for Patient Receiving Oral Chemotherapy <i>Carla Girolametto</i> C Integrating Patient Self–Reported Symptoms with Technology <i>Susan Curtis, Kam Dosanjh</i> D Delivery of Care Closer to Home: The Development and Implementation of a Day +1 Autologous Stem Cell Transplant Program <i>Janette Klaver</i>	ATELIER / WORKSHOP VII-6 <i>Salon du Jardin</i> Recherche en soins infirmiers en oncologie / Oncology Nursing Research A Speed Mentoring to Enhance Oncology Nursing Research: An Interactive Workshop of the Cano Research Committee <i>Dawn Stacey, Aronela Benea, Sally Thorne, Kristen Haase, Leah Lambert, Virginia Lee, Christine Maheu, Manon Lemonde, Krista Wilkins</i>
12:00 PM – 1:30 PM	Dîner éducatif Pfizer Injectables / Pfizer Injectables Lunch Symposium <i>Beethoven/Chopin</i>					
1:45 PM – 2:45 PM	Symposium conjoint annuel de l'ACIO/CANO et de la société canadienne du cancer / Annual CANO/ACIO and Canadian Cancer Society Joint Symposium <i>Beethoven/Chopin</i>					
2:45 PM – 3:15 PM	Cérémonie de clôture et remise de prix pour abrégés / Closing Ceremonies and Abstract Award Presentation <i>Beethoven/Chopin</i>					

Jeudi 26 octobre 2017 / Thursday, October 26, 2017

Réunion du conseil d'administration (sur invitation seulement) /
Board of Directors Meeting (invitation only)

8:00 AM – 12:00 PM
Salon du Jardin

Atelier de leadership LEADs (sur invitation seulement) /
LEADs Leadership Workshop (invitation only)

1:00 PM – 5:00 PM
Krieghoff

Intégration des pratiques exemplaires
d'immuno-oncologie dans les soins aux
patients (pré-inscription requise)



4:00 PM – 8:00 PM
Delfosse

Cet atelier en personne de 2017 de l'ACIO qui précède la conférence est la troisième partie de la série "Notions essentielles d'immuno-oncologie à l'intention des infirmiers et des infirmières en oncologie" et donne aux infirmiers et aux infirmières en oncologie les moyens d'intégrer leurs apprentissages dans la pratique, et augmente ainsi leur niveau d'expertise dans l'utilisation des agents d'immuno-oncologie pour améliorer les soins aux patients.

Integrating I-O Best Practice into Patient Care Workshop (pre-registration required)

This face-to-face CANO/ACIO 2017 pre-conference workshop is part three of the "Immuno-Oncology Essentials for Oncology Nurses" and empowers oncology nurses to integrate their learnings into practice, thereby increasing their level of expertise in using I-O agents to improve patient care.

Dîner du président (sur invitation seulement) /
President's Dinner (invitation only)

6:30 PM – 9:00 PM
Salon du Jardin

Jour un / Day One

Vendredi 27 octobre 2017 / Friday, October 27, 2017

Déjeuner éducatif Shire /
Shire Breakfast Symposium



7:00 AM – 8:15 AM
Beethoven/Chopin

Establishing a Treatment Paradigm in Post-Gemcitabine Metastatic Pancreatic Cancer

Jayshree Shah, IA, APN-C, AOCNP, M. Sc. inf., B. Sc. inf., B. Sc., John Theurer Cancer Center, Hackensack, New Jersey,
Infirmière en pratique avancée, hématologie/oncologie médicale

Objectifs :

- Fournir un aperçu des défis que pose l'adénocarcinome pancréatique métastatique
- Présenter Onivyde (irinotécan liposomal pour injection)
- Revoir le plan de l'étude et mettre en lumière les principaux résultats de NAPOLI-1, un essai de phase III
- Décrire le profil d'innocuité, y compris les renseignements importants sur l'innocuité
- Présenter la posologie, l'administration et les considérations relatives à la prise en charge des patients
- Discuter de l'intégration d'Onivyde dans la pratique clinique

Establishing a Treatment Paradigm in Post-Gemcitabine Metastatic Pancreatic Cancer

Jayshree Shah, RN, FPN-C, AOCNP, MSN, BSN, BS, John Theurer Cancer Center, Hackensack, New Jersey Advance Practice Nurse, Hematology/Medical Oncology

- Provide an overview of the challenges of metastatic adenocarcinoma of the pancreas
- Introduce Onivyde (irinotecan liposome for injection)
- Review study design and highlight key outcomes from the NAPOLI-1 Phase 3 trial
- Describe the safety profile, including the important safety information (ISI)
- Present dosing, administration and patient management considerations
- Discuss integration of Onivyde into Clinical practice

Cérémonie d'ouverture / Opening Ceremony

8:30 AM – 9:30 AM

Beethoven/Chopin

Keynote Conférence plénière I / Keynote Address I



9:30 AM – 10:30 AM

Beethoven/Chopin



Le Voyage

Stuart Schwartz

Avec vingt ans d'expérience en radio et en télévision à Ottawa, Stu Schwartz est bien connu de tous sous son surnom de « Stuntman Stu ».

En plus de son émission matinale à la station MAJIC 100, Stu est l'annonceur maison des Sénateurs d'Ottawa. Il œuvre auprès de nombreux organismes de bienfaisance et est un commissaire-priseur recherché pour les activités de financement.

Victime d'intimidation durant son enfance, il a créé la campagne « No More Bullies » [Plus d'intimidateurs] dans le cadre de laquelle il se rend dans des écoles locales afin de parler aux enfants des terribles effets de l'intimidation et de les sensibiliser à son sujet.

Stu a été nommé Meilleur ancien élève du Collège Algonquin en 2003. Il s'est vu décerner le Prix Bâtisseur communautaire de Centraide Canada, le Prix du Ruban d'or de l'Association canadienne des radiodiffuseurs et la Médaille du jubilé de diamant de la reine Elizabeth II.

Stu a gagné sa bataille contre la leucémie après avoir reçu une greffe de moelle osseuse au printemps 2016. Souhaitant toujours donner en retour, il a lancé la campagne #StuStrong laquelle a rassemblé plus de trois cents mille dollars pour la recherche sur la leucémie et les cellules souches à L'Hôpital d'Ottawa.

Dans ses moments libres, Stu aime s'adonner à la cuisine. Il vit à Ottawa avec son épouse, Connie, et leurs deux jeunes enfants, Matteo et Isabella.

The Journey

Stuart Schwartz

Stu Schwartz is a 20-year radio and television veteran in Ottawa, where "Stuntman Stu" has become a household name.

In addition to his morning show on MAJIC 100, Stu is the public-address announcer for the Ottawa Senators. He works with many charities and is a master auctioneer at fundraising events.

A victim of bullying as a child, he created the "No More Bullies" campaign, where he visits local schools to speak and educate children about the horrible effects of bullying.

Stu was named Algonquin College's Top Alumnus in 2003. He is a recipient of the United Way Community Builder Award, the Canadian Association of Broadcasters Gold Ribbon Award, and Her Majesty Queen Elizabeth II's Diamond Jubilee Medal.

Stu has beaten Leukemia after receiving a successful bone marrow transplant in the spring of 2016. Always wanting to give back, he launched the #StuStrong campaign which has raised over three hundred thousand dollars for Leukemia and Stem Cell research at the Ottawa Hospital.

In his spare time, Stu is an amateur chef. He lives in Ottawa with his wife, Connie, and two young children, Matteo and Isabella.

**Pause santé sponsorisée par Bristol-Myers
Squibb / Health Break Sponsored by
Bristol-Myers Squibb**



Bristol-Myers Squibb

**10:30 AM – 11:00 AM
Salle d'exposition / Exhibit Hall**

**Atelier simultané / Concurrent Session I-01
AMM / MAiD**

**11:00 AM – 12:30 PM
Suzor-Coté**



Atelier simultané / Concurrent Session I-01-A

11:00 AM – 11:40 AM

Medical Assistance in Dying (MAiD): What Oncology Nurses Need to Know

Reanne Booker, MN, BScN, NP^{1,2}, ¹Tom Baker Cancer Centre, Calgary, Alberta, Canada, ²Foothills Medical Centre, Calgary, Alberta, Canada.

In June 2016, Bill C-14 received Royal Assent making medically assisted deaths legal in Canada, provided certain criteria were met. Since then, hundreds of patients across the country have utilized medical assistance in dying. This legislation represents a significant change in how dying might happen in Canada. Oncology nurses have been thrust onto this path of change and it is critical to ensure that we are adequately prepared and supported as we assist patients and their loved ones as they navigate the MAiD landscape.

The legalization of medically assisted dying in Canada has left a plethora of unanswered questions in its wake. For example, how does the new legislation on medical assistance in dying (MAiD) impact nursing practice? How do we ensure that all safeguards are met and that patients are not choosing MAiD when other options may be available that would alleviate suffering and distress? What should nurses do if they feel morally or ethically unable to participate in MAiD-related activities or conversations? How do we help caregivers, particularly once their loved one has died a medically assisted death? Will bereavement outcomes be adversely affected by MAiD and how can we mitigate this?

This presentation will provide an overview of the federal legislation pertaining to MAiD in Canada with an emphasis on the nurse's role. Practical suggestions on how to address patient or family member questions on MAiD will be provided. A discussion on the importance of early integration of palliative care will also be included. Participants will be encouraged to share their own experiences, thoughts and concerns about MAiD, as they feel comfortable, in hopes of generating discourse on this important topic affecting Canadian oncology nurses.



Atelier simultané / Concurrent Session I-01-B

11:40 AM – 12:00 PM

Caring for Caregivers in the Workplace

Michelle Lack, BN, CON(C), MN (June 2017), Alberta Health Services, Edmonton, Alberta, Canada.

The caregiving role requires caregivers to give a bit of themselves to each and every person that they are caring for. This giving can take a toll on the caregiver and reduce their ability to complete their care in a compassionate manner. Within the healthcare system, burnout, sick time, compassion fatigue and injuries are not uncommon. One needs to delve further into these issues with the goal to identify who is looking out for the caregivers and how to keep caregivers healthy enough to continue to care for those in need. Closely examining employer and employee responsibilities when addressing the care of the healthcare worker and potential ways in which to reduce burnout, sick time and incidence of compassion fatigue. With high costs associated to sick time caused by stress, burnout and compassion fatigue it is organizationally in their best interests to address these issues in a pro-active instead of reactive manner. Self-care within the workplace has the potential to reduce number of sick days taken, reduce burnout and reduce compassion fatigue experienced by healthcare workers. In order to identify who is caring for the caregivers and how to keep them healthy enough to care for those in need employers and employees need to work together for long-term solutions and to initiate change.



Atelier simultané / Concurrent Session I-01-C

12:00 PM – 12:20 PM

Leading the way: The Oncology Nurse's Role in Developing & Implementing Medical Assistance in Dying

Laurie Ann Holmes, BSN, CON(C), CHPCN(C)¹, Mairi Hurash, BNSc, CON(C)², Lonra McBride, BN², ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²The Ottawa Hospital, Ottawa, Ontario, Canada.

Medical Assistance in Dying (MAiD) became legalized in 2016, within a large teaching hospital a process for implementing this treatment was developed by a separate policy and procedure committee. This intraprofessional team included nurses, physicians, ethicists, social workers, and psychologists. Soon after Bill C-14 was passed, it became evident that the majority of the requests for this procedure were from the oncology population.

Within the in-patient oncology units, staff were faced with many questions from patients, families and one another. Our focus has always been providing support and symptom management, now we were faced with facilitating a hastened death.

As the majority of the requests came from the patients in the out-patient area our institution established a process based on this. Then we were faced with the dilemma of a hospital bound patient request, it was decided in the best interest of the patient and family that they would remain in the assigned unit for the procedure.

In this presentation we will share our experiences with this new process of dying, from the perspective of a nurse educator, 2 staff nurses from the inpatient oncology unit –one of which is now a member of the MAID team. We will focus on the impact to caregivers, the support provided, and areas to improve upon as we adjust to this new approach to dying.

Atelier simultané / Concurrent Session I-02 Préoccupations dans la phase de survie / Survivorship Issues

11:00 AM – 12:30 PM
Delfosse

Atelier simultané / Concurrent Session I-02-A

11:00 AM – 11:20 AM

Fear of Cancer Recurrence in Breast Cancer Survivors: An Interpretive Description Study of the Cognitive and Emotional Aspects of Fear of Cancer Recurrence

Christine Maheu, PhD⁵, Julie Louli, BSc, MSc (A)⁴, Tina Yao, RN², Andrea Cooke, RN., M.Sc.(A), CON(C)³, Alexandra Black, MSc (A)¹, Jamie Kyriacou, MSc (A)¹, Sylvie Lambert, PhD, Assistant Professor¹, ¹Ingram School of Nursing, Faculty of Medicine, McGill University, Montreal, Quebec, Canada, ²Saint Elizabeth Health Center, Montreal, Quebec, Canada, ³Segal Cancer Center, Jewish General Hospital, Montreal, Quebec, Canada, ⁴NICU Jewish General Hospital, Montreal, Quebec, Canada, ⁵McGill University, Montreal, Quebec, Canada.

Introduction: Fear of cancer recurrence (FCR) is one of the most common unmet concern in breast cancer survivors. Despite the vast literature on FCR, few theoretical models have been proposed or tested. To date, the FCR framework proposed by Lee–Jones, et al. 1997 is one of the most cited FCR theoretical models. This model conceptualized FCR in regards to antecedents, cognitive and emotional aspects of FCR, and consequences. This study proposes to understand the nature of women's cognitive and emotional aspects of FCR using specific guidance from the Lee–Jones et al. model and proposes to review the model based on current events as described by women with breast cancer experiencing different levels of FCR.

Methods: A qualitative descriptive study using semi-structured interviews was conducted at an urban hospital. By convenience sampling, 12 breast cancer survivors who were concerned with FCR and had completed active treatment were recruited.

Results: Seven categories emerged from women's descriptions of their cognitive and emotional experiences with FCR (a) FCR is always there; (b) beliefs about risk of recurrence; (c) beliefs about eradication of cancer; (d) prefer not to seek information about recurrence; (e) derailing of "normal" life; (f) worries related to cancer recurrence; and (g) the need for support. In light of the women's account, revisions to the Lee Jones et al. (1997). FCR framework included addition of new variables (prefer not to seek information and need for support) and merging of two variables, anxiety and worry, as they were used interchangeably throughout, and removal of one variable, remorse over not opting for more aggressive treatments.

Clinical Implications: Having a deeper understanding of breast cancer survivors' experiences with and the theoretical formulations of FCR from the revised Lee–Jones et al. model can guide healthcare professionals to develop more tailored interventions aimed at decreasing FCR levels.

Atelier simultané / Concurrent Session I-02-B

11:20 AM – 11:40 AM

The Path to Change: Breast Cancer Recovery Tools for Engaging Women and Enhancing Follow-Up Care and Recovery Following Breast Cancer Treatment

Marian Luctkar-Flude, RN, PhD¹, Roland Grad, MD, MSc, FCFP², ¹Queen's University, Kingston, Ontario, Canada, ²McGill University, Montreal, Quebec, Canada.

Background: As early-stage breast cancer survivors transition to primary care follow-up, it is important to address known primary care provider knowledge and practice gaps related to evidence-based survivorship care. One solution is to empower breast cancer survivors to self-manage this care in collaboration with their primary care provider. One supportive strategy is to provide breast cancer survivors with their own version of relevant guideline recommendations.

Objectives: To describe a research collaboration between academic researchers and Breast Cancer Action Kingston (BCAK) members that aims to repackage content of existing guidelines into relevant formats to support women in self-management of their own survivorship care. The main research question is: "What is the value of providing evidence-based post-treatment follow-up and recovery guidelines to breast cancer survivors?"

Methods: Investigators and Breast Cancer Action Kingston (BCAK) members will engage in an integrated knowledge translation project to review existing guidelines for primary care providers and select and edit recommendations deemed important for breast cancer survivors. Content will be formatted for three Breast Cancer Recovery Tools: (1) laminated paper-based guideline summary; (2) interactive website linked to the BCAK website; and (3) mobile app. Surveys and interviews will be conducted with a pilot sample of breast cancer survivors to evaluate the usefulness and acceptability of the three formats. Results: The content, development process, and preliminary evaluation data will be presented. Participating BCAK members will also present their perspectives on the research collaboration.

Conclusions: We anticipate the project will provide a template to guide future collaborations between academic researchers and community members, and contribute to improving the health and well-being of women following treatment for breast cancer.

Funding: Women's College Hospital Women's Xchange Funding

Atelier simultané / Concurrent Session I-02-C

11:40 AM – 12:00 PM

Return to Work Experiences of Cancer Survivors

Dale Rajacich, RN, PhD¹, Deborah J. Kane, RN, PhD¹, Christina Stergiou, MSW, RSW², Melissa Lot, RN, BScN, CON(C)², Erikka Johnson, RN, BScN, CON(C), CHPCN(c), CVAA(c) De Souza Nurse Designate², Chantal Andary, BHK¹, ¹University of Windsor, Windsor, Ontario, Canada, ²Windsor Regional Hospital, Windsor, Ontario, Canada.

The numbers of people surviving cancer and remaining in or returning to their place of employment or work is increasing. By 2031, the projected numbers of Canadians who will be living with cancer will be 2.2 million. Half of all cancer survivors are in the prime of their working life and while cancer survivors report a strong desire to return to work, they are 1.4 times more likely to be unemployed. Further, on average only 60% of cancer survivors return to work 1–2 years following treatment. While the literature does address programs designed to assist survivors return to work, less is known about the experiences they face once they return to work.

The purpose of this exploratory research was to uncover cancer survivors' experiences undergoing treatment while remaining in the workforce or the experience of transitioning back into the workforce. Individuals were recruited during their appointment at the Cancer Clinic and those who agreed to be part of the research were invited to participate in individual interviews. Participants had to be employed prior to their cancer diagnosis and between the ages of 30–62 years of age. Cancer patients with a terminal diagnosis were not included.

Individual interviews allowed cancer survivors to give voice to their unique experiences and helped to identify factors that can facilitate and/or hinder RTW programs for cancer survivors. Preliminary results of the interviews will be presented.

Atelier simultané / Concurrent Session I-02-D

12:00 PM – 12:20 PM

Women's Self-Management of Arm Morbidity after Breast Cancer: A Secondary Data Analysis

Vicky Samuel, RN^{2,3}, Wendy Gifford, RN, PhD¹, Roanne Thomas, PhD¹, Craig Phillips, PhD¹, ¹University of Ottawa, Ottawa, Ontario, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³The Ottawa Hospital, Ottawa, Ontario, Canada.

Background: Arm morbidity continues to impact the lives of many breast cancer survivors long after acute treatments are completed. The most debilitating symptoms of arm morbidity are pain, lymphedema and limitation with range of motion (ROM). As a chronic condition, management of arm morbidity symptoms requires survivors to engage in self-management practices that alleviate symptoms.

Objective: To explore self-management practices performed by breast cancer survivors, and the treatments women receive from healthcare practitioners in managing symptoms of arm morbidity.

Methods: A secondary analysis of quantitative and qualitative data was undertaken. A descriptive correlational design was used to analyze data from breast cancer survivors (N = 740). Logistic regression identified variables related to self-management that were associated with pain, lymphedema and ROM limitations. A descriptive qualitative design was used to analyze data from a subset of participants (n = 40). Inductive content analysis approach was applied to develop codes, categories and themes related to how women self-manage arm morbidity symptoms and the treatments they received from healthcare providers to manage their arm morbidity.

Results: Participants reported ongoing symptoms of pain (24%), lymphedema (21%), and range of motion limitation (34%) 30 to 36 months post-surgery. Pain was associated with experiencing swelling, taking pain medications, and discussing treatments for pain. Lymphedema was associated with swelling and receiving treatment for pain. ROM limitations were associated with swelling, receiving treatment for pain and taking pain medication. Two overarching qualitative themes emerged: 1) physical symptoms self-management, and 2) psychosocial self-management of uncertainty. Themes for treatments options included: rehabilitation and taking medications.

Conclusion: Findings highlight that women living with symptoms of arm morbidity require ongoing monitoring and support for self-management, and there is a need for multidisciplinary approaches. Self-management practices reported are in line with the current lymphedema guidelines, however, the complexities associated with self-management practices can be burdensome to women. Chronic pain and ROM limitation necessitates further investigation to understand their cause and develop management strategies. Oncology nurses are well positioned to implement survivorship care plans that address survivorship needs with multidisciplinary teams and primary healthcare practitioners when women with breast cancer transition from acute cancer care to home. Future research is needed to provide an in depth understanding of self-management of arm morbidity in breast cancer survivors.

Atelier simultané / Concurrent Session I-03

11:00 AM – 12:30 PM

Soins urgents et évitement de la salle d'urgence / Urgent Care and Avoiding ER **Krieghoff**



Atelier simultané / Concurrent Session I-03-A

11:00 AM – 11:20 AM

Nurse Practitioner–Led Toxicity Assessment Clinic Within the Ambulatory Cancer Program: Transforming the Way We Practice

Colleen P. Campbell, NP, MN, CON(C), *Simcoe Muskoka Regional Cancer Program, Barrie, Ontario, Canada.*

Most cancer patients will suffer symptoms due to cancer treatments with no option but to visit the local emergency department. This option is less than ideal considering the patients may be immunocompromised and face significant risk of infection while waiting to be seen. Emergency physicians may lack oncology–specific training and experience leading to excessive tests and treatments contributing to avoidable health care costs. Long wait times in the emergency department are stressful to patients and families, and a considerable source of dissatisfaction with health care services.

Our regional cancer program began a toxicity assessment clinic in the fall 2016 as a quality improvement project. The purpose of the clinic is to provide semi–urgent symptom management for cancer patients receiving chemotherapy. Anticipated secondary outcomes include: fewer unwell patients creating delays to scheduled clinics and decreased emergency room visits. The project utilizes available space in the chemotherapy suite, and is primarily managed by a registered nurse and nurse practitioner. Oncology physician back up is available.

Formative evaluation has demonstrated appropriate utilization of the clinic, emergency room diversion and the need for increased nursing support. Feedback from ambulatory clinics and patients has been very positive and encouraging.

The presentation will describe the model used for the toxicity assessment clinic, recent evaluation results and how we plan to expand the clinic. Implications for nursing include use of an evidence based telephone triage documentation tool, increased nursing practice autonomy and improved collaboration amongst the team.

As a collective group, we have demonstrated how oncology nurses working together can create the path for sustainable change. Through dissemination of our findings, we hope nurses in other cancer programs will follow.



Atelier simultané / Concurrent Session I-03-B

11:20 AM – 11:40 AM

RESSCU: The Emergence of the Oncology Urgent Care Nursing Team

Sheila Kenesky, RN, CON(C)¹, Janice Langhorn, RN, CON(C)¹, Ashleigh Barrett, RN, BScN¹, Michelle Hudson, RN¹, Rocha Kimberly, RN¹, Noelle Gauvin, RN(EC), MN¹, Carolyn Leder, RN¹, Lorraine Martelli, RN(EC), MN^{1,2}, ¹Juravinski Cancer center, Hamilton, Ontario, Canada, ²McMaster university, Hamilton, Ontario, Canada.

Background: Our cancer centre has implemented a new clinical service to increase timely access to care for patients with urgent care needs. RESSCU is a Rapid Evaluation and Symptom Support Cancer Unit lead by Registered Nurses (RNs) and supported by Nurse Practitioners and General Practitioner's in Oncology. A key aim of this new clinical service was to optimize the role and scope of practice of RNs. In developing oncology specific urgent care standards and competencies, gaps in skills and tools required to support patient care in this innovative model became apparent to the RN's.

Purpose/Methods: To address the identified gaps, the RN's developed new approaches for documenting nursing care and tested them through PDSA cycles. They also implemented telephone follow–up calls using evidence–based guidelines to evaluate the effectiveness of their interventions for improving patients' symptoms and developed and implemented medical directives to promote timely care. Patient experience with the new service was also evaluated.

Results: Overall patients reported positive experiences with the new service. As leaders and collaborators the RN's were important contributors to designing a new clinical service. Their involvement led to improved quality of care and personal and professional growth.

Implications for Practice: This presentation will share the nurses' experiences in optimizing their scope of practice through knowledge and skills acquired to meet the new standards and competencies and in developing new care processes.

Atelier simultané / Concurrent Session I-03-C

11:40 AM – 12:00 PM

Improving Access to Urgent Care for Oncology Patients: A Quality Improvement Project

Charissa P. Cordon, RN, MN, CON(C), EdD^{1,2}, Noelle Gauvin, RN(EC), MHSc, NP¹, Simon Akinsulie, RN, MBA¹, Angela Djouric-Paulin, RN, BScN¹, Richard Tozer, MD^{1,3}, Amanda Hurdowar, MHSc¹, ¹Juravinski Hospital and Cancer Center, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada, ³McMaster University, Hamilton, Ontario, Canada.

Background: The Rapid Evaluation and Symptom Support Cancer Unit (RESSCU) is an urgent care clinic designed to improve symptom management and to be more responsive to the urgent care needs of cancer patients. RESSCU is a Nurse Practitioner (NP) led clinic, with support from a General Practitioner in Oncology (GPO). Two Registered Nurses with experience in oncology and acute care are also assigned in RESSCU.

Problem: RESSCU is designed to promote ambulatory clinic flow, decrease wait times, reduce patient visits to the Emergency Department, and reduce hospitalizations. However, due to several operational and systems limitations, RESSCU has been unable to admit and/or take on new patients after 1500. This access issue has resulted in continued clinic overflow, and in patients experiencing further delays in care.

Methods: A quality improvement (QI) project was initiated to address these urgent care access issues. QI is a systematic approach to making changes that lead to better patient outcomes, enhanced professional development, and team performance. Using LEAN Six Sigma as a methodology, the group was able to understand the root cause of the problem, which allowed them to determine pragmatic approaches to address the problem. Baseline data was collected to monitor if the changes that were made led to improvements.

Results: Various strategies were implemented that resulted in RNs practicing to full scope, optimizing processes, and increasing the number of patients admitted to RESSCU after 1500, without extending RESSCU's operating hours. The changes that were implemented have been sustained.

Conclusion: QI is a systematic approach to change that lead to measurable improvement in healthcare services.

Atelier simultané / Concurrent Session I-03-D

12:00 PM – 12:20 PM

Improving Access to Cancer Symptom Management By Optimizing Oncology Nursing Roles In Urgent Care

Denise B. Lukosius, RN, PhD, CON(C)^{2,1}, Charissa P. Cordon, RN, MN, CON(C), EdD, Amanda Hurdowar, MSc¹, Noelle Gauvin, NP, MN, CHPCN(C)¹, Angela Djouric-Paulin, BNSc¹, Simon Akinsulie, RN, MHA, CHE¹, Jim Wright, MD³, ¹Juravinski Hospital and Cancer Centre, Hamilton, Ontario, Canada, ²McMaster University, Burlington, Ontario, Canada, ³McMaster University, Hamilton, Ontario, Canada.

Purpose: To evaluate a new Rapid Evaluation and Symptom Support Cancer Unit (RESSCU) designed to improve access to care and health outcomes for patients with urgent care needs.

Background: Patients diagnosed with cancer in our region had a high rate of emergency department (ED) visits and hospitalizations that could be avoided through better access to urgent care. Limited data exists about how to design cancer-focused urgent care models. RESSCU provides urgent care delivered by registered nurses, nurse practitioners and general practitioners.

Methods: A formative evaluation approach was employed. An electronic tool permitted continuous data collection and monitoring of RESSCU services related to referrals, safety, and discharge destination. The effectiveness of interventions was evaluated through nurse-led follow-up calls and changes symptom scores. Administrative data were compared pre and post implementation to assess impact on health service use. Questionnaires were used to evaluate patient and provider experiences.

Results: Patients and providers were highly satisfied with RESSCU. Most patients were referred from home resulting in fewer same day clinic appointments and improved clinic flow. Adverse events were few and 95% of patients were appropriately referred. 70% of patients were discharged home and 30% were hospitalized. Results indicate improved symptom management and opportunities to expand RESSCU services.

Conclusions: RESSCU provided safe, timely access to cancer symptom management. Implications for service design and optimizing oncology nursing roles within an urgent care model will be discussed.

Atelier simultané / Concurrent Session I-04**11:00 AM – 12:30 PM****Rôle infirmier: mentorat et leadership / Nursing Role: Mentorship and Leadership** **Morrice****Atelier simultané / Concurrent Session I-04-A****11:00 AM – 11:20 AM****Embracing Nurses as Leaders Along the Path to Change: Creating a Person-Centered Model of Care****Joy Bunsko, BSN, CON(C)**, *Yvonne Miller, RN, BC Cancer Agency, Fraser Valley Center, Surrey, British Columbia, Canada.*

A CANO core value is “Every Nurse a Leader”. The participation of nurses in creating a person-centered focused model of care challenged nurse leaders working in the ambulatory care setting at a Regional Cancer Care organization. The establishment of an interprofessional, tumour based team model of care required nurse leaders to look at past successes and barriers and apply what we learned to current practice. How do you create sustainment and continuity of care in a resource-challenged environment? Patient acuity, patient volume, budgetary restrictions, Provincial and Regional Leadership changes and sustainment of nursing resources contribute to our challenges. This presentation will describe the multi-phased approach incorporating LEAN methodology, past pilots and change management theory. Use of the Plan –Do–Study–Act (PDSA) cycle was a powerful tool in accelerating quality improvement. Discussion will include changes in the infrastructure of ambulatory schedules, a tumour based approach to care and inclusion of the patient in collaborative communication. An expected benefit will include increased support for patients throughout their cancer journey in seven domains: Physical, psychological, emotional, practical, informational, spiritual and social (Fitch, 2009). Increased job satisfaction of our oncology nurses and efficient and timely oncologist appointments are additional benefits. The power of nurses providing direct patient care, nurse educators and nurse managers in leading and embracing the process of change in models of care has paved the way to future success.

**Atelier simultané / Concurrent Session I-04-B****11:20 AM – 11:40 AM****Using the Modified Delphi Method to Establish Clinical Consensus on the Effective Use of APNs in the Delivery of Adult Cancer Services in Ontario via an Engaged Advanced Practice Nurse (APN) Community of Practice (CoP)**

Lesley Moody, MBA¹, *Colleen P. Campbell, NP-PHC, MN, CON(C)⁴, Allyson Nowell, RN, MSc, CON(C), BSc³, Karen Karagheusian, MPH¹, Colleen Fox, MSc¹, Janet Giroux, MScN, CON(C), NP, CCN(C)⁵, Cathy Kiteley, MScN, CON(C), CNS⁵, Lorraine Martelli, NP, MN, RN(EC)⁷, Maureen McQuestion, MSc, CON(C), CNS², Maureen Quinn, NP⁸, Melissa Touw, MSc, CON(C), CNS⁵, Yvonne Rowe Samadhin, NP, CON(C)⁹, ¹Cancer Care Ontario, Toronto, Ontario, Canada, ²Princess Margaret Hospital, University Health Network, Toronto, Ontario, Canada, ³Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada, ⁴Simcoe Muskoka Regional Cancer Program, Toronto, Ontario, Canada, ⁵Kingston General Hospital, Kingston, Ontario, Canada, ⁶Trillium Health Partners, Mississauga, Ontario, Canada, ⁷Juravinski cancer centre, Hamilton, Ontario, Canada, ⁸London Regional Cancer Program, London, Ontario, Canada, ⁹Mississauga Halton CCAC, Mississauga, Ontario, Canada.*

The Oncology Nursing Program at Cancer Care Ontario (CCO) in partnership with CCOs Program in Evidence-Based Care (PEBC) published a clinical practice guideline titled Effective Use of Advanced Practice Nurses in the Delivery of Adult Cancer Services in Ontario. A Leadership Team of senior APNs was formed and identified gaps in the currently available published evidence and proposed a modified Delphi method to establish clinical consensus on the use of APNs in adult oncology in Ontario through expert consensus.

The Leadership Team informed the development of a modified delphi method which consisted of (1) evaluation of the evidence in the form of the current published clinical practice guideline, (2) gathering current clinical practice from APN community (3) creating clinical scenarios to assess APN roles and evidence, (4) assembling an expert panel to grade the APN practices, and (5) established consensus and publication of the final recommended APN practices.

A total of 34 clinical scenarios across both CNS (15) and NP (22) were developed and scored based on a 1–9 point scale that ranked the impact and acceptability of each scenario. A consensus meeting will be held in Toronto, Ontario in June 2017 to finalize the APN practice recommendations in adult oncology care in Ontario. These recommendations will explicitly define APN practice and roles within adult oncology and act as a basis for future research opportunities to enhance the literature and grow the evidence base of APN practice in oncology.

Atelier simultané / Concurrent Session I-04-C

11:40 AM – 12:00 PM

The Clinical Nurse Expert: Optimizing the Role for Change Leadership

Charissa Jenken, BScN, deSouza Provincial Standardized Chemotherapy & Biotherapy Certification The Ottawa Hospital Autologous/Allogeneic Stem Cell Transplantation Certification, Amber Killam, MScN, CON(C), deSouza Provincial Standardized Chemotherapy & Biotherapy Course Facilitator, The Ottawa Hospital, Ottawa, Ontario, Canada.

The need for acute leukemia (AL) services in Ontario is growing and part of Cancer Care Ontario's Acute Leukemia implementation plan includes expansions at our large teaching hospital to meet the need to adequately service the AL population. Unlike other malignant hematology patients, AL patients are often critically ill upon diagnosis and require urgent life-saving therapies. Our combined Radiation Oncology & Hematology inpatient unit was designated to start admitting AL patients as of July 2016 in order to relieve volume pressures at other sites. The role of the Clinical Nurse Expert (CNE), as defined by our hospital's Model of Nursing Clinical Practice MoNCP© was utilized to support this transition.

The CNE, assigned for a three-month period, was selected based on his/her knowledge and experience in working with AL patients on the Malignant Hematology & Bone Marrow Transplant unit and for his/her effective interpersonal skills. The CNE acted as a resource to the nursing team on the unit for knowledge transfer, skill development and to formalize support. His/Her responsibilities included assessing clinical skills, coaching for skill development, providing immediate support for crises, assisting with decision-making, and fostering critical thinking. The indirect care responsibilities included identifying learning needs and collaborating with the Oncology Nurse Educator in developing resources for the unit nurses.

This presentation will describe the process of optimizing the CNE role to support the unit nurses through a challenging and time-limited transition in caring for complex AL patients. The CNE, with the support and mentorship of the Oncology Nurse Educator, successfully worked with the various interprofessional team members to ensure a seamless transition. We will also highlight the various creative resources used to facilitate this process and support nurses through this change.

Atelier simultané / Concurrent Session I-04-D

12:00 PM – 12:20 PM

Unplanned Oncology Hospitalizations: Development of an Oncology Service in a General Medicine Program

Alix J. Duck, BScN, MN, RN(EC), Nurse Practitioner¹, Robert Wu, MD², Kamshad Touri, MD¹, Rose-Marie Fraser, MSW, RSW², Mary Kay McCarthy, MHS, RN², ¹University Health Network, Toronto, Ontario, Canada, ²Toronto General Hospital, Toronto, Ontario, Canada.

Oncology patients often have unpredictable and complex needs that require management within an acute care inpatient setting. Studies have demonstrated that due to a high burden of illness in particular malignancies hospitalization can be unavoidable despite even the most diligent ambulatory care. Unplanned oncology hospitalizations are defined as admissions for the management of a complication related to an underlying oncological disease or its treatment, or for symptom control and palliation. There is evidence that demonstrates that patients with advanced disease are more likely to have an unplanned hospitalization, and that these admissions are a marker of poor prognosis with a predicted median survival of less than 3 months following hospitalization. Unsurprisingly, as the incidence of cancer is increasing unplanned admission rates are also on the rise. Consequently, the traditional resources to care for this complex population of patients are being exhausted, and there are increasing numbers of oncology patients within emergency and general medicine departments. Therefore, the development of innovative models of care to support this growing cohort is critical. In response to this need a specialized interdisciplinary team supported by an oncology nurse practitioner was established within a general medicine service at an academic teaching hospital. The purpose of this presentation is to discuss how this model provided quality improvement for oncology patients undergoing unplanned hospitalizations, and to explore the processes used to foster and streamline comprehensive oncology care outside of a cancer center.

References

Canadian Cancer Society. Canadian Cancer Statistics (2016).

Numico, G. Et Al. Hospital Admissions of Cancer Patients: Avoidable Practice of Necessary Care? PLOS ONE 2015; 10: 1–10.

Rocque, GB, Barnett AE, Illig LC et al. Inpatient Hospitalization of Oncology Patients: Are We Missing an Opportunity for End-of-Life Care? J Oncol Pract 2013; 9: 51–54

Atelier simultané / Concurrent Session I-05
Alphabétisation en santé, éducation des patients et autogestion /
 Health Literacy, Patient Education and Self Management

11:00 AM – 12:30 PM

Julien/Gagnon



Atelier simultané / Concurrent Session I-05-A

11:00 AM – 11:20 AM

Nurse-led Anxiolysis for Bone Marrow Aspiration and Biopsy: Keep Calm and Aspirate On

Jennifer Newton, BScN, MEd, RN, Laurie Ann Holmes, BScN, CON(C), CHPCN(C), The Ottawa Hospital, Ottawa, Ontario, Canada.

Bone marrow aspiration and biopsy are used to diagnosis and evaluate response to treatment for many hematological diseases. To obtain the aspirate and biopsy two large bore needles are inserted into the bone marrow, these needles penetrate the marrow and are manipulated to acquire the samples. This procedure can be very painful and needs to be repeated numerous times throughout the disease / treatment trajectory.

Presently only a couple of physicians provide analgesia for this procedure, and in respect of time they PUSH a narcotic (Fentanyl) and benzodiazepine (Midazolam) quickly to allow them to perform the procedure and depart from the care area. The nurse then has to recover this patient while caring for a full complement of patients.

Our goal is to establish a safe and efficient means for nurses to administer sedation, monitor and recover a patient receiving a bone marrow aspiration and biopsy. In order to operationalize this, booking guidelines must be developed - a process of ensuring 1:1 nursing care during and for an hour following the procedure. A documentation tool, highlighting the required assessment tools that are used to evaluate level sedation (Modified Ramsay Sedation Scale) and parameters for safe discharge (Aldrete Scoring System). This practice is a work in progress and we will be discussing our journey thus far. Nurses moving this initiative forward, impacting patient comfort and safety.



Atelier simultané / Concurrent Session I-05-B

11:20 AM – 11:40 AM

Smoking Cessation: Oncology Nurses Can Make a Difference

Chantal Bornais, RN, BScN, MN, Robin Morash, RN, MHS, The Ottawa Hospital, Ottawa, Ontario, Canada.

Smoking cessation is a key component of quality cancer care. Research indicates that smoking cessation contributes to improved survival rates, improved treatment efficacy and safety, reduction of symptom burden, decreased risk of recurrence/ diagnosis of a second primary cancer and improved quality of life. Yet, across Ontario, screening rates and recommendations of referral for smoking cessation from health care providers fall below provincial standards. This is happening despite the presence of best practice guidelines for smoking cessation from both provincial nursing and national oncology associations.

Oncology nurses stand poised to take ownership of this very important health promotion role for our patients. The implementation of a dedicated smoking cessation nurse within The Ottawa Hospital Cancer Center has yielded greater opportunity for all oncology nursing staff to open this valuable conversation with their patients throughout the trajectory of cancer care. Offering the benefit of self-efficacy and activation in their own care, patients have responded very positively to the program and are able to share in the ownership of their health. Through education of staff, an increased awareness of the role smoking cessation plays in the care of our patients has empowered nurses to engage in asking, advising and arranging a referral per best practice guidelines. This presentation will provide an overview of The Ottawa Hospital Cancer Centre smoking cessation program highlighting how oncology nurses can lead our patients to better outcomes.



Atelier simultané / Concurrent Session I-05-C

11:40 AM – 12:20 PM

Start The Talk – Parlons-En: Web-Based Modules as a Resource for Health Professionals, Educators and Patients About Communication with Children and Teens When Someone Close to Them Has Cancer

Andréa M. Laizner, RN, PhD, McGill University Health Centre, Montreal, Quebec, Canada.

A cancer diagnosis reverberates throughout the family system. There is variability in types of resources and hospital based programs available to help guide those who want to meet the needs of children and adolescents when persons close to them are diagnosed with cancer. In 2013, CAPO developed a web based resource to help *Start the Talk* to be able to provide first line support to children and teens. The modules address topics such as: What is cancer? What are children and teens responses? What are boundaries of different roles? What can one do to help? In 2015, Canadian cancer patient surveys indicated patients were less satisfied with information received about changes in emotions and relationships. Therefore, the Rossy Cancer Network funded a local quality improvement initiative to increase awareness and access to the *Start The Talk* modules for patients as well as people close to them. Modules were translated from English to French and adapted for patients. Dissemination strategies were developed for use across for three across three RCN health care institutions along with strategies for evaluation of outcomes.

This presentation will introduce you to the four web-based modules and their interactive content which includes a short video, brief questions and answers, some interactive tools as a way of providing information as well as other suggested resources available online or possibly through a cancer center. Opportunity to navigate the English and French modules will be provided, to discuss their content, to hear about dissemination strategies and audit results will be provided.



Atelier / Workshop I-06 **La navigation / Navigation**

11:00 AM – 12:30 PM
Salon du Jardin

Oncology Nursing and Navigation: Continuing the National Conversation to Forge a Path for Change

Linda Watson, RN, PhD, CON(C), *Tracy Truant, RN, PhD, CON(C), Margaret I. Fitch, RN, PhD, Canadian Association of Nurses in Oncology, Calgary, Alberta, Canada.*

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 CANO's role in promoting the oncology nursing role and the continued evolution of Cancer patient navigation.

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-centred care, the organization and development of navigation roles and programs within provinces and across Canada is ad hoc at best.

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.

Dîner éducatif Pfizer Oncology / Pfizer Oncology Lunch Symposium



12:30 PM – 2:00 PM
Beethoven/Chopin

L'ère des traitements ciblés – les soins infirmiers en oncologie ouvrent la voie

Edith Pituskin, RN, MN (NP Adult) PhD, *Assistant Professor, Nursing | Medicine & Dentistry | Rehabilitation Medicine Oncology*

Les objectifs de cette séance sont les suivants :

1. donner un aperçu du mode d'action de certains traitements ciblés
2. revoir les systèmes de l'organisme exposés à un risque de toxicité
3. évaluer les soins infirmiers en oncologie et les soins aux patients recevant des traitements ciblés

The Era of Targeted Therapies: Oncology Nursing Leading the Way

Edith Pituskin, RN, MN (NP Adult) PhD, *Assistant Professor, Nursing | Medicine & Dentistry | Rehabilitation Medicine Oncology*

The classic toxicities associated with chemotherapy, such as alopecia, myelosuppression, mucositis, nausea, and vomiting, may now be replaced by a different (and potentially equally debilitating) toxicity profile, including vascular, coagulopathy, pulmonary and cardiac toxicities, exacerbated with the chronic administration of targeted therapies. Holistic assessment and oncology care provision is essential for best supportive care and outcomes.

The objectives of this session are:

1. an overview of MOA of selected targeted therapies
2. review of organ systems at risk of toxicity
3. oncology nursing assessment and care of patients receiving TT

Atelier simultané / Concurrent Session II-01

Questions culturelles / Cultural Issues

2:00 PM – 3:30 PM
Suzor-Coté



Atelier simultané / Concurrent Session II-01-A

2:00 PM – 2:20 PM

Jon's Tricky Journey

Patricia McCarthy, ACNP, RN(EC), MSc(A), *Children's Hospital of Eastern Ontario, Ottawa, Ontario, Canada.*

Inuit children and families have to travel far from home, to a strange and sometime scary environment, for treatment of a cancer diagnosis. This presentation will describe the inspiration for and process of creating and publishing an Inuit children's storybook about cancer, Jon's Tricky Journey, including a resource guide for families and caregivers.

Following an Inuit child and family over the course of a year, this cancer nurse author was able to create a storybook based on an individual child's courageous and real life cancer journey. The story also contains universal themes that all oncology children and families can relate to and find hope and strength from. The resource guide details useful hospital and community information for families being treated at all 5 centres in Canada that care for children from Nunavut. Jon's Tricky Journey opens a conversation between Inuit children facing a cancer diagnosis, and their families, making a difficult and confusing time more manageable.

This children's storybook and resource guide will address an important gap in patient education material and become a source of comfort and useful information to Inuit families facing a childhood cancer diagnosis. Additionally, the author hopes to set up an educational initiative that will encourage all hospitalized children with cancer, who want to learn more about the Inuit culture, to explore a special collection of storybooks about Inuit legends and myths.



Atelier simultané / Concurrent Session II-01-B

2:20 PM – 2:40 PM

Inuusinni Aqqusaaqtara – My Journey: Meeting the Information Needs of Inuit Living with Cancer

Chaneesa Ryan, MA¹, Tracy Torchetti, MA², *¹Pauktuutit Inuit Women of Canada, Ottawa, Ontario, Canada, ²Canadian Cancer Society, Toronto, Ontario, Canada.*

Purpose: Inuit have a higher rate of cancer incidence and mortality compared with other Canadians. Many factors contribute to these differences in the burden of cancer, including limited knowledge about cancer and limited access to culturally and linguistically appropriate cancer information. To address this need, Pauktuutit Inuit Women of Canada and the Canadian Cancer Society collaborated to improve cancer literacy and to provide culturally and linguistically appropriate cancer resources for Inuit with cancer.

Methods: This project uses a community-based research approach to inform the development of Inuit-specific cancer resources and builds on earlier work conducted by Pauktuutit. An advisory committee made up of community members with cultural, regional, administrative, and subject matter expertise was formed to guide the project. An environmental scan of materials was undertaken to determine the gaps in available resources and to avoid duplication. A final evaluation of Inuit knowledge, attitudes and behaviours on cancer will be completed to measure the project's impact.

Summary of results: Based on the research, we created Inuusinni Aqqusaaqtara – My Journey, a website and two booklets to help increase Inuit knowledge about cancer. The booklets are designed to help Inuit newly diagnosed with cancer understand their diagnosis, support them throughout their journey and facilitate better communication with healthcare professionals.

Conclusions: This project is the result of a collaborative process with Inuit for Inuit. By increasing cancer knowledge through the provision of Inuit-specific cancer information, we can help break down the barriers Inuit face in navigating the cancer care system.



Atelier simultané / Concurrent Session II-01-C

2:40 PM – 3:00 PM

Exploring the Needs, Access, and Understanding of Information among Culturally and Linguistically Diverse (CALD) Patients in Managing Chronic Illness

Chidinma Ihejirika, RN, BSc, BScN, MPH, PhD student¹, *Sylvie D. Lambert, RN, PhD^{1,2}, Tracy Nghiem, MSc(A)¹, Jane Li, MSc(A)¹, Andrea M. Laizner, RN, PhD^{1,3}, Nathalie Folch, PhD⁴, Christine Maheu, RN, PhD^{1,5}, Élisabeth Gélinas-Phaneuf, RN, MSc⁴, Ellen Rosenberg, BA, MD^{6,2}, Sylvie Dubois, RN, PhD^{7,4}, Karissa Clayberg, MA², ¹McGill University, Montreal, Quebec, Canada, ²St. Mary's Hospital Center, Montreal, Quebec, Canada, ³McGill University Health Centre, Montreal, Quebec, Canada, ⁴Centre Hospitalier de l'Université de Montréal, Montreal, Quebec, Canada, ⁵Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁶McGill University, Montreal, Quebec, Canada, ⁷Université de Montréal, Montreal, Quebec, Canada, ⁸Ministère de la Santé et des Services sociaux du Québec, Montreal, Quebec, Canada.*

Objectives: Culturally and linguistically diverse (CALD) patients often do not have access to the health information needed to manage their chronic illness. This study explored the information needs of CALD patients managing a chronic illness, how they access and understand information, and how existing translated resources address their information needs.

Methods: Using a qualitative descriptive approach, a convenience sample of 10 patients of Italian, Chinese, and Greek backgrounds diagnosed with a chronic illness (including cancer) were recruited at several Montreal-based health centres. Face-to-face, semi-structured interviews were conducted with a researcher who spoke the language or with an interpreter.

Results: Four Italian, five Chinese, and one Greek patient(s), aged from 42 to 83 years, were interviewed. Diagnoses included diabetes, cardiovascular disease, and cancer. CALD patients focused on information needs related to medical and lifestyle management, with variability noted based on illness appraisal. Information needs pertaining to psychosocial management were more implicit and identified throughout the interviewing process. The physician is the designated gatekeeper of information and family and friends are the primary support for interpretation and translation. Online sources are typically not used. Native language use is preferred when possible or lay terms in English/French. Culturally-adapted available resources are considered to be useful as reminders and should be available in both English/French and native languages, with topics on health promotion.

Conclusion: CALD patients managing chronic illness were found to have varying information needs; revealed difficulty accessing and understanding health information; and would prefer bilingual, culturally-adapted health information materials. Study findings can inform how to improve current interventions and services and how health care professionals can better fulfill CALD patients' information needs.



Atelier simultané / Concurrent Session II-01-D

3:00 PM - 3:20 PM

An Innovative Model for Navigating Aboriginal Patients and their Families through Cancer Care

Gwen R. Barton, BNSc, MHA, Carolyn Roberts, RN, The Ottawa Hospital, Ottawa, Ontario, Canada.

There are numerous health inequities among Indigenous peoples of Canada when compared to the general population. Evidence shows there is a higher incidence of cancer, higher rates of late stage diagnosis, diagnoses at a younger age and low cancer screening rates. Our Cancer Program, located in a large tertiary care setting, has the mandate to roll out a provincial Aboriginal Cancer Strategy in our region. A key component of this strategy has been the establishment of an Aboriginal Nurse Navigator to provide the one-on-one support to patients and family members as needed at all points on the cancer trajectory. It was recognized at the outset that the traditional approach of hospital nursing would not be effective for this position or program. As a result, an innovative model was created that is built on the foundational elements of establishing trusting relationships and respecting cultural values. It recognizes the principles of trauma-informed care and involves connecting with the patient and family outside of the hospital setting—providing the navigational support in a culturally safe, non-institutional environment. This allows for the nurse navigator to create a relationship with the individuals and find out what is important to them on their cancer journey. This session will provide a high level overview of the provincial Aboriginal cancer strategy and will use a case presentation to show how our team has created an effective, culturally appropriate model for supporting our Aboriginal cancer patients and families.

Atelier simultané / Concurrent Session II-02

Rôle infirmier / Nursing Role

2:00 PM – 3:30 PM

Delfosse



Atelier simultané / Concurrent Session II-02-A

2:00 PM – 2:20 PM

Addressing the Nursing Model of Care in the Inpatient Surgical Oncology Unit

Charissa P. Cordon, RN, MN, CON(C), EdD^{1,2}, Delia Palmer, RN, BScN¹ Sarah Holt, RN, BScN¹, Kelly-Lynn Nancekivell, RN, BScN¹, Enoch Ho, MPH³, Melinda Stacey, RN, BScN¹, Delia Palmer, RN, BScN¹, Barbara Laughland, RN¹, Tania Santos, RN¹, ¹Juravinski Hospital and Cancer Center, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada, ³Hamilton Health Sciences Center, Hamilton, Ontario, Canada.

In the current health care environment, oncology nurses are being asked to do more with less. With advancements in precision medicine and an ageing population, this means that patient care is becoming more complex. Oncology nurse leaders are being challenged to provide services with limited resources.

Optimizing nursing skills mix has been a challenge in hospital settings, especially without a model or framework to help guide decision making. The Synergy Model is a professional practice model developed in the U.S. as a way of delineating patient's needs in order to identify the best suited health care provider to address these needs. The Synergy Model has three main components: the patient characteristic tool, the nurse competency tool, and the system or health care environment in which care is provided.

The Synergy Model was implemented in an inpatient surgical oncology unit. A validated patient characteristic tool was developed. Surveys to determine nursing competency, and nurses' perceptions of their work environment and workload were collected and analyzed.

Implementation of the Synergy Model in the inpatient surgical oncology setting has led to positive results. The perception of the nursing staff to their daily assignments has been manageable, as their skill sets are matched with patient care needs. The RN/RPN patient care assignments are now created based on "Synergy" scores, which supports decision making related to nurse staffing levels and nursing skills mix.

The Synergy Model provides a systematic approach to ensuring that the patient care needs are matched with the right health care provider, thus improving patient outcomes.

Atelier simultané / Concurrent Session II-02-B

2:20 PM – 2:40 PM

Leading the Path to Change with Synergy: Application of a Professional Practice Model

Charissa P. Cordon, RN, MN, CON(C), EdD, Jennifer Lounsbury, MN, RN(EC)², ¹*Juravinski Cancer Centre, Hamilton Health Sciences, Hamilton, Ontario, Canada*, ²*Grand River Regional Cancer Centre, Kitchener, Ontario, Canada*.

The incidence and prevalence of cancer continues to rise throughout Canada. It is anticipated that two out of five Canadians are expected to develop cancer at some point in their lives (Canadian Cancer Society, 2016). As the complexity and acuity of cancer patients increases due to innovations in treatment, and comorbidities, there is increased necessity for definition of ideal patient caseload for nurses in a specialized oncology setting.

The Synergy Model is a new paradigm and a professional practice model, developed by the American Association of Critical Care Nurses (AACN). In the Synergy Model, nursing care reflects the integration of nurses' knowledge, skills, attitudes, competencies, and experience to meet the needs of patients and families. This model provides a framework for assigning patients to nurses, and has been adapted in various care settings in oncology. The Synergy model can be utilized to assess "add-on" adult oncology patients within a systemic care suite and out-patient ambulatory care for supportive treatments. The development of an audit tool based on the Synergy Model can evaluate the need for additional nursing resources with specialized oncology nurses and appropriate skill mix of nursing teams.

This workshop will focus on the experiences of two Regional Cancer Centers in Ontario in the implementation of the Synergy Model and will provide participants with an opportunity to consider the application of the Synergy Model to their practice settings.

Atelier simultané / Concurrent Session II-02-C

2:40 PM – 3:00 PM

Raising the Practice Bar: Development and Implementation of a Practice Rubric to Evaluate Ambulatory Nursing Documentation and Communication

Kathy Carothers, RN, BScN, MN¹, Laura Rashleigh, RN, BSN, MN, CON(C) CHPCN(C)¹ Angela Boudreau, RN, BScN, MN, CON(C)¹, Angela Leakey, RN, BScN, MN, CON(C)¹, Stephanie Burlein-Hall, RN, BScN, MEd, CON(C)¹, Arlene Court, RN, BScN, MN, CON(C)², ¹*Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada*, ²*Sunnybrook Health Science Centre, Toronto, Ontario, Canada*.

As part of the standardized performance review process for staff in an ambulatory oncology setting, the advanced practice nursing team was asked to contribute to nurses' reviews by providing feedback regarding their clinical practice. As direct observation was not within the scope of the assessment, evidence of practice was gleaned from documentation of patient care and related interactions. In order to standardize and make assessments objective, the advanced practice nurses (APN) team developed a comprehensive rubric to assess nursing documentation in the outpatient setting. The rubric was developed using standards of practice for documentation as outlined by the provincial College of Nurses, CANO standards, organizational best practices for person-centred care and internal departmental policies. The components of the rubric evaluated a variety of documentation tools including clinic visits, new patient assessments, telephone interactions and email communications between interprofessional team members. An additional category was included to assess overall comprehensiveness and clarity of written notes. The results of the evaluation are included in the nurses' performance review and kept in their employee file. The tool has been successful in providing a consistent approach to documentation evaluation as well as identified nurses requiring further support from the APN to improve upon documentation practice.

This presentation will feature the rubric tool, outline its development, application to performance reviews and experience with the rubric to date.

Atelier simultané / Concurrent Session II-02-D
3:00 PM – 3:20 PM

A Nurse–Led Collaborative Initiative to Implement a Digital Vision for a Community Hospital’s Cancer Care Clinic

Lisa Lun, RN, BScN, MAEd, CHPCN(C)¹, Novlett Hamilton, RN, CON(C)², Rachelle Soogree, RN, MN, CON(C)³, Shirley Goguen, RN⁴, ¹Humber River Hospital, Toronto, Ontario, Canada, ²Humber River Hospital, Toronto, Ontario, Canada, ³Humber River Hospital, Toronto, Ontario, Canada, ⁴Humber River Hospital, Toronto, Ontario, Canada.

To align with the mandate for systemic treatment Computerized Prescriber Order Entry (ST CPOE) and the hospital’s lean, green, and digital vision, the Cancer Care Clinic needed to transition from a paper–based patient record to an Electronic Health Record (EHR). Consideration for external oncology CPOE systems posed a safety risk as they do not integrate into the hospital’s existing EHR and other automation. Oncology nurses in the Clinic identified the need to engage themselves as health technology super–users to mitigate risks, and optimize patient and staff safety in Cancer Care delivery.

The nurses led a detailed current and future state workflow process mapping, identifying inefficiencies in workflow, ordering, real–time team communication, documentation and alignment with oncology practice standards. Additional findings revealed the need to leverage existing technologies such as closed system transfer devices, robotic drug preparation, and bedside medication verification processes. The nurses were empowered to lead and design an integrated oncology EHR, participate in end–user testing, provide super–user leadership support, and evaluate implementation and patient outcomes.

Peer collaborative practices have led to improved efficiencies in treatment delivery, clinic workflow, and patient wait times. The initiative demonstrated an uptake of 90% CPOE ordering, 95% completion rate for medication and armband scanning, and 53% robotic hazardous drugs preparation. Oncology nurses in the Clinic continue to provide leadership support to other cancer programs who are developing their integrated systems, and are working with global partners in their redesign.

Atelier simultané / Concurrent Session II-03 Éducation des patients et amélioration de la qualité / Patient Education and Quality Improvement

2:00 PM – 3:30 PM**Krieghoff**

Atelier simultané / Concurrent Session II-03-A
2:00 PM – 2:20 PM

Innovation clinique en partenariat patient pour un accompagnement optimal

Marie–Josée Levert, PhD, Hélène Lefebvre, PhD, Isabelle Brault, PhD, Odette Roy, PhD, Université de Montréal, Montréal, Quebec, Canada.

Le Réseau infirmier un partenaire de soins (RIUPS) a développé, implanté et évalué une stratégie interactive d’échange de connaissances en oncologie. Il s’agit d’un portail d’échange des savoirs (PES) en soutien à six équipes cliniques incluant des patients partenaires et animé par des infirmières leaders. Le projet visait à décrire le processus de développement, de déploiement et d’implantation du PES et identifier ses retombées sur l’accès aux connaissances et aux meilleures pratiques lors des transitions de soins en oncologie. Les résultats montrent que le PES est une alternative efficace pour l’accompagnement des patients qui doivent apprendre vivre avec la maladie et à mieux évoluer dans le système de soins, pour le soutien aux équipes cliniques dans leurs efforts pour améliorer les pratiques professionnelles et pour les organisations qui, dans un contexte de rationalisation des coûts, doivent trouver des moyens efficaces pour optimiser l’offre de soins et la formation continue des infirmières. Le leadership des gestionnaires en appui au partenariat inter–établissements et au partenariat patient, se traduit dans une volonté politique pour instaurer et maintenir une véritable qualité de vie au travail pour les équipes cliniques et une véritable qualité des soins pour les patients.

**Atelier simultané / Concurrent Session II-03-B****2:20 PM – 2:40 PM****Creating Harmony – Systemic Therapy Patient Education in Alberta Health Services Cancer Care Alberta (CCA) Harmonization – Creation of an Evidence Based Set of Standard Information and Teaching with Site Specific Variation for Specialty Service and Contact Information**

Karey L. McCann, BA, BScN, *Debora Allatt, BNSc, MHSc, CHE, Keira MacKinnon, BA, BEd, Liz Ross, RN, BScN, MHS, AHS, Calgary, Alberta, Canada.*

Nurses have an integral role in providing systemic therapy education to patients and their families—this includes the systemic therapies available and the resultant side effects. CancerControl Alberta (CCA) has two tertiary sites, four regional sites and eleven community sites within the province. The new provincial portfolio of Patient Education discovered that there was significant variation in resources being provided to patients and their families and the depth and quality of the education received was related to the site the patient received treatment. Resources were inconsistent across the province; in some places they were not available, were not written in plain language, or needed to be updated with current evidence-based practices aligned with current policy and procedure. It became clear through safety reviews, patient feedback and observation that improvements were needed. A Systemic Therapy Patient Education Project was undertaken to harmonize all the existing educational resources from print materials, the creation of a web-based video series, new patient systemic therapy packages, the creation of an interactive systemic therapy class for patients and families and definition of the training and support needed by front line staff to deliver the teaching. Gaps that existed in the current materials were identified, specifically surrounding oral drugs, immunotherapy, targeted therapy, and the management of the ambulatory Baxter Elastomeric Infusor™ Pump. Six working groups were created to guide the project and were made up of various professionals and most importantly with patient and family advisors. Through effective consensus and teamwork, resources and standards for patient teaching have been harmonized throughout the province to help meet the educational needs of all patients and families receiving systemic treatment hopefully resulting in their ability to safely self- manage and partner in their care.

**Atelier simultané / Concurrent Session II-03-C****2:40 PM – 3:00 PM****Re-design of an Orientation Session for Patients Starting Parenteral Anticancer Therapy**

Luisa Luciani Castiglia, RN, MSc(A), CON(C), Virginia Lee, RN, PhD, Olivia Yu, MEd, B.Ed., Anna Cistera, Patient representative, Cynthia Fallu, MSc, PDt, Shafia Amdouni, BSc, RD, Gabriel Gazze, B.Pharm., D.P.H, Christine Legler, MD, FRCPC, Jillian Lucht, MSW, PSW, Jennyfer Garcia Cruz, PSW, Kevin McKie, Patient representative, Anne Nercessian, RN, BScN, Anna Swiderska, Clerk, Marc Hamel, PhD, McGill University Health Centre, Montreal, Quebec, Canada.

A New Patient Chemotherapy Orientation (NPCO) for patients and families has been offered at our centre for more than 10 years. The move to a new site necessitated an update of navigation content and provided the initial impetus for re-design. This provided an opportunity to improve on identified limitations such as a lack of information about biotherapies, didactic format and poor attendance.

An interprofessional team, including patient representatives, was assembled for this project. The aim was to update the NPCO and increase attendance, in order to better prepare patients starting parenteral anticancer therapies. The scope of the re-design included changes to content (topics and patient tools) and processes (modality, facilitation, and booking of the session). Principles for developing effective patient education materials and project management methodologies guided the process. These included a review of the literature, benchmarking, stakeholder feedback of the current NPCO and process mapping of the appointment booking.

This presentation will describe the redesigned elements of the orientation and strategies for improving attendance. The objectives of the orientation were re-defined so that the provision of information served to enhance a sense of preparedness and to promote patient activation in self-care. The main changes to content included: an emphasis on what patients can do to take care of themselves, less focus on side effects, and the inclusion of biotherapies and coping. Salient modifications to modality were aimed at increasing interaction and comprehension by including activities for self-reflection, questions and answers, and myth busters, and attention to instructional design. Strategies to improve attendance were also implemented.

Preliminary results show an increase in participation and satisfaction with the session. Oncology nurses are well positioned to work with interprofessional teams to lead and implement patient care initiatives.

**Atelier simultané / Concurrent Session II-03-D****3:00 PM – 3:20 PM****Patient Education in Oncology Care: A Quality Improvement Project**

Samantha Scime, BScN, RN, CON(C), *Jessy Mathai, MSW, Charmaine Mothersill, MN, Patricia Leung, B.Pharm., Leah Jodoin, MN, RN(EC), CON(C), Denise Gabrielson, MSc(C), RD, Joanna Dixon, MSW, St. Michael's Hospital, Toronto, Ontario, Canada.*

Background: The Medical Day Care Unit (MDCU) at St. Michael's Hospital treats hundreds of patients each week who require various cancer therapies. One of the most common patient reported symptoms is anxiety, especially prior to their first treatment. Growing evidence recommends providing patients with education about possible side effects, as well as an orientation to the treatment centre, before the initiation of cancer therapy to help reduce anxiety and fear.

Methods: In an effort to alleviate some of the anxiety associated with a patient's first chemotherapy experience, a quality improvement project was undertaken by the MDCU inter-professional team and an in-class 'introduction to chemotherapy' education session was established. While patient response has been positive, it was recognized that there are barriers associated with attending an in-person education session. Subsequently, the inter-professional team identified a need for an alternative education option and surveyed existing clinic patients for feedback. In an attempt to improve accessibility, the team decided to offer a multi-model approach to education through the creation of an online video series.

Discussion: This presentation will highlight the steps and challenges of creating patient-centered online video content for an outpatient chemotherapy unit. Insights into the nurse's role, development process, and patient response will be discussed. We will conclude with a screening of an education video that prepares patients for their first day of chemotherapy treatment.

Atelier simultané / Concurrent Session II-04
Amélioration de la qualité des soins palliatifs /
Palliative Care Quality Improvement
2:00 PM – 3:30 PM**Morrice****Atelier simultané / Concurrent Session II-04-A****2:00 PM – 2:20 PM****A Quality Dying Initiative to Improved End of Life Care for Oncology Patients**

Allyson Nowell, RN, MSc(A), CON(C), Kalli Stillos, RN, MSN, CHPCN(C), *Jennifer Moore, MD, Christine Lau, MD, Lesia Wynnychuk, MD, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.*

Research has shown Palliative Care is an essential component of Oncology care but barriers continue to exist in meeting patients and families palliative care needs in Acute Care settings. Specifically, the End of Life (EOL) needs of imminently dying patients remain a challenge for health care teams in managing symptoms and psychosocial support.

This presentation will highlight an organization-wide initiative in a large tertiary teaching hospital that was developed to improve the end of life care experience for patients and their families. A multi-pronged approach was taken with the involvement of interdisciplinary professionals such as Palliative Care, Social Work and Spiritual Care; this led to the development of a standardized order protocol, education for the staff, resources for families and an evaluation component.

Additionally, this presentation will outline Bonnie Freemans CARES nursing assessment tool for symptoms at end of life and fundamental medications to enhance Oncology nurses knowledge of treatments for this population. Integrated into this initiative was the role of the palliative care team in building capacity of bedside oncology nurses working with patients and families. Lastly, findings from a chart review 1-year post implementation of the order protocol will be shared demonstrating potential improvements on the EOL experience of patients.

**Atelier simultané / Concurrent Session II-04-B****2:20 PM – 2:40 PM****Successful Transitions Home for End of Life Care: Oncology Nurses Leading the Way!**

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

Many oncology patients face continuity barriers during transitions in care resulting in negative outcomes or unnecessary readmissions. This is evident during discharge from an acute care hospital to home for end of life (EOL) care. Literature demonstrates that most people (~70 %) would prefer to die at home, thereby enabling increased comfort in a familiar environment and quality time with family and friends. Patients describe a greater sense of control when at home, facilitating emotional well-being during their last days or weeks of life.

Several factors must be in place to ensure a seamless discharge home for EOL including clear communication amongst health care professionals. Goals/plan of care must be discussed across settings and family/caregivers must be available, able and competent to provide the required care. Problems arise when gaps in these processes occur. Home palliative care improves quality of life and satisfaction for these patients.

Oncology nurses are uniquely positioned to support patients across this trajectory. In our setting we frequently discharge patients home to die but lack data to identify the unique elements required to ensure successful transitions. This information is vital to drive nursing practice change when sending patients home for EOL.

This presentation will describe the results of a chart audit of those transferred home for EOL care focusing on the key elements contributing to success for the patient and family.

Atelier simultané / Concurrent Session II-04-C

2:40 PM – 3:00 PM

Tools to Ensure Successful Transitions Home for Care at the End of Life: Oncology Nurses Paving the Path to Change!

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C)^{1,2}, Sara Blacker, RN, BScN, CHPCN(C)¹, *¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.*

Many oncology patients wish to die in their own home, a phenomenon that is supported by recent literature revealing that up to 70% of people would choose this option. Due to the plethora of factors necessary to ensure a smooth transition from hospital to home, these discharges for end of life care are often very complex. Death in the home setting has been demonstrated to improve the quality of life for these patients as well as increase their loved one's satisfaction with care. Overall, the goal of transfers from hospital to home for end of life care is to ensure good outcomes for the patient, the family and the system, by preventing subsequent readmissions to hospital or unnecessary emergency room visits.

A chart audit, done by our Supportive and Palliative Care Team on these patients, revealed potential barriers to such successful discharges. Although our team is consulted for many of these patients, we cannot always ensure our involvement. Therefore, based on our audit, a review of the literature and our knowledge of key required processes, our team developed several tools and interventions to help facilitate these transitions with or without our involvement.

This presentation will describe these tools and interventions as well as discuss case studies to illustrate the benefit of using a standardized approach to transitioning oncology patients home for care at the end of life.

Atelier simultané / Concurrent Session II-04-D

3:00 PM – 3:20 PM

Can a Follow-Up Phone Call Make a Difference to Successful Discharges and Ultimately Patient and Family Satisfaction?

Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C)^{1,2}, Olga Tsortos, RN, BScN, CHPCN(C)¹, *¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.*

Our provincial body developed indicators to measure the quality of Palliative Care services across various settings. One indicator was patient satisfaction with care provided. Our Supportive and Palliative Care Consult Team initiated a quality improvement project to look at facilitating transitions of care for patients who wished to die at home. Our acute tertiary care hospital had implemented discharge phone calls made within 48 hours of discharge to all patients being discharged home. However, our hospital quality team identified that any patient who had been coded palliative did not receive a phone call. Therefore, the patients whose discharges home were complex and fraught with potential pitfalls did not receive appropriate follow-up to ensure a successful discharge.

Our team decided that a Palliative Care team member involved in the patient's care and discharge would implement a follow-up phone call within 24 to 48 hours of discharge home. This would serve two purposes: to assess the patient / family's satisfaction with the care provided by our team both in hospital and on discharge and to determine if the plan of care with all of the appropriate supports had been put in place.

This presentation will discuss the development of the telephone follow-up questionnaire, the process of implementation and the results of the pilot of this strategic intervention. This nurse-led intervention is definitely a positive path to change for our most vulnerable patients.

**Atelier / Workshop II-05****Télépratique fondée sur les preuves / Evidence Based Telepractice****2:00 PM – 3:30 PM****Julien/Gagnon****Leading and Supporting Nurses to Use COSTaRS Symptom Practice Guides: an Interactive Workshop**

Dawn Stacey, RN, PhD, CON(C)^{1,2}, Barbara Ballantyne, RN, MScN, CON(C), CHPCH(C)³, Lynne J. Jolicoeur, RN, MScN, CON(C)⁴, Andra Davis, RN, PhD⁵, ¹University of Ottawa, Ottawa, Ontario, Canada, ²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ³Health Sciences North, Sudbury, Ontario, Canada, ⁴The Ottawa Hospital, Ottawa, Ontario, Canada, ⁵Washington State University, Spokane, Washington, United States.

Background: The pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) practice guides are available for use by oncology nurses when providing symptom management to oncology patients. The COSTaRS practice guides summarize evidence from clinical practice guidelines in easy to use, nurse-friendly formats and can help nurses integrate best practices into their clinical practice.

Objective: The objectives are: a) to enhance nurses' knowledge, skills, and confidence with using the COSTaRS practice guides; b) to learn how to use the practice guides in a conversation with a patient, and c) to tailor symptom self-care to patients' needs.

Description of the workshop: A 90-minute interactive workshop is planned. First we will provide an overview of COSTaRS. We will introduce the content of specific practice guides and a case study to be used for role play exercises. Discussion will provide opportunity for nurses and 'simulated patients' to reflect on their experiences with the practice guides. Next we will discuss how the practice guides can be used in telephone calls and face to face with symptomatic patients. Finally, we will focus on steps for moving the practice guides into clinical practice and problem solving how to manage barriers perceived to interfere with their use. The workshop will include several activities for engaging participants.

Workshop materials are available in English and French. The workshop will be conducted in English with some activities in English or French.

**Atelier / Workshop II-06****Soins infirmiers en oncologie internationales / International Oncology Nursing****2:00 PM – 3:30 PM****Salon du Jardin****CANO/ACIO International Vision and Strategy**

Shari Moura, RN, MN, CON(C), CHPCN(C)¹, Margaret I. Fitch, RN, PhD², Tracy Truant, RN, MSN, PhD(c)³, ¹Princess Margaret Cancer Centre – University Health Network, Toronto, Ontario, Canada, ²University of Toronto, Toronto, Ontario, Canada, ³UBC School of Nursing, Vancouver, British Columbia, Canada., Vancouver, British Columbia, Canada.

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>). 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.

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.

The workshop objectives include:

- 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



Le lymphoedème et l'accès vasculaire : tout un legs

Sheryl McDiarmid, RN, AOCN, MBA, MEd, ACNP, *The Ottawa Hospital, Ottawa, Ontario, Canada.*

Le lymphoedème est une accumulation de liquide riche en protéines dans des tissus dont le drainage lymphatique est insuffisant. Il n'existe aucun remède contre le lymphoedème, et les patients atteints de cancer du sein risquent tous d'en être atteints durant leur vie. On ne sait pas pourquoi parmi les personnes ayant les mêmes facteurs de risque, certaines contractent le lymphoedème et d'autres pas. Par conséquent, le personnel clinique et les directives nationales se sont concentrés sur les stratégies de prévention. Beaucoup des stratégies suggérées se basent sur des informations anecdotiques exemptes de données probantes. De récentes publications, dont la revue systématique de l'Oncology Nursing Society, ont dégagé les meilleures pratiques cliniques en matière de prévention du lymphoedème. Les facteurs de risque associés au développement du lymphoedème comprennent notamment la dissection des ganglions lymphatiques axillaires, l'irradiation des ganglions lymphatiques régionaux, un indice de masse corporelle élevé et un âge avancé au moment du diagnostic. Quoique que l'évitement de la veinopuncture au niveau du bras touché par le lymphoedème relève d'une justification physiologique, il n'existe aucune preuve à l'appui de l'évitement de la veinopuncture dans le bras touché en tant que stratégie de prévention. D'autres études de cohortes de grande envergure n'ont découvert aucun lien significatif entre les prises de sang et les perfusions intraveineuses au niveau du bras atteint, d'une part, et le développement du lymphoedème, d'autre part. Cette session portera essentiellement sur les données probantes existant actuellement et sur les répercussions pour le personnel clinique chargé de l'accès vasculaire, et abordera les stratégies permettant de surmonter les mythes afin que les patients et le personnel clinique prennent des décisions éclairées en matière d'accès vasculaire et de lymphoedème.

The Legacy of Lymphedema and Vascular Access

Sheryl McDiarmid, RN, AOCN, MBA, MEd, ACNP, *The Ottawa Hospital, Ottawa, Ontario, Canada.*

Lymphedema is the accumulation of protein-rich fluid in tissues with inadequate lymphatic drainage. There is no cure for lymphedema, and patients with breast cancer carry a life time risk of developing lymphedema. It is not known why some people with the same risk factors develop lymphedema and others do not. As a result clinicians and national guidelines have focused on prevention strategies. Many of the strategies suggested are based on anecdotal information without supportive data. Recent publications, including the Oncology Nursing Society systematic review have identified best clinical practices to prevent lymphedema. Defined risk factors for developing lymphedema include axillary lymph node dissection regional lymph node irradiation, higher body mass index and older age at diagnosis. While avoidance of venipuncture in the lymphedematous arm has a physiological rational, no evidence has been found to support avoidance of venipuncture in the at-risk arm as a prevention strategy. Other large cohort studies have found no significant associations between blood draws and intravenous infusions in the at-risk arm and the development of lymphedema. This session will focus on the evidence that currently exists, the implications for vascular access clinicians and discuss strategies for overcoming the myths to ensure patients and clinicians make well informed decisions related to vascular access and lymphedema.

Réception de bienvenue /
Welcome Reception

4:30 PM – 6:00 PM
Salle d'exposition / Exhibit Hall

Rencontre des nouveaux diplômés en
soins infirmiers (sur invitation seulement) /
New Graduate Nurses Panel Session (invitation only)

5:30 PM – 6:45 PM
Salon du Jardin

 **Séances d'affiches groupe 1 / Group 1 Poster Sessions**
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6:00 PM – 6:30 PM
Foyer

Sommet de leadership (sur invitation seulement) /
Leadership Summit (invitation only)

7:00 PM – 9:00 PM
Julien/Gagnon

Jour deux / Day Two

Samedi 28 octobre 2017 / Saturday, October 28, 2017

Déjeuner / Continental Breakfast

7:00 AM – 8:15 AM
Beethoven/Chopin

Keynote Conférence plénière II /

Keynote Address II 



8:30 AM – 9:30 AM

Beethoven/Chopin



L'évolution des soins infirmiers en oncologie à l'avant-garde du changement

Greta Cummings, PhD, RN, FCAHS, FAAN

Mme Cummings, PhD, est la nouvelle doyenne de la Faculté des Sciences infirmières de l'Université de l'Alberta, et est à la tête du programme de recherche CLEAR Outcomes (Connecting Leadership Education & Research) en science du leadership dans les services de santé lequel se focalise sur les

pratiques de leadership des décisionnaires et des gestionnaires en soins de santé dans le but d'améliorer les résultats pour les prestataires de soins et les patients. Mme Cummings a systématiquement documenté les effets à la fois positifs et négatifs de pratiques de leadership sur les résultats pour le système de soins, les professionnels de la santé et les patients. Mme Cummings dirige également le programme de recherche OPTIC (Older Persons' Transitions in Care) qui étudie la qualité de la transition des personnes âgées et fragilisées d'un contexte de soins à l'autre, notamment les installations de soins continus, les services médicaux d'urgence et les services des urgences. Ce programme vise à élaborer, mettre en œuvre et évaluer des interventions destinées à éviter que les personnes âgées et fragilisées soient déplacées inutilement et à faciliter leur déplacement lorsque cela s'avère nécessaire. De nombreuses études sont en cours au sein du programme OPTIC, lesquelles sont financées par les IRSC, le RCE RCSPF et le NSHW. Elle a publié plus de 180 articles, a été, en 2014, une des chercheuses(eurs) les plus cités au monde en sciences sociales (Thomson Reuters), a reçu en 2010 l'Ordre du Mérite pour la recherche en soins infirmiers de l'Association des infirmières et infirmiers du Canada et, a été intronisée, en 2015, au Temple de la renommée des infirmières chercheuses de Sigma Theta Tau International. En 2016, Mme Cummings s'est jointe au conseil consultatif des instituts sur l'excellence, les politiques et l'éthique en recherche des IRSC.

The Evolution of Oncology Nursing Leading the Path to Change

Greta Cummings, PhD, RN, FCAHS, FAAN

Dr. Cummings is the incoming Dean of the Faculty of Nursing at the University of Alberta, and leads the CLEAR Outcomes (Connecting Leadership Education & Research) research program in leadership science in health services, which focuses on the leadership practices of healthcare decision-makers and managers to achieve better outcomes for providers and patients. Dr. Cummings has systematically documented both positive and negative effects of specific leadership practices on outcomes for the health system, the healthcare workforce and for patients. Dr. Cummings also leads the Older Persons' Transitions in Care (OPTIC) research program, which examines the quality of transitions of frail elderly clients across three care settings: Continuing Care facilities, Emergency Medical Services, and Emergency Departments. We aim to develop, implement and evaluate interventions to avoid unnecessary transitions for frail seniors and to improve those that must occur. Within the OPTIC program, numerous studies are underway, funded by the CIHR, CFN NCE, and NSHW NCE. She has published over 180 papers, is a 2014 Highly Cited Researcher in Social Sciences (Thomson Reuters), received the Canadian Nurses Association 2010 Order of Merit for Research, and in 2015 was inaugurated into the Sigma Theta Tau International Nurse Researcher Hall of Fame. In 2016, Dr Cummings joined the CIHR Institute Advisory Board for Research Excellence, Policy and Ethics.



Gérer la dynamique tout en choisissant de faire confiance : Prise de décision concernant le traitement depuis la perspective des personnes d'âge avancé ayant un cancer colorectal

Fay J. Strohschein, RN, MSc(A), PhD(candidate)^{1,2}, ¹McGill University, Montreal, Quebec, Canada, ²Jewish General Hospital, Montreal, Quebec, Canada.

Pour les adultes d'âge avancé (AAA), les variations de l'état de santé, de l'état fonctionnel et de la situation sociale, l'accroissement des tensions entre la qualité et la quantité de vie et le manque d'inclusion dans les recherches posent des défis cliniques et éthiques importants relativement à la prise de décision concernant le traitement du cancer (PDCTC). Bien que de récents résultats appuient la participation des patients à la PDCTC, on sait très peu de choses sur les processus évolutifs depuis la perspective des AAA. Une meilleure compréhension est nécessaire si l'on veut aborder les fortes disparités fondées sur l'âge en matière de soins et offrir un soutien optimal.

But : Explorer la PDCTC depuis la perspective des personnes âgées de 70 ans ou plus ayant un cancer colorectal.

Méthodes : Dans cette étude longitudinale, s'appuyant sur la théorie ancrée dans une perspective constructiviste, 18 AAA, ayant de 71 à 88 ans et ayant un diagnostic initial de cancer primaire du colon ou du rectum, ont été suivies durant leurs trajectoires de traitement initial (3–18 mois). Des interviews pré- et post-traitement, des extraits de journal personnel écrits ou audio ainsi que des appels téléphoniques et de courtes visites ont permis de documenter les expériences des participants. Ainsi, 35 entrevues, 234 entrées de journal et 246 interactions ont été enregistrées, et les extraits pertinents ont fait l'objet d'une transcription mot à mot. La comparaison avec des constantes a guidé la production et l'analyse des données.

Résultats : Les participants venaient recevoir leur traitement en choisissant de faire confiance. Cela incluait la décision précoce de faire appel au système afin d'obtenir de l'aide et un processus de décision permanent où le soi s'aligne avec le système tandis que la dynamique du système de lutte contre le cancer les propulse à travers le traitement. Quand les participants parvenaient à gérer cette dynamique, ils choisissaient d'y faire confiance et de se soumettre aux soins. Ils percevaient ce processus dans l'optique de l'âge, alors qu'ils étaient aux prises avec les changements corporels afférents et considéraient les années qui leur restaient potentiellement.

Conclusions : La capacité à gérer la dynamique du traitement est significative pour ce qui est de la PDCTC. Les infirmières en oncologie occupent une position privilégiée pour soutenir les AAA et leurs proches et pour aborder les inquiétudes découlant de l'intersection du vieillissement, du cancer et des soins contre cette maladie. Ce soutien est essentiel à la prise de décisions appropriées en matière de traitement et à l'optimal.

Managing the Momentum while Choosing to Trust: Treatment Decision Making from the Perspective of Older People with Colorectal Cancer

Fay J. Strohschein, RN, MSc(A), PhD(candidate)^{1,2}, ¹McGill University, Montreal, Quebec, Canada, ²Jewish General Hospital, Montreal, Quebec, Canada.

For older adults (OAs), variation in health, functional, and social status; increasing tension between quality and quantity of life; and lack of inclusion in research present important clinical and ethical challenges to cancer treatment decision making (CTDM). Although recent evidence supports patient engagement in CTDM, little is known about these evolving processes from the perspective of OAs. Greater understanding is needed to address salient age-based disparities in care and offer optimal support.

Purpose: To explore CTDM from the perspective of people aged 70 years or older with colorectal cancer.

Methods: In this longitudinal study, informed by constructivist grounded theory, 18 OAs, aged 71–88, with an initial diagnosis of primary colon or rectal cancer, were followed through their initial treatment trajectories (3–18 months). Between pre- and post-treatment interviews, written or audio diary entries, as well as phone calls and brief visits, documented participants' experiences. 35 interviews, 234 diary entries, and 246 interactions were recorded, with relevant excerpts transcribed verbatim. Constant comparison guided concurrent data generation and analysis.

Results: Participants came to receive treatment by choosing to trust. This involved an early decision to step into the system to seek help, and an ongoing decision process of aligning self and system, as the momentum of the cancer care system swept them through treatment. When participants were able to manage this momentum, they held onto hope and submitted themselves to care. They viewed this process through the lens of age, grappling with bodily changes and considering potential years of life left.

Conclusions: OAs' ability to manage the momentum of treatment is significant for CTDM. Oncology nurses are uniquely positioned to support OAs and their families, addressing concerns arising from the intersection of aging, cancer, and cancer care. This support is key to appropriate treatment decisions and optimal care.

Atelier simultané / Concurrent Session III-01
Effets secondaires de traitement / Treatment Side Effects

11:15 AM – 11:55 PM
Suzor-Coté

 Atelier simultané / Concurrent Session III-01-A

11:15 AM – 11:35 AM

Blinatumomab: Sharing One Centre's Experience in Implementing a New and Complex Treatment Regimen for Relapsed or Refractory Acute Lymphoblastic Leukemia (ALL)

Laura Olmi, BScN, CON(C), *Amanda Jacques, B.Pharm., Princess Margaret Cancer Centre, Toronto, Ontario, Canada.*

Treatment for adult patients with relapsed or refractory acute lymphoblastic leukemia (ALL) is currently undergoing change with several new agents under investigation. Blinatumomab is a new and promising drug administered as a continuous infusion over 28 days per cycle distributed between the inpatient and ambulatory care settings. Administration of this medication represents a challenge to Canadian cancer centres due to its lengthy continuous infusion with transition from the inpatient to outpatient setting, particular drug preparation requirements and high medication cost. As part of a Phase 3 study at our centre, the drug has been administered via an ambulatory infusion pump. Following recent approval by Health Canada, our centre is now leading the change to safely administer the drug in the inpatient setting via a standard volumetric infusion pump. Investigation into this change in drug administration consisted of a review of the literature, environmental scan of practices at other cancer centres and experimentation in infusion parameters and programming. Interprofessional collaboration from the inpatient and outpatient settings occurred with nursing, pharmacy, medicine and engineering in order to determine the safest and most appropriate method of administration of Blinatumomab. Considerations included various administration modalities, methods of drug preparation, cost, order set standardization, staff workload and training and the safety of transition of care.

Learnings from this undertaking can be applied to the implementation of future treatments and highlight the importance of interprofessional collaboration to safely implement changes in patient care.

 Atelier simultané / Concurrent Session III-01-B

11:35 AM – 11:55 AM

ASK A NURSE: Innovative Education Program to meet Patients' and Caregivers' Informational Needs

Stephanie Burlein-Hall, RN, BScN, MEd, CON(C)¹, *Kathy Carothers, RN, BScN, MN¹, Jason Oliver, BA, MEd², Angela Boudreau, RN, BScN, MN, CON(C)¹, Angela Leahey, RN, BScN, MN, CON(C)¹, Laura Rashleigh, RN, BSN, MN, CON(C) CHPCH(C)¹, ¹Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada, ²Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.*

Patient education programming has been offered in a small group format for many years within the patient education centre of an ambulatory oncology centre. In an effort to enhance responsiveness to patient needs and reflect principles of person-centred care, the idea of offering real time face-to-face education to meet individual needs was born. The informal ASK A NURSE session encourages patients to ask whatever is on their mind, and addresses 'what is most important to them today', thereby demonstrating new standards outlined by Cancer Care Ontario and Accreditation Canada for person-centred care.

In the 9 months the program has been offered, advanced practice nurses had engaged in 92 interactions ranging from a few minutes to conversations of over 50 minutes. In the previous year, only seven patients had participated in fatigue and dyspnea classes facilitated by nurses. Patient Learning Centre volunteers are partners in the process by actively advertising that there is a registered nurse available to answer questions. Although subjects raised are unpredictable and broad, the advanced practice nurses have been successful in providing advice, support and a positive encounter for patients and families.

This presentation will describe the development and implementation of the "ASK A NURSE" program and includes qualitative data from these interactions. Lessons learned will help nurses think creatively about how a similar program could be developed within their own practice settings.



Atelier simultané / Concurrent Session III-02-A

11:15 AM – 11:35 AM

Addressing the Needs of Ovarian Cancer Patients Along Their Care Trajectory

Heidi Thomas, RN, BScN, CON(C)⁶, Joanne Power, RN, MScN, CON(C)¹, Nancy Drummond, RN, MSc(A), CON(C)², Janet Giroux, RN(EC), MScN, CON(C), CCN(C)³, Carrie Thorton, RN, BScN⁴, Kelly Anne Baines, RN, CON(C)⁵, ¹McGill University Health Centre, Montreal, Quebec, Canada, ²SMBD Jewish General Hospital, Montreal, Quebec, Canada, ³Kingston General Hospital, Kingston, Ontario, Canada, ⁴London Health Sciences Centre, London, Ontario, Canada, ⁵The Ottawa Hospital, Ottawa, Ontario, Canada, ⁶Juravinski Cancer Centre, Hamilton, Ontario, Canada.

Ovarian cancer continues to remain the most lethal gynecologic malignancy women face, often presenting with advanced disease secondary to its relatively silent symptoms.

In 2016, Ovarian Cancer Canada (OCC) conducted a survey of ovarian cancer patients to gain an understanding of informational gaps regarding their diagnosis, treatment, surveillance and survivorship.

While issues were similar nationally, women living in rural areas are at a significant disadvantage related to their access to information and support in comparison to their urban peers. While they received adequate information regarding diagnosis and initial treatment, a very large gap in terms of post treatment expectations was identified.

Women also voiced concerns that they were ill prepared to cope with anxiety and mental health issues both during and after treatment. They wished to connect with others who had the same diagnosis either in person or through support groups or workshops.

While the majority of women were satisfied with the level of care and information provided, they have identified gaps in care delivery that is provided.

This information provides a platform to address needs for ovarian cancer patients after treatment when they are expected to return to normal. Nursing is in a unique position to help patients manage these disparities in order to empower them to gain back autonomy and self-activation.



Atelier simultané / Concurrent Session III-02-B

11:35 AM – 11:55 AM

The Wellness Beyond Cancer Program: Meeting the Survivorship Needs of Endometrial Cancer Patients

Kelly-Anne Baines, RN, CON(C), Carrie Liska, RN, BScN, MN, Robin Morash, RN, BNSc, MHS, The Ottawa Hospital, Ottawa, Ontario, Canada.

Endometrial cancer is the most common gynecologic malignancy women will face, with an estimated 6,600 Canadian women being diagnosed in 2016. The 5 year survival rate is 82%, and if locally contained, survival rises to approximately 95%. Many endometrial cancer survivors are faced however, with late and long-term physical and psychosocial effects due to their diagnosis and treatment.

The Wellness Beyond Cancer Program (WBCP) at The Ottawa Hospital Cancer Center currently provides survivorship care to breast, colorectal, and endometrial patients. The program purpose is to meet patient's individual needs at the end of their cancer treatment and to ensure the coordination and delivery of appropriate survivorship care.

To identify individual needs, patients complete a needs assessment at the time of referral. A summary of their individual needs are populated on their wellness care plan, which also outlines the patient's treatment summary and the follow-up surveillance guidelines. To address patient's needs and to promote self-care management, an endometrial education class is conducted and the individualized wellness care plan is provided and reviewed.

This presentation will provide an overview of the WBCP, and more specifically, the survivorship care provided to patients treated for endometrial cancer. Patient satisfaction evaluation results will be discussed and quality improvement strategies implemented since the launch of endometrial survivorship care in the WBCP will be shared.

Who You Gonna Call? A Nurse Led Initiative for Remote Patient Support Through the Development of a Nursing Phone Line for Patients with Gynecologic Malignancy

Carmen Jones, BScN, Sumy Salas, RN, BScN, CON(C), CHPCN(C), *Pat Cotman, RN, CON(C), De Souza Nurse, Nazlin Jivraj, RN, BScN, CON(C), Emily McGrath, RN, BScN, BA, Toral Patel, RN, BScN, MN, Nadia Pooran, RN, BScN, CON(C), Laura Richards, RN, BScN, Simonne Simon, RN, MN, CON(C), Lisa Tinker, RN, BScN, MHM, Princess Margaret Cancer Centre, Toronto, Ontario, Canada.*

An aging population, the emergence of novel therapies, and shifts to outpatient care, have all contributed to increased complexity and patient volumes in the ambulatory setting. Many centres are seeking best ways to provide remote support to patients. Oncology nurses are in a unique position to address this need. The College of Nurses of Ontario (2017) mandates that telephone nursing support should be safe, competent, and ethical. The Canadian Association of Nurses in Oncology advises nurses to incorporate best practice and evidenced based care (CANO, 2006).

Our clinic is located in a large urban cancer centre and provides ambulatory care to patients with gynecologic malignancies. From April 2015 to March 2016 we had 18,750 patient visits in our clinic. During this same period we received an additional 5136 calls from patients requiring remote nursing support.

To improve and standardize remote patient care, the gynecology nurses used a collaborative, multidisciplinary approach. We focused on customer service guidelines, communication processes, and symptom assessment from a gynecology perspective. We reviewed the Canadian Oncology Symptom Triage and Remote Support (COSTaRS) assessment tool with a gynecologic lense.

To monitor the progress of our approach and evaluate patient care needs, we developed an electronic tracking tool. Nurses have been collecting data with this tool since July 2016. Data from the tracking tool has allowed us to successfully advocate for additional nursing resources, and to identify and develop patient educational tools to improve patient care.

The authors will outline our developmental processes to improve remote patient care. We will present the data tracking tool and summarize findings and next steps. We hope to inspire nurses to enhance telephone support for patients.

Atelier simultané / Concurrent Session III-02-D

Randomized Controlled Trial of the Fear of Recurrence Therapy (FORT) Intervention for Women with Breast or Gynecological Cancer

Christine Maheu, PhD¹, *Sophie Lebel, PhD², Christine Courbasson, PhD³, Monique Lefebvre, PhD, CPsych⁴, Mina Singh, RN, PhD, Associate Professor⁵, Lori J. Bernstein, PhD, CPsych, Assistant Professor^{6,7}, Linda Muraca, RN, BA, MN⁸, Cheryl Harris, PhD, CPsych³, Lynne Jolicoeur, RN, MScN, APN⁹, Agnihotram V. Ramanakuar, PhD¹⁰, Sarah Ferguson, MD, FRCSC⁷, ¹McGill University, Montreal, Quebec, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³Centre for Addition and Mental Health, CB, DB Therapy & H Therapy Centre, Erin, Ontario, Canada, ⁴Department of Psychology and Psychosocial Oncology Program, The Ottawa Hospital Cancer Centre, Ottawa, Ontario, Canada, ⁵School of Nursing, York University, Toronto, Ontario, Canada, ⁶Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada, ⁷Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁸Auxiliary Breast Health Program, Joseph and Wolf Lebovic Health Complex, Mount Sinai Hospital, Toronto, Ontario, Canada, ⁹Integrated Cancer Program, The Ottawa Hospital, Ottawa, Ontario, Canada, ¹⁰Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Montreal, Quebec, Canada.*

Background: Clinically significant levels of fear of cancer recurrence (FCR) affect up to 49% of cancer survivors and are more prevalent among women and is poorly addressed in clinical care. To address this problem, an ongoing funded randomized clinical trial is taking place that targets FCR using a 6-week, 2-hour, cognitive-existential group intervention for cancer survivors of breast or gynecological cancer. Goal and hypotheses: Multicenter, prospective RCT. Hypotheses: Compared to a control group, cancer survivors participating in the intervention (1) will have less FCR, (2) will show more favorable outcomes on psychosocial and quality of life functioning. We further postulate that the between-group differences will persist three and six months post-intervention.

Methods: Sixteen groups of seven to nine women are being allocated to the intervention or the control group. The control group receives a six-week, 2-hour, structurally equivalent support group. Recruitment is almost complete for 144 cancer survivors from four hospital sites in three Canadian cities. Measurements: The primary outcome, FCR, is measured by the Fear of Cancer Recurrence Inventory. Secondary outcomes measured include cancer-specific distress, perceived risk of cancer recurrence, illness uncertainty, intolerance of uncertainty, coping, and quality of life.

Results: Analysis is currently ongoing. To be presented are descriptive analysis comparing group equivalent baseline variables, identification of confounding/intermediate variables and univariate analysis. Each participant's trajectory will be calculated using Generalized Estimating Equation models to determine the time and group effects.

Conclusion: From the results of the data analysis, establish level of efficacy of the FCR group intervention and of the control group intervention.



Atelier simultané / Concurrent Session III-03-A

11:15 AM – 11:35 AM

Redesigning New Staff Orientation For Specialized Oncology Nurses at an Ambulatory Regional Cancer Centre

Suganya Vadivelu, BScN, MScN, CON(C), PGDHM^{1,2}, *¹Hamilton Health Sciences, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada.*

Background and Purpose: The regional cancer centre provides care for a multitude of oncology patients in various stages of their cancer journey. A review of the current orientation program, identified a need to establish a consistent process of new staff orientation for nurses with no or limited oncology experience. Some departments within the cancer centre hired nurses with area specific skills such as endoscopy, intensive care, research etc., who may not possess previous cancer nursing care. In the past, when such nurses entered the cancer program, the orientation process didn't incorporate offering foundation knowledge of oncology nursing.

Methods: The new staff orientation process was streamlined and standardized to assist new nurses in building a foundation of oncology knowledge as well as create confidence to care for cancer patient population in the different sub-specialties within the regional cancer centre. The new staff orientation framework included specific orientation days based on the new nurse's previous oncology experience and unique learning needs. In order to foster excellence in nursing practice and education, while promoting best care, the Canadian Association of Nurses in Oncology (CANO) Practice Standards and Competencies for the Specialized Oncology Nurse was used to guide this framework. The framework was trialed with some new nurses, reviewed with management team and widespread throughout the cancer centre.

Findings: Streamlining the orientation process enabled the educator to identify gaps in the current orientation process. The educator was able to support the new nurses in enhancing the nurses' knowledge, skills, and competencies in oncology. The classroom learning augments clinical learning and should be equally supported.



Atelier simultané / Concurrent Session III-03-B

11:35 AM – 11:55 AM

Supporting Novice Nurses in a Multidisciplinary Approach to Oncology

Michelle L. Rosentreter, RN, BN, CON(C), Barb Hues, RN, MSN, CON(C), *CancerCare Manitoba, Winnipeg, Manitoba, Canada.*

Oncology nursing is an emotionally and professionally demanding specialty. No matter how long a nurse has been practicing, there are unique challenges to becoming an oncology nurse. The role is no longer mainly about chemotherapy and side effects but about novel systemic therapies, radiation treatment, supportive care and survivorship. As Oncology nurse educators we need to introduce new oncology nurses to all of these areas. It is imperative to have a detailed orientation into the cancer center and to provide specific oncology training. How does one provide such an overwhelming amount of information in orientation in a specific amount of time?

This presentation will discuss the challenges and successes experienced by nurse educators as they implement a detailed orientation to novice oncology nurses. The orientation is provided in three streams: The patient journey, professional development and safety. It includes self-directed learning, class learning and individualized clinical coaching.

The participants will learn about the benefits and the challenges of this program within the constraints of today's healthcare. Experiences from both the educators and orientees will be shared. Providing a multidisciplinary orientation program can improve the success of new nurses in oncology and help deliver excellent care in an efficient manner. A comprehensive orientation can improve job satisfaction and decrease staff burn-out and stress; both of which are essential to a safe patient journey in the cancer system.



Atelier simultané / Concurrent Session III-03-C

11:55 AM – 12:15 PM

**An NP Fellowship Programme to Advance the Learning of Novice NPs in Oncology/
Palliative Care Delivery in an Ambulatory Setting**

Grace I. Bradish, MScN, ACNP, CON(C), NP¹, Wendy McEwen, NP-PHC, MScN, CHPCN(C), *Kligman Lyn, MN, ACNP, CON(C), NP¹, Maureen Quinn, MN, ACNP, CON(C), NP¹, Scott Ernst, MD^{1,3}, Cory Gosnell, BA, Programme Director, LRCP/LHSC; MA, Management Services – (Candidate ²⁰¹⁸)¹, ¹LHSC, London, Ontario, Canada, ²LHSC, London, Ontario, Canada, ³Western University, London, Ontario, Canada.*

Increasing cancer prevalence rates, an aging population, overall population growth as well as improvements in cancer survivor rates, forecast overwhelming demands on oncology services. At one point we had an estimated 100 Advanced Practice Nurses (2004) providing cancer care services to people in Ontario. That number had shrunk to < 85 in 2014. Fearing an anticipated attrition of this valuable resource in the next 5–7 years, the enhancement of learning for those NPs coming up through the ranks, is a pressing resource imperative! To date, there has not been a clinical fellowship available to NPs in Canada to experience immersion clinical learning outside of requisite academic preparatory programme requirements.

A team of expert Advanced Practice Nurses in collaboration with Medical Oncologists and our programme leadership in a Regional Cancer Centre have created a 12 week supported, experiential learning experience to optimize on enhancing clinical knowledge in medical oncology and the growth and development of the Ontario Oncology/Palliative NP resource pool. This presentation will describe the success of one such learner's experience and outline the processes and challenges of the programme's development, implementation, and evaluation. As a pilot project we have a continued opportunity to provide for an additional 2–3 candidates for 2018–2019. We would hope to share this initial success story toward the recruitment for these others as well as stimulate other regional Cancer centres to consider this strategy toward growth of this invaluable resource!



Atelier simultané / Concurrent Session III–03–D

12:15 PM – 12:35 PM

Programme de formation suite à l'obtention d'un poste en oncologie : bien préparées pour mieux accompagner!

Stéphanie Duguay, MSc, CSIO(C), *Genevieve Lepage, Inf., MScN, CON(C)*, *Maria Gabriela Ruiz Mangas, Inf., MSc(A), CNN (c), CHU de Quebec – Université Laval, Quebec, Quebec, Canada.*

Un programme standardisé de formation en oncologie est essentiel pour les infirmières qui travaillent avec des patients dans un centre de cancérologie spécialisé (CANO–ACIO, 2006). La complexité des soins associés aux besoins uniques des patients et des familles nécessite un ensemble de connaissances et de compétences spécifiques (Dunn et al., 2000). Au CHU de Québec, plusieurs approches ont été utilisées pour orienter les infirmières. Une réévaluation et une harmonisation des programmes de formation étaient nécessaires. La recension des écrits et la révision des programmes d'orientation disponibles dans d'autres institutions ainsi que des séances de remue-méninges ont fourni la vision du nouveau programme d'orientation en oncologie. Les principaux objectifs de ce programme d'orientation étaient de préparer les infirmières au contexte de l'oncologie en suscitant leurs connaissances antérieures comme expérience pour améliorer la collaboration intraprofessionnelle et interprofessionnelle. Les fondements, le contenu et les évaluations de ce programme seront présentés.

Atelier simultané / Concurrent Session III–04

11:15 AM – 12:45 PM

Engagement des patients et prise de décision / Patient Engagement and Decision Making

Morrice



Atelier simultané / Concurrent Session III–04–A

11:15 AM – 11:35 AM

Empowering the Head and Neck Patient Population Using a Patient–Centred Approach: One Year Later.... Did it Make a Difference?

Melissa Boonstra, BScN¹, Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C)^{1,2}, *¹The Ottawa Hospital, Ottawa, Ontario, Canada,*
²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.

Change is rapidly occurring in the treatment of head and neck cancers, including a 4% yearly increase in this patient population due to the effects of the HPV P16 virus. Demographic shifts in this population have resulted in a patient population that is younger, better educated and constantly seeking new knowledge via many different media sources. In addition, due to the complex treatment regimens involved, active patient participation and patient self–management skills are pivotal to successful outcomes.

Over the past year, with the leadership of oncology nurses, we introduced multiple innovations in patient education and navigation to ensure a more consistent patient–centred approach. One such intervention was the delivery of an inter–professional class for all new head and neck oncology patients and their families.

This presentation will highlight the development of the educational session, its content, tools and the inter–professional collaboration required to deliver this mandatory patient and family education class on a bi–weekly basis in our centre. We will share our challenges and successes in embedding this as a key component of patient care. We will discuss the crucial enablers to the success of our program as well as share our evaluation data and comments gathered over the past year from our patients, families and staff. Oncology nurses have truly led the way in this transformation of care for patients and their families diagnosed with head and neck cancers.

Application of a Symptom Diary

Allison P. Filewich, BSN¹, Tish Palfrey, LPN², ¹BCCA, Kelowna, British Columbia, Canada, ²BCCA, Kelowna, British Columbia, Canada.

Ambulatory oncology patients must endure harsh and complex therapies in the hope of curing or controlling cancer. Patients are expected to self-manage and cope with the toxicities. Many cancer patients are vulnerable due to pre-existing comorbidities and poly-pharmacology, limited social and family supports and cognitive impairment. All of these factors can further compromise patients' capacity to cope with treatment and related side effects.

To assist patients to cope the application of a 'symptom diary' has been in place for many years at some cancer centers across Canada. With the intention of providing a similar resource to active treatment patients, a working group at the BC Cancer Agency (BCCA) – Kelowna developed a patient symptom diary. Our proposed assumptions about the benefits of using a symptom diary based on other center's experiences included:

- improved communication
- augments clinical assessments
- facilitates opportunities to reinforce knowledge

The symptom diary was administered to newly diagnosed patients receiving intravenous and/or oral chemotherapies (+/- radiation). We discovered that this tool does indeed support our assumptions. As well, we believe the application of the diary illustrates a more proactive approach to care. We believe utilizing the diary not only supports a higher level of patient engagement/confidence, but improves quality of life.

This presentation will introduce the Patient Symptom Diary and will discuss the benefits and challenges of utilizing this resource in clinical practice.

Atelier simultané / Concurrent Session III-04-C

11:55 AM – 12:15 PM

Decision Making Needs of Older Adults with Acute Myeloid Leukemia: A Qualitative Study

Adrienne Fulford, NP-PHC, MScN, CON(C)^{1,2}, Katelyn Doyle, RN, BScN¹, Amy Westbrook, RN, BScN, CON(C)¹, Dawn Stacey, RN, PhD, CON(C)^{3,4}, ¹Victoria Hospital, London Health Sciences Centre, London, Ontario, Canada, ²Western University, London, Ontario, Canada, ³University of Ottawa, Ottawa, Ontario, Canada, ⁴The Ottawa Hospital, Ottawa, Ontario, Canada.

Background: Acute myeloid leukemia (AML) is an aggressive hematologic cancer primarily of older adults. Prognosis of AML in older adults is quite poor compared to their younger counterparts. Treatment decisions for AML are often required urgently and may be complicated by uncertain treatment outcomes and co-morbid conditions in older adults. The purpose of this study was to explore the decision making needs of older adults diagnosed with AML.

Methods: A qualitative descriptive study was conducted guided by the Ottawa Decision Support Framework. Ten older adults with AML were interviewed using a semi-structured interview guide. Interviews were analyzed using content analysis.

Results: Participants were mostly female (n=7), age 61 to 77 years, and had a range of education levels. In the preliminary analysis, most participants had limited awareness of a treatment decision or treatment options given poor recall of information. A lack of choice was reflected in the theme Living, with 'no treatment' not being considered an option for many participants. Participants reported important values influencing their decision included personal goals, faith, hope and interpersonal characteristics. Supports for making the decision included the health care team, particularly nurses; family; previous experience with the health care system; peer support and relevant information and statistics.

Conclusions: The decision needs of these older adults with AML was uninformed of options and there was a need for support in making decisions. This information can be used by oncology nurses, along with the Ottawa Decision Support Framework, to tailor decision support for this patient population.

Contralateral Prophylactic Mastectomy: Development And Feasibility of a Patient Decision Aid for Women with Early Stage Unilateral Breast Cancer

Janet E. Squires, RN, PhD^{1,2}, Dawn Stacey, RN, MScN, PhD^{1,2}, Sarah Asad, MSc, BSc², Sarah-Nicole Simard, MSc, BSc², Kristin Dorrance, MSc, BSc², Jing Zhang, MD, PhD³, Jean-Michel Caudrelier, MD, PhD³, Amanda Roberts, MD³, Ian Graham, PhD, MA^{1,2}, Mark Clemons, MD^{3,2}, Jeremy Grimshaw, MBChB, PhD^{2,1}, Melissa Demery Varin, RN, BScN¹, Angel Amaout, MD, MSc^{3,2}, ¹University of Ottawa, Ottawa, Ontario, Canada, ²The Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ³The Ottawa Hospital, Ottawa, Ontario, Canada.

Background: Despite having no impact on survival and leading to medical and psychosocial harms, the incidence of contralateral prophylactic mastectomy (CPM) continues to rise in Canada. The objectives of this study were to: 1) conduct an assessment of the barriers and enablers to CPM use as perceived by healthcare professionals and patients; 2) develop and assess feasibility of a patient decision aid for CPM to be used in clinical care.

Methods: Semi-structured interviews were conducted with 59 healthcare professionals (nurses, surgeons, medical and radiation oncologists, plastic surgeons) and 14 breast cancer survivors across Canada to determine the barriers and enablers to CPM use. To address common barriers, a CPM decision aid was developed and assessed for feasibility with 40 healthcare professionals and 12 breast cancer survivors.

Results: Key barriers and enablers to CPM use identified by healthcare professionals included: lack of guidelines for CPM; limited patient education on CPM; offering CPM will reduce patient anxiety and fear; and difficulty convincing patients that CPM may not be appropriate. Key themes identified by breast cancer survivors were: anxiety and fear about cancer recurrence; CPM being a difficult decision; and need for decision guidance. Over half (54%) of feasibility study participants felt the decision aid had the right amount of information. Clarity of the decision aid was high, ranging from 74% to 90% for all sections of the aid. Almost half (40%) of the participants viewed the decision aid as balanced; the remaining felt it was slanted to no CPM (30%) or having CPM (30%). All participants felt the decision aid would prepare them to make a decision on CPM.

Conclusions: Multiple factors were identified as determinants of CPM use. These formed the basis to develop a decision aid which was found to be acceptable and usable. Our next steps include revising the decision aid and evaluating its use in clinical practice.

Atelier simultané / Concurrent Session III-05 La navigation / Navigation

11:15 AM – 12:45 PM
Julien/Gagnon

 Atelier simultané / Concurrent Session III-05-A

11:15 AM – 11:35 AM

Integrated Care Collaborative: Navigating Patients Through the Colorectal Cancer Continuum

Michelle Wong, RN, BScN, MN, BHSc¹, Anna Tupis, RN, BN, MHSc, BAAN MHSc¹, Linda Jussaume, RN, BScN, MBA², Talha Hussain, BSc, BASc MEng³, ¹North York General Hospital, Toronto, Ontario, Canada, ²North York General Hospital, Toronto, Ontario, Canada, ³North York General Hospital, Toronto, Ontario, Canada.

Problem: The healthcare system is complex and patients with a colorectal cancer diagnosis are oftentimes left to navigate this system with limited resources and knowledge. Although the acute care community hospital in Ontario had strong clinical expertise in colorectal cancer, providers worked in silos resulting in fragmented care. The Colorectal Cancer Integrated Care Collaborative (ICC) program, including the implementation of the nurse navigator role, was developed in August 2016 to eliminate gaps in care and enhance communication by addressing patients and families' care coordination, information and psychosocial needs. The goal of the ICC is to provide high quality integrated colorectal cancer care and enhance the patient experience.

Scope of Project: The ICC is a method of value-based healthcare that involves collaboration among the inter-professional team of physicians, nurses, allied health professionals, administrators and community stakeholders in the implementation of best practice guidelines and the standardization of clinical processes. The ICC expands beyond the diagnostic assessment program (DAP) or the diagnostic phase of the cancer journey. In the ICC the nurse navigator supports patients and families through the treatment, recovery and survivorship trajectories. With a focus on patient and family-centred care, the nurse navigator provides assessment, education and psychosocial support at pre-defined transition points during the cancer journey via telephone, e-mail and in-person encounters. The nurse navigator anticipates patients' needs and manages complex clinical issues using the nursing process and identifies appropriate resources.

Implications: The ICC nurse navigator role operationalizes the goal of the ICC to improve access, value and outcomes for patients with colorectal cancer. Through collaborative partnerships and leveraging information technology, the intent of the ICC is to improve efficiency and decrease costs while enhancing patient outcomes.

Atelier simultané / Concurrent Session III-05-B

11:35 AM – 11:55 AM

Leading Change: a Patient Centered, Concurrent Modality Nurse Navigation Model of Care

Colleen P. Campbell, NP, MN, CON(C), *Christine Hipgrave, RN, CON(C)*, *Fiona Bettinelli, RN, CON(C)*, *Simcoe Muskoka Regional Cancer Program, Barrie, Ontario, Canada.*

The journey of a patient receiving concurrent radiation and chemotherapy can be complex and unclear. Communication of the treatment plan, coordination of visits and management of symptoms may be confusing, fragmented and exhausting for the patient and their caregivers. In our institution, medical primary nurses and radiation primary nurses often work in silos leading to patients repeating their story, errors in prescription start/stop dates and missed appointments. The aim of our quality improvement project was to improve nursing productivity and efficiency, while providing patients with consistency and safety through a concurrent modality nurse navigation project.

The majority of patients with rectal cancer will be prescribed combined neo-adjuvant therapy. We used this population for our pilot, intertwining the role of both the radiation and clinic primary nurses into one nurse navigator role. The concurrent modality nurse navigator is responsible for the patient from the time of referral to the cancer center to the completion of their combined treatment. Using this model, we were able to increase nursing autonomy and decrease the number of medical oncology visits. A few of the outcomes measures include patient satisfaction, physician satisfaction, decreased number of incident reports and health provider time saved.

Given the encouraging results, we have begun to expand the navigator role to all gastrointestinal sites receiving concurrent radiation and chemotherapy including anal and esophageal. We are using the experience to inform other disease site teams of the positive nursing and patient outcomes.

Our presentation will describe the nursing model and formative evaluation results. We have experienced a number of challenges which we will share along with strategies for success. Our model demonstrates how oncology nurses, given autonomy and control over practice can successfully lead change.

Atelier simultané / Concurrent Session III-05-C

11:55 AM – 12:15 PM

A Day in the Life of a Cancer Patient Navigator

Heather P. Brander, BScN, RN, CHPCN(C), CON(C)¹, **Darlene J. Holmes, BA, RN, BScN, CON(C)²**, *¹Nova Scotia Health Authority, Antigonish, Nova Scotia, Canada, ²Nova Scotia Health Authority, Truro, Nova Scotia, Canada.*

Dr. Harold Freeman's famous quote "No person with cancer should have to spend more time fighting their way through the cancer system than fighting their disease" helped to shape Nova Scotia's Cancer Patient Navigation Program (CPN). Launched in 2002, it was the first program of its kind in Canada. The program has since expanded across Canada. This engaging presentation will provide the audience with a glimpse into 'A Day in the Life' of an Oncology Nurse Navigator, supporting patients from diagnosis through to survivorship or palliative care. We will provide an overview of the CPN model in Nova Scotia, with a emphasis on why an Oncology Nurse continues to be the most appropriate health professional for this role, especially in rural areas. We will highlight the typical concerns cancer patients face and the critical role CPNs play in identifying systems issues.

The successes and lessons learned over the past 14 years will be reviewed.

Atelier simultané / Concurrent Session III-05-D

12:15 PM – 12:35 PM

Understanding Cancer Patient Navigation: A Constructivist Grounded Theory

Kristina Vimy, RN, BN^{2,1}, *Shelley Raffin Bouchal, RN, PhD²*, *Linda Watson, RN, PhD¹*, *Shane Sinclair, PhD²*, *¹CancerControl Alberta, Calgary, Alberta, Canada, ²University of Calgary, Calgary, Alberta, Canada.*

Background: Cancer patient navigation is an important aspect of cancer care to facilitate continuity, coordination and timely access to services, and improve the overall experience for patients and their families. Although the amount of literature on navigation has increased over the last two decades, the role of the navigator remains somewhat unclear as there is considerable variation in navigation roles. There has been little exploration into the actual process of navigation; how navigators go about their role to guide and support patients and families through their cancer journey.

Purpose: To examine the process of cancer patient navigation from the perspective of nurse navigators, which will allow for a deeper understanding of the role and how the functions of the role are actually carried out in practice. This knowledge is important for the continued development and growth of current navigation programs, implementation of new programs, as well as future research.

Methods: Cancer Patient Navigators from across the province of Alberta were recruited to participate in one-to-one interviews, either in person or by telephone. Data will be collected and analyzed using constant comparative methods in accordance with constructivist grounded theory methodology.

Results: Data collection and analysis is currently underway. Results will be presented.

Conclusion: Findings from this study will inform the development, implementation, and growth of cancer patient navigation programs. In addition, this study will contribute to the growing body of literature on navigation and will serve as a foundation for future research within Alberta and across Canada



Atelier / Workshop III-06 Sécurité infirmière / Nurse Safety

11:15 AM – 12:45 PM
Salon du Jardin

Your Safety Matters: Promoting Chemotherapy Safe Practices

Komal Patel, RN, MN, CON(C), CHPCN(C), CVAA(C)¹, Charissa P. Cordon, RN, MN, CON(C), EdD, Donald MacDonal, RN, CON(C)¹, EdD ¹de Souza Institute, Toronto, Ontario, Canada, ²Juravinski Cancer Centre, Hamilton, Ontario, Canada.

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.

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.

Learning Objectives:

- 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

Dîner éducatif Roche / Roche Lunch Symposium



12:45 PM – 2:15 PM
Beethoven/Chopin

Traitements cancéreux sous-cutanés : mise à jour pour l'infirmière/l'infirmier en oncologie

Comité de planification: Michelle Forman, Tracy Regimbald, Michele Harris

Objectifs d'apprentissage du programme:

- Connaître la technique d'administration des préparations sous-cutanées
- Prendre en charge les réactions liées à l'administration sous-cutanée
- Évaluer l'efficacité et l'innocuité des préparations sous-cutanées
- Présenter les avantages et les inconvénients de l'administration sous-cutanée par rapport à ceux de l'administration intraveineuse, du point de vue du personnel infirmier et de celui des patients

Les infirmiers et infirmières en oncologie ont peu d'expérience avec les injections sous-cutanées à volume important et ont besoin d'être davantage formés sur l'innocuité et l'efficacité des traitements du cancer administrés par voie sous-cutanée. En participant à cette séance, les participants apprendront à évaluer et communiquer les différences et similitudes en termes d'efficacité et d'innocuité entre les voies d'administration intraveineuse et sous-cutanée. Ils prendront connaissance également des étapes clés et des pratiques exemplaires pour l'administration réussie des traitements par voie sous-cutanée et la bonne gestion des réactions liées à l'administration des traitements sous-cutanés. Cette séance sera présentée par Michelle Forman, inf. aut., CON(C).

Subcutaneous Cancer Therapies: An Update for the Oncology Nurse

Steering Committee: Michelle Forman, Tracy Regimbald, Michele Harris

Objectives:

- How to administer subcutaneous formulations
- How to manage administration related reactions with subcutaneous formulations

- Efficacy and safety of subcutaneous formulations
- Convey pros and cons of subcutaneous vs. intravenous formulations from nursing and patient perspective

Oncology nurses have limited experience with high-volume subcutaneous injections, and require an increased awareness on the safety and efficacy of cancer therapies administered via this route. By attending this session, participants will learn how to appraise and communicate the differences and similarities in efficacy and safety between IV and SC administration routes. They will also be provided with the key steps and best practices for the successful administration of SC therapies and the management of SC administration-related reactions. This session will be presented by Michelle Forman, RN, CON(c).

Atelier simultané / Concurrent Session IV-01

2:15 PM – 3:45 PM

Communication sérieuse et l'AMM / Serious Illness Communication and MAiD Suzor-Coté



Atelier simultané / Concurrent Session IV-01-A

2:15 PM – 2:35 PM

Medical Aid in Dying a New and Challenging Chapter for Oncology Nurses

Marika Swidzinski, BA, MEd, CON(C), RN¹, Virginia Lee, RN, PhD², Nathalie Aubin, RN, MSc, CHPCN(C)², Elizabeth O'Hagan, RN, CON(C)¹, ¹McGill University Health Centre, Montreal, Quebec, Canada, ²McGill University Health Centre, Montreal, Quebec, Canada.

In the last decade there has been growing public interest regarding patient decision making and autonomy at the end-of-life. Quebec's Assisted dying Law 2 An Act respecting end-of-life care took effect on December 10, 2015. At the federal level, Bill C-14 An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying) was passed in June, 2016. Terminally ill patients now have the right to request and if eligible, to receive medical assistance in dying (MAiD) under specific circumstances.

A year after the introduction of MAiD in the province of Quebec, there have been a steady number of requests in our institution the McGill University Health Centre. Of all the MAiD have been completed at our institution, 50% occurred on our hematology-oncology-stem cell transplant and palliative care unit. This practice has raised clinical, ethical, moral and emotional dilemmas. The impact of participating in the MAiD is significant on acute care units where the goal of treatment is cure or on palliative care units where the goal is symptom control without precipitating death. Nurses are intimately involved in the care of cancer patients and aim to relieve suffering, to respect human dignity and to respond compassionately to patient preferences. As we embark on this new challenge we haven't anticipated the impact on the nursing team as well as the individual oncology nurse.

To clarify oncology nurses' contributions to achieving good quality end of life care in the context of MAiD, the purpose of this presentation is to 1) share insights gleaned from the experiences encountered by the nurses within a multidisciplinary context, 2) describe the strategies that have been developed to support team members directly and indirectly affected by MAiD, and 3) show how our experience has influenced decision makers in our institution.



Atelier simultané / Concurrent Session IV-01-B

2:35 PM – 2:55 PM

The Path to Implementing a Medical Assistance in Dying (MAiD) Framework: Supporting Patients, Families and Staff

Patricia A. Murphy-Kane, BScN, MN, CHPCN(C), BA¹, Ana Luisa Costa, RN, BScN, CON(C)¹, Pearlina I. Dawes, RN, BScN, CON(C)¹, Robert Jr. Edralin, RN, BScN², ¹Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ²University Health Network, Toronto, Ontario, Canada.

In the early spring of 2016, health care teams in a large cancer centre began informal conversations on the topic of Bill C-14. What is the impact to practice, who will provide this intervention and how will clinical teams be supported? Many of these questions were addressed prior to the implementation of the Bill on June 17, 2016. A framework developed by key leaders in the organization identified the appropriate health care professionals involved in providing this intervention and the necessary steps to meet the legislation. Many different forums were used to share the framework such as auditorium presentations, program meetings, education sessions for varied disciplines and the organization's intranet.

Nursing leaders from the medical radiation and acute palliative care in-patient units discussed the need to develop a detailed process to support and implement this framework prior to the first MAiD request. This new legislation generated many questions from nursing staff regarding their role in the process and how they would be supported if they did or did not agree to participate.

This presentation will outline how the framework was supported, the specific steps developed to support the clinical team on the units and the team members who provide this support. Key learnings to date will be shared from the perspective of the clinical teams on the units, as well as leaders in the organization's MAiD program.



Atelier simultané / Concurrent Session IV-01-C

2:55 PM – 3:35 PM

The Path to Change: Nursing Adaptation of the Serious Illness Conversation Guide

Siby E. Thomas, RN, MSN², Laura D. Mercer, RN, BScN, CON(C)¹, ¹Fraser Health Authority, Surrey, British Columbia, Canada, ²BC Cancer Agency, Surrey, British Columbia, Canada.

It is well documented that people with cancer both want and need specialized nursing care at many points in the cancer–care trajectory. This care relies on skilled and effective communication and discussion of the patient’s cancer–related health care goals, wishes, perceptions, and knowledge.

The Serious Illness Conversation Guide (SICG) is a practical tool for engaging clients in challenging discussions, which has been created and led by physicians to date. Oncology nurses are frequently involved in nurse–client conversations that are difficult to navigate and many report discomfort and hesitation. The use of the SICG in oncology nursing practice is an innovative and effective strategy for nurses to both initiate and continue difficult conversations.

Two health authorities sought this educational approach to support oncology nurses in effectively developing a person–centered conversation with clients. Following a workshop by a physician team, several regional training sessions for nurses are planned. Salient points of the SICG are adapted for nursing application. Approaches in using the SICG for oncology nurses in both inpatient and outpatient practice settings are outlined. Further evaluation will support ongoing professional development and strategies to enhance the quality of person–centred care and inter–professional practice. Oncology nurses can apply this strategy and easily adapt it to their settings. The facilitated session will include role–play demonstration and an engaging discussion. Oncology nurses play a pivotal role in driving positive change and leading the way to better cancer care for their clients and families.

Atelier simultané / Concurrent Session IV-02

2:15 PM – 3:45 PM

Pratique téléphonique / Telephone Practice

Delfosse



Atelier simultané / Concurrent Session IV-02-A

2:15 PM – 2:35 PM

Telephone Call Out Project for Patients Receiving High Risk Chemotherapy

Nancy L. Flight, MN, CON(C), RN¹, Julie Dermatas, BScN, CON(C), RN¹, John Goffin, MD, FRCPC², Bonnie Van Veen, MN, CON(C), RN¹, ¹Niagara Health, St Catharines, Ontario, Canada, ²Hamilton Health Sciences, Hamilton, Ontario, Canada.

This quality improvement project began as a pilot call out program to identify patients at risk and provide early intervention for patients who may be experiencing chemotherapy related toxicity and may otherwise require emergency room care. The overall objective was to evaluate the feasibility of a telephone call out program, to assess its utility in decreasing symptoms related to adjuvant chemotherapy, centre operation experience and to determine whether such a program can decrease the need for emergency room visits.

The top five adjuvant protocols associated with ED visits were identified. The scheduled call out activity was built into the electronic medical record providing electronic reminders prompting the nurse to proactively call the patient to assess and provide interventions. Patients received a call twice during each cycle. Chemotherapy specific toxicities were assessed and appropriate symptom management provided using COSTaRS as a reference. Data was collected related to operational data (number and duration of calls), toxicities encountered and interventions required.

After reviewing initial data, modifications were made to improve feasibility and enhance sustainability of call outs within the nursing team. Telephone call outs have been implemented into clinic nurse standard work and evaluation continues to determine the potential of including call outs in other systemic regimens.



Atelier simultané / Concurrent Session IV-02-B

2:35 PM – 2:55 PM

TB or not TB: An Interprofessional Approach to Implement Tuberculosis (TB) Screening in an Oncology Ambulatory Care Setting

Kathy Carothers, RN, BScN, MN, Nelisha Bhaloo, RN, BScN, Sherrol Palmer, RN, BScN, CON(C), Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.

In 2015, Toronto Public Health reported 262 cases of tuberculosis (TB) in Toronto, where the majority (90%) of the cases were born outside of Canada. Carcinoma of the head and neck and hematologic malignancies are considered high risk factors for activation of TB disease. At a large, outpatient cancer centre, an interprofessional team worked collaboratively to plan and implement a TB screening program for all new patients diagnosed with head and neck carcinomas or hematologic malignancies.

The purpose of this program is to identify patients with latent tuberculosis infection (LTBI) prior to the start of cancer treatment to prevent the development of active disease, thus enhancing the provision of quality and safe patient care. Structures and processes including education to front line staff and operationalization were developed to support the program.

This presentation will summarize the planning and implementation process of this program and outline the strategy that will be utilized for formal evaluation.

Atelier simultané / Concurrent Session IV-02-C

2:55 PM – 3:15 PM

Identifying Cancer Patients at High Risk for Chemotherapy-Induced Nausea and Vomiting (CINV): The Development of a Prediction Tool

George Dranitsaris, B.Pharm., MS, PhD, FCHSP¹, Alex Molasiotis, RN, PhD², Mark Clemons, MD, MSc, FRCP³, Eric Roeland, MD⁴, Lee Schwartzberg, MD, FACP⁵, David Warr, MD, FRCPC⁶, Karin Jordan, MD, PhD⁷, Pascale Dielenseger, RN, OCN, MS, NM⁸, Matti Aapro, MD⁹, ¹Augmentum Pharma Consulting, Toronto, Ontario, Canada, ²Hong Kong Polytechnic University, Hong Kong, , Hong Kong, ³The Ottawa Hospital, Ottawa, Ontario, Canada, ⁴University of California San Diego, La Jolla, California, United States, ⁵The West Clinic, Memphis, Tennessee, United States, ⁶Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ⁷University of Halle, Halle,, Germany, ⁸Institut Gustave-Roussy, Villejuif, , France, ⁹IMO Clinique de Genolier, Genolier, Switzerland.

Background: Nausea and vomiting (N&V) remain among the most feared side effects of chemotherapy (CT). In addition to type of CT, several patient risk factors for CINV have been consistently reported in the literature. A large dataset was assembled to develop a repeated measures cycle based model that would accurately predict the risk of $\geq$ grade 2 CINV (≥ 3 vomiting episodes) over 5 days post CT.

Methods: CINV outcomes and risk factor data were obtained from 1198 patients enrolled in 1 of 5 non-interventional prospective cohort studies. For the cycle-based risk model, disease and treatment factors that were potential predictors of CINV were identified at baseline and after each cycle of CT. Factors with a p-value < 0.05 following a CT cycle were retained and included in a generalized estimating equations (GEE) regression analysis. A risk scoring algorithm (range: 0–32) derived from the final model coefficients was then developed. As a final step, the predictive accuracy of the algorithm was assessed via a receiver operating characteristic curve (ROC) analysis.

Results: Over 4197 cycles of CT, 42.2% of patients experienced $\geq$ grade 2 CINV. Ten risk factors were retained in the final model (eg, age < 60 , earlier CT cycles, early stage disease, expectation of N&V, history of morning sickness, hours of sleep the night before CT, N&V in the prior cycle). The ROC analysis indicated good predictive accuracy with an area under the curve of 0.71 (95%CI: 0.69 – 0.73). Prior to each cycle, a risk score cut point of ≥ 16 units would optimize the model sensitivity; patients with a score ≥ 16 units would be considered at high risk for developing $\geq$ grade 2 CINV.

Conclusions: Risk of CINV varies according to number of cycles administered, type of CT, N&V in the prior cycle, and patient factors. The application and continued refinement of this prediction tool will be an important source of patient-specific risk information that will allow the personalization of antiemetic therapy.

Atelier simultané / Concurrent Session IV-02-D

3:15 PM – 3:35 PM

Refining Ambulatory Oncology Orientation & Assessing Readiness for Telephone Practice

Stephanie Burlein-Hall, RN, BScN, MEd, CON(C), Laura Rashleigh, RN, BScN, MSN, CON(C) CHPCN(C), Kathy Carothers, RN, BScN, MN, Angela Boudreau, RN, BScN, MN, CON(C), Angela Leahey, RN, BScN, MN, CON(C), Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.

A recent review of the ambulatory clinic nursing orientation lead to change and improvement. Following a brainstorming session of all activities in the nurse's role in clinic, a cohesive framework was developed. The framework is comprised of modules with each unit having a specific clinical focus, including objectives and activities linked to that area. The orientee's personalized program parallels the module's objectives and creates a simple and streamlined process for scheduling. Regular reviews with the clinical educator create added accountability as orientees sign-off on the completion of activities. This checklist sign-off becomes an easy mechanism to identify missing components of the orientation program for the individual nurse.

Following initial orientation to the ambulatory clinic, the next challenge is knowing when new staff are ready to proceed to telephone practice. To address this challenge, a team of advanced practice nurses developed a 'telephone practice readiness assessment tool' that includes self-reflection, documentation review, knowledge of policies and procedures relevant to telephone/email practice, and a quiz reflective of these components. Once nurses have been assessed as 'ready' to proceed with telephone practice, they attend a telephone practice education session that provides nurses with the opportunity to role play telephone assessment. Continued follow-up is provided once nurses begin to engage in the various aspects of telephone practice.

The orientation and telephone practice programs described above will be presented in this session along with evaluation data.

Atelier simultané / Concurrent Session IV-03
Gestion des symptômes et besoins informationnels des patients /
Symptom Management and Patient Informational Needs

2:15 PM – 3:45 PM

Krieghoff



Atelier simultané / Concurrent Session IV-03-A

2:15 PM – 2:35 PM

Oncology Nurses Changing Telephone Triage Practice through the Implementation of COSTaRS

Debra Grant, RN, BN¹, Tiffanie Sabourin, RN¹, Lynne J. Jolicoeur, RN, MScN, CON(C)¹, Fatima Kanji, RN, BScN, CON(C)¹, Stephanie Pick, RN, MN, CON(C)¹, Amber Killam, RN, MScN, CON(C)¹, Jennifer Newton, RN, MEd¹, Melissa Boonstra, RN, BScN¹, Tennille Lecours, RN¹, Andrena Hull, RN, MN¹, CON(C)^{2,3}, Kate Duke RN BScBN¹, Dawn Stacey, RN, PhD, ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.

Access to oncology nurses by telephone is essential for patients and families to consolidate their understanding of information, to provide an avenue for symptom reporting and for guidance in implementing self-care strategies.

Previously, primary nurses were caring for patients in clinic and supporting them remotely by answering pages and voicemail message. Patients expressed frustration (dissatisfaction) about leaving a message and waiting for a nurse to return their calls. To address this, we implemented a new model of patient telephone support.

For the past 2 years, patients have had direct telephone access to clerks and oncology nurses via the Patient Support Line. Evidence-based practice guides, COSTaRS (pan-Canadian Oncology Symptom Triage and Remote Support), were implemented one year ago on the Patient Support Line to ensure: 1) standardized assessments, 2) calls were triaged by symptom severity level, 3) a medications review, 4) consistent patient support regarding self-care strategies, and 5) a summary of the agreed upon plan with the patient.

Our goal was to reach 100% documentation of symptom severity when a COSTaRS practice guide is available for the symptom. Ten months' post implementation, we achieved 48% utilization. In order to better understand the challenges and opportunities for improvement, a nurse led quality improvement initiative was undertaken.

This presentation will outline the barriers and facilitators of COSTaRS implementation. We will look at challenges in utilization via the lens of the novice, proficient and expert oncology nurses and conclude with a case study to demonstrate the process.



Atelier simultané / Concurrent Session IV-03-B

2:35 PM – 2:55 PM

Cancer Symptom Management In Radiation Therapy: Evaluating Implementation of Evidence-Informed Practice Guides.

Dawn Stacey, RN, PhD², Lynne J. Jolicoeur, RN, MScN, CON(C)¹, Meg Carley, BSc^{4,5}, Carly Henry, BSc³, Amber Killam, RN, MScN, CON(C)¹, Kelly Linden, MRT(T)¹, Claire Ludwig, RN, PhD Student², Andre Patry, MRT(T)¹, Julie Renaud, MRT(T)¹, ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²University of Ottawa, Ottawa, Ontario, Canada, ³University of Ottawa, Ottawa, Ontario, Canada, ⁴Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ⁵Queen's University, Kingston, Ontario, Canada.

Individuals receiving radiation therapy experience many treatment-related symptoms. Radiation Therapists (MRT) are the first line of contact responsible for responding to patient inquiries, managing patient reported symptoms, appropriately referring patients to other members of the healthcare team, and documenting patients' reactions to treatment. Little is known about MRT's use of evidence-informed guidelines or symptom management tools.

A year ago, the 15 COSTaRS (pan-Canadian Oncology Symptom Triage and Remote Support) symptom practice guides were updated and implemented with nurses at a large cancer centre. Our team confirmed the knowledge-practice gap with MRTs and need for this knowledge translation study.

Study: To adapt and evaluate the implementation of symptom practice guides for use by MRTs when providing symptom assessment, triage to oncology nurses (RNs) and other members of the healthcare team, and guidance in self-care for adults receiving radiation therapy.

Method: A prospective mixed-methods study is being conducted using the Action Cycle of the Knowledge to Action Framework. We will: a) adapt the COSTaRS practice guides for use by MRTs while ensuring fidelity of their content; b) identify barriers to using the practice guides by conducting interviews and a survey; c) select interventions to overcome identified barriers to implement the practice guides; d) monitor practice guide use and outcomes; and e) re-assess barriers to sustained use of the practice guides.

The authors will present the summary of the data from the interdisciplinary (MRTs and RNs) implementation of COSTaRS in radiation therapy and make recommendations for sustainability and implementation in other centres.

What is the Meaning Of Changing Expectations for Patient's Living with Tongue Reconstruction

Agnes Wisniewski, RN, BScN, MN^{1,2}, Romeo Cruz, RN, BScN, MN¹, Natalia Evitch, RN, BScN, M.Eng³, ¹University Health Network, Toronto, Ontario, Canada, ²University Health Network, Toronto, Ontario, Canada, ³University Health Network, Toronto, Ontario, Canada.

Living with tongue reconstructive cancer surgery can be a great challenge for patients and their families. It affects every aspect of the person's quality of life from speech and swallowing to everyday social situations. Even the most experienced oncology nurse will have a challenging time caring for patients undergoing these kinds of surgeries. Providing patients with the opportunity to share their experiences is critical in identifying their concerns, rather than relying on preconceived notions held by health care professionals.

Our literature search found limited empirical evidence about changing expectations; therefore a qualitative descriptive research study was conducted to better understand the lived experience from the patient's perspective. The purpose was to understand "the meaning of changing expectations for persons living with tongue reconstruction". In-depth, written and semi-structured interviews guided by Parse's human becoming theory were conducted with 17 participants four to eight weeks following their surgery. Six common themes were identified through data analyses. Findings suggest that participants underestimated the full impact of surgery on their quality of life from oral function to relationships with their loved ones. Most participants were appreciative of being given a second chance in life and felt hopeful for the future. Study findings will be discussed on how we might better support patients throughout their surgical journey. Oncology nurses are paving the way for meaningful changes in becoming true partners in their patient's health care.

Atelier simultané / Concurrent Session IV-03-D

3:15 PM – 3:35 PM

Managing Symptoms During Cancer Treatments: Barriers and Facilitators to Homecare Nurses (RNs, RPNs/LPNs) Using Symptom Practice Guides

Claire Ludwig, RN, MSc^{1,5}, Cindy Bennis, RN², Carolle Boudreau, RN³, Meg Carley, BSc⁴, Wendy Gifford, RN, PhD⁵, Craig Kuziemy, PhD⁶, Nicole Lafreniere-Davis, Patient representative¹, Kate McCrady, RN⁷, Katheryn Nichol, RN, MScN⁸, Jennifer O'Toole, RN⁹, Glenda Owens, RN¹, Diane Roscoe, RN¹⁰, Tami Sandrelli, RN¹¹, Henrietta Simmons, RN⁹, Tracy Truant, RN, MScN¹², Melina Verhaegen, RN⁷, Dawn Stacey, RN, PhD, CON(C)^{5,4}, ¹Champlain Community Care Access Centre, Ottawa, Ontario, Canada, ²Bayshore Home Health, Cornwall, Ontario, Canada, ³Para Med Home Health Care, Ottawa, Ontario, Canada, ⁴Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ⁵University of Ottawa, Ottawa, Ontario, Canada, ⁶University of Ottawa, Ottawa, Ontario, Canada, ⁷We Care Home Health Services, Ottawa, Ontario, Canada, ⁸The Ottawa Hospital, Ottawa, Ontario, Canada, ⁹Saint Elizabeth Health Care, Ottawa, Ontario, Canada, ¹⁰Carefor Health and Community Services, Ottawa, Ontario, Canada, ¹¹Access Healthcare Services, Pembroke, Ontario, Canada, ¹²University of British Columbia, Vancouver, British Columbia, Canada.

Background: Nurses are instrumental in helping clients safely manage at home and triage potentially life-threatening symptoms from cancer. The purpose of this study was to assess factors influencing homecare nurses use of 15 evidence-informed symptom practice guides for providing telephone or in home nursing services to clients with cancer.

Methods: A mixed-methods descriptive study was guided by the Knowledge-to-Action Framework. All six nursing agencies within a regional homecare authority participated. Data collection included retrospective audit of symptom management in 50 patient records, 14 interviews, and barriers survey from 150 of 243 (61.7%) registered nurses and registered practical nurses providing cancer symptom support in homecare.

Results: Chart audit revealed over 70% of clients were on chemotherapy and common symptoms were nausea/vomiting (44%), constipation (32%), fatigue (32%), loss of appetite (32%), and pain (20%). Nurses had positive intentions (5.4 out of 7; SD 1.3) and felt capable of using the symptom practice guides (5.4; SD 1.0), held strong beliefs about the consequences (5.8; SD 1.1) and moral norms of using them (5.7; SD 1.1), and identified neutral to low social influence (3.0; SD 1.6). Common barriers were inadequate time in practice, learning curve, need to integrate into documentation, and competing system changes. Common facilitators were being comprehensive, an evidence-based resource for use in practice and having consistent symptom management guides across settings.

Conclusions: Overall, the symptom guides were well-received by the nurses. Interventions nurses identified to overcome barriers were education, clear organizational mandate for implementation, and integration with documentation.

**Atelier simultané / Concurrent Session IV-04-A****2:15 PM – 2:55 PM****Projet pilote d'une intervention neurocognitive et comportementale multidimensionnelle pour les femmes touchées par le cancer du sein aux prises avec des troubles cognitifs associés au cancer (TCAC)**

Louise Compagna, BScInf, Nicole Deschênes, inf. B. Sc., CSIO (c), Infirmière pivot en oncologie - cancer du sein^{1,2}, Nicole Tremblay, MScN, CON(C), ICSP, Clarisse Defer, PhD, ¹CIUSSS EMTL, MONTREAL, Quebec, Canada, ²Hôpital Maisonneuve-Rosemont, Montreal, Quebec, Canada.

En dépit des avancées en cancérologie, les traitements oncologiques demeurent associés à différents effets secondaires. Certains sont peu reconnus et, par conséquent, peu évalués et pris en charge. L'un de ces effets concerne le fonctionnement cognitif, actuellement nommé «troubles cognitifs associés au cancer» (TCAC). Les études actuelles indiquent une prévalence de plaintes cognitives rapportées par les patientes allant de 15 à 70 % selon l'échelle utilisée et une prévalence d'environ 30% avec des mesures objectives. Pour la majorité des patientes, ces symptômes cognitifs sont généralement transitoires et disparaissent au cours des premières années suivant la fin des traitements. Néanmoins, chez certaines patientes, il y a une persistance de ces symptômes dans le temps, ce qui nuit à leur fonctionnement quotidien et à la reprise de leurs activités. Afin d'améliorer cette situation, un projet pilote novateur est développé en partenariat avec des patientes partenaires et l'équipe interdisciplinaire. Ce projet comprend des volets de sensibilisation, de dépistage ainsi que d'évaluation neurocognitive et d'intervention qui sont actuellement en cours de développement auprès des femmes touchées par le cancer du sein. La présentation s'attardera notamment sur le volet de sensibilisation des équipes de soins à la problématique des TCAC, l'intégration d'un outil de dépistage systématique des TCAC dans la pratique clinique et sur les moyens pour mieux accompagner les femmes touchées par ces difficultés.

**Atelier simultané / Concurrent Session IV-04-B****2:55 PM – 3:15 PM****D'un projet de recherche pan canadien sur la gestion de la détresse à l'amélioration du développement professionnel en oncologie au CHU de Québec-Université Laval**

Philippe Asselin, BNSc, MScN¹, Sara Vaillancourt, BSc¹, Sylvie Boucher, BSc, MSc¹, Sandy Lavoie, BA, MSc^{2,1}, Lise Fillion, PhD^{2,1}, ¹Centre hospitalier universitaire de Québec – Université Laval, Québec, Quebec, Canada, ²Université Laval, Québec, Canada.

Un projet de recherche pan canadien s'est déroulé dans quatre centres anglophones : Cancer Care Manitoba, Princess Margaret, Grand River, Health Nova-Scotia, et un milieu francophone : Le Centre hospitalier universitaire de Québec-Université Laval (CHU). En utilisant une méthode mixte, le projet a proposé une PHASE 1 – Élaboration d'un programme de formation en ligne (4 modules pour la gestion de 4 symptômes : fatigue, anxiété, douleur et dépression) et une PHASE II – Mise en œuvre, évaluation, incluant faisabilité, acceptabilité, processus et tests pré-post. Le matériel de formation a été traduit, adapté et reproduit en français par l'équipe de recherche. Le but de cette communication est de présenter la démarche et les retombées de la recherche au CHU.

MÉTHODE Dans les milieux anglophones, quatre modules de formation ont été évalués. Pour le CHU, l'évaluation s'est limitée à deux (fatigue et anxiété). Avec le soutien des gestionnaires et de deux mentors, les deux modules complémentaires ont toutefois été offerts aux participants.

RÉSULTATS L'ensemble de la démarche pan canadienne est d'abord résumé. Puis les principaux résultats quantitatifs de l'effet positif du programme de formation en ligne sur les connaissances et le sentiment d'efficacité personnelle des participants à appliquer les recommandations cliniques pour la gestion des quatre symptômes sont présentés. L'emphasis porte sur les principales conclusions du processus d'acquisition des compétences par les seize participants du CHU qui ont participé aux deux premiers modules. La transition de la recherche à l'intégration clinique des deux modules additionnels est décrite.

DISCUSSION L'illustration de la démarche fait particulièrement ressortir comment le CHU a su intégré la démarche de recherche et favoriser l'amélioration du programme de développement professionnel en oncologie. L'ensemble illustre comment la recherche favorise le changement lorsque les acteurs de terrain sont impliqués dès son origine.

Improving Organization of Care for Patients on Oral Chemotherapy Agents at the CHU de Quebec

Maria Gabriela Ruiz Mangas, RN, MScN, Stéphane Giguere, RN, BScN, Chantal Gilbert, B.Pharm., CHU de Quebec–Université Laval, Quebec, Quebec, Canada.

Oral chemotherapy agents are more ubiquitous in oncology (Moody & Jackwosky, 2010). They are being used in many cancer types and at different moments in the cancer care journey. While there exist numerous advantages to the use of these agents concerns around safety remain for many health care professionals (Godin & al, 2011). With the sudden increase in the availability of oral chemotherapy, organizations have neglected formal structure to the delivery of this treatment (CAPCA, 2015). With the objective to formalize the organization of care for patients on oral chemotherapy that facilitates patient autonomy as well as maximizes continuity of care and interprofessional collaboration, the CHU de Quebec revised its practice. A multidisciplinary group of experts were mandated to reflect on the issue and coordinate the adjustments needed. The process for this revision will be shared as well as the outcomes measured thus far.

Séance d'exercice / Exercise Break IV-05 **Rythme et mouvement**

2:30 PM – 3:30 PM**Julien/Gagnon**

Grâce au mouvement créatif et à la danse, les individus peuvent s'amuser en utilisant des mouvements de danse de base avec la musique d'aujourd'hui. Nous vous recommandons des vêtements confortables. [Suggestion: une chemise ou un débardeur et des jambières vont bien avec un blazer, des bottes et une écharpe, donc vous pourrez vous changer dans la salle en quelques secondes!]

Rhythm and Movement

Through creative movement and dance, individuals can have fun using basic dance movements with today's top hits. Please wear comfortable attire. [Suggestion: a shirt or tank top and leggings pair well with a blazer, boots and scarf so you can change in the room within seconds!]

Atelier / Workshop IV-06

2:15 PM – 3:45 PM

Rôles infirmiers en oncologie / Oncology Nursing Roles

Salon du Jardin

A National Framework for Oncology Nursing Roles: Development of a Framework and Educational Implications

Allyson Nowell, RN, MSc(A), CON(C)¹, Charissa P. Cordon, RN, EdD², ¹Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada, ²Juravinski Cancer Centre, Hamilton, Ontario, Canada.

The Canadian Association for Nurses in Oncology (CANO/ACIO) as a national professional organization represents a collective voice for oncology nurses articulating 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. CANO/ACIO is in the process of adopting a National Framework describing oncology nursing roles and their impact on high quality nursing care.

This workshop builds on the CANO/ACIO Board Sponsored Workshop on oncology nursing roles in Calgary (2016). The goal of this workshop is to gain input from oncology nursing experts regarding oncology nursing roles across the framework of generalist, specialist and advanced in various care contexts. Group discussions will focus on competencies and expertise displayed across the framework and representing all nursing roles, that ensures all oncology patients, regardless of the care setting receive high quality nursing care. Input generated from this workshop will inform further development of the framework and a learning trajectory for an oncology specialization pathway.

Workshop Objectives:

- (1) To discuss oncology nursing roles across the EdCAN framework including adapting generalist, specialist and advanced in various care contexts.
- (2) To gain input from nursing experts to the framework describing nursing knowledge across the cancer care continuum (including Standards and Competencies)
- (3) To explore how the further development of the framework can inform the learning trajectory for an oncology specialization pathway.

Pause santé sponsorisée par Astellas /
Health Break Sponsored by Astellas



3:45 PM – 4:15 PM
Salle d'exposition / Exhibit Hall

 **Séance d'affiches groupe 3 / Group 3 Poster Sessions** *Page 107*

Foyer

Symposium annuel conjoint de l'ACIO/CANO et de l'ACOP /
Annual CANO/ACIO and CAPO Joint Symposium  

4:15 PM – 5:15 PM
Beethoven/Chopin

Le cancer et le travail : un rôle pour les professionnels de la santé

Christine Maheu , RN, Ph.D., *Associate Professor, Ingram School of Nursing, Faculty of Medicine, McGill University FRQ-S*
Chercheur Boursier, Junior 2

Maureen Parkinson, M.Ed. C.C.R.C., *Provincial Vocational Rehabilitation Counsellor, B.C. Cancer Agency*

Olivia Doré, MSW, RSW, *Social Worker, Ottawa Hospital*

Patient Representative

Cette séance interactive est une initiative de collaboration entre l'Association canadienne des infirmières en oncologie (ACIO/CANO) et l'Association canadienne d'oncologie psychosociale (ACOP/CAPO) qui fournira une vue d'ensemble de la recherche sur le cancer et le travail et présentera un modèle conceptuel visant à guider les infirmières et infirmiers et les spécialistes en oncologie psychosociale alors qu'ils appuient les survivants du cancer dans leur retour au travail. Un survol interactif du site Web <https://www.cancerandwork.ca/fr/> nouvellement créé sera présenté afin de montrer comment on peut soutenir les survivants du cancer dans leur retour au travail. Des cliniciens et cliniciennes discuteront de la façon dont ils ont intégré à leur pratique clinique l'information sur le cancer et le travail fournie à <https://www.cancerandwork.ca/fr/>. Un ou une représentant(e) des patients indiquera comment il ou elle a utilisé l'information pour gérer son retour au travail. Le panel représentant entre autres les soins infirmiers en oncologie, la réadaptation professionnelle, l'oncologie psychosociale et les patients montrera comment les ressources et les outils ont été utilisés en s'appuyant sur des études de cas réelles. Le but de la séance est d'informer les participants, de leur montrer comment jouer un rôle de soutien actif auprès des survivants du cancer qui s'efforcent de rester au travail, de retourner au travail ou de trouver un emploi après un diagnostic de cancer.

Cancer and Work: A Role for Health Care Providers

Christine Maheu , RN, Ph.D., *Associate Professor, Ingram School of Nursing, Faculty of Medicine, McGill University FRQ-S*
Chercheur Boursier, Junior

Maureen Parkinson, M.Ed. C.C.R.C., *Provincial Vocational Rehabilitation Counsellor, B.C. Cancer Agency*

Olivia Doré, MSW, RSW, *Social Worker, Ottawa Hospital*

Patient Representative

This exchange session is a collaborative endeavor between the Canadian Association of Nurses in Oncology (CANO) and Canadian Association of Psychosocial Oncology (CAPO) and will provide an overview of the research in cancer and work and a conceptual model to guide nurses and psychosocial oncology experts in supporting cancer survivor with return to work. An interactive review of the newly created www.cancerandwork.ca website will be demonstrated to show how to support cancer survivors in their return to work. Clinicians will discuss how they have integrated www.cancerandwork.ca cancer and work information into clinical practice. A patient representative will discuss how they self-managed his/her return to work and will discuss opportunities for nurses to support them in this process. The panel with representations from oncology nursing, vocational rehabilitation, psychosocial oncology and a patient representative, will show how cancer and work resources and tools have been used featuring real case studies. The aim of the session is to inform the attendees, how to play an active role in supporting cancer survivors with remaining, returning and finding work after a cancer diagnosis.

Réunions des comités + des SIGs /
Committee + SIG Meetings

5:15 PM – 6:15 PM

Rencontre du conseil des sections /
Council of Chapters Meeting

6:15 PM – 7:15 PM
Delfosse

Jour trois / Day Three

Dimanche 29 octobre 2017 / Sunday, October 29, 2017

Rencontre du conseil des SIGs / Council of SIGs Meeting **7:00 AM – 8:00 AM**
Julien/Gagnon

Assemblée générale annuelle et déjeuner / **8:00 AM – 9:15 AM**
CANO/ACIO Annual General Meeting and Breakfast (FR) (U) *Beethoven/Chopin*

Cérémonie des prix d'excellence de l'ACIO/CANO / **9:30 AM – 10:15 AM**
CANO/ACIO Awards of Excellence Ceremony (FR) (U) *Beethoven/Chopin*

Pause santé sponsorisée par Shire / **10:15 AM – 10:45 AM**
Health Break Sponsored by Shire  *Salle d'exposition / Exhibit Hall*

 **Séance d'affiches groupe 4 / Group 4 Poster Sessions** *Page 109* **Foyer**

Symposium international annuel : ACIO/CANO, ONS, ISNCC / **10:45 AM – 11:45 AM**
Annual International Symposium: CANO/ACIO, ONS, ISNCC (FR) (U) *Beethoven/Chopin*

Le leadership : il nous habite tous et toutes! Comment l'ACIO, l'ONS et l'ISNCC peuvent favoriser le changement en misant sur notre capacité de leadership

Greta Cummings, PhD, RN, FCAHS, FAAN, *Dean of the Faculty of Nursing at the University of Alberta, Edmonton, Alberta Canada*

Susan M. Schneider, PhD, RN, AOCN®, FAAN, *President Oncology Nursing Society, Pittsburgh, Pennsylvania USA, Associate Professor, Lead Faculty Oncology Nursing Specialty, Duke University School of Nursing*

Janice Stewart, RN, BScN, MHS, CON(c), *ISNCC Secretary/Treasurer and Director of Operations and Regional Planning for the Odette Cancer Program, Toronto, Ontario, Canada*

Tracy Truant, RN, MSN, PhD(c), *Doctoral Candidate UBC School of Nursing, CANO/ACIO President, University of British Columbia, Vancouver, British Columbia, Canada*

Chaque infirmière ou infirmier est un chef de file. Le leadership en soins infirmiers est synonyme de pensée critique, d'intervention et de revendication dans tous les rôles et les domaines de la pratique infirmière. Il est essentiel de développer les stratégies permettant de rehausser le potentiel de leadership de chaque infirmière ou infirmier afin de favoriser davantage la fourniture de soins de qualité et d'optimiser et de transformer les résultats pour les patients, les équipes, les organismes et le système. Pouvoir réagir à l'évolution rapide du système de soins de santé et la façonner exige que nous développons le leadership infirmier dans l'ensemble des rôles et des contextes de soins.

Les organismes de soins infirmiers en oncologie tels que l'ACIO/ CANO, l'Oncology Nursing Society (ONS) et l'International Society of Nurses in Cancer Care (ISNCC) ont également un rôle important à jouer pour ce qui est de favoriser le développement du leadership parmi leurs membres et de promouvoir le leadership dans les domaines de la pratique, de la formation, de la recherche et de l'influence politique. Ce symposium vise à fournir un aperçu du rôle et de l'impact du leadership infirmier en oncologie ainsi que des faits saillants en provenance de l'ACIO/CANO, de l'ONS et de l'ISNCC relativement aux initiatives de développement du leadership et de l'influence politique. Le symposium donnera aux délégués la possibilité de réfléchir à leurs propres compétences et interventions de leadership et, à l'ACIO/CANO, celle d'explorer les prochaines étapes en vue de soutenir le développement du leadership parmi ses membres. On discutera aussi des opportunités qu'ont l'ACIO/CANO, l'ONS et l'ISNCC de présenter une voix collective en matière de leadership et d'avoir un impact international.

Objectifs :

1. Comprendre le rôle et l'incidence des infirmiers et infirmières en oncologie en tant que chefs de file
2. Explorer les opportunités de leadership infirmier en oncologie dans la pratique, la formation, la recherche et l'influence politique.
3. Accroître la sensibilisation aux initiatives de leadership à l'ACIO/CANO, à l'ONS et à l'ISNCC
4. Dégager les opportunités où l'ACIO/CANO, l'ONS et l'ISNCC peuvent présenter une voix collective en matière de leadership afin d'avoir un impact international

Leadership: It's in All of Us! How CANO, ONS and ISNCC Can Leverage Our Leadership Capacity for Change

Greta Cummings, PhD, RN, FCAHS, FAAN, *Dean of the Faculty of Nursing at the University of Alberta, Edmonton, Alberta Canada*

Susan M. Schneider, PhD, RN, AOCN®, FAAN, *President Oncology Nursing Society, Pittsburgh, Pennsylvania USA, Associate Professor, Lead Faculty Oncology Nursing Specialty, Duke University School of Nursing*

Janice Stewart, RN, BScN, MHS, CON(c), *ISNCC Secretary/Treasurer and Director of Operations and Regional Planning for the Odette Cancer Program, Toronto, Ontario, Canada*

Tracy Truant, RN, MSN, PhD(c), *Doctoral Candidate UBC School of Nursing, CANO/ACIO President, University of British Columbia, Vancouver, British Columbia, Canada*

Every nurse is a leader. Nursing leadership is about critical thinking, action and advocacy in all roles and domains of nursing practice. It is critically important to develop strategies to elevate the leadership potential of every nurse to enhance the delivery of excellent care and in optimizing and transforming patient, team, organizational and system outcomes. Responding to and transforming the rapidly changing health care system requires nursing leadership development across all roles and settings.

Oncology nursing societies, such as CANO/ACIO, the Oncology Nursing Society (ONS) and the International Society of Nurses in Cancer Care (ISNCC), also have an important role to play in fostering leadership development among their members, and in promoting leadership across practice, education, research and policy influence arenas. In this symposium, we aim to provide an overview of oncology nursing's role and impact as leaders, as well as highlights from CANO/ACIO, ONS and ISNCC regarding leadership development and policy influence initiatives. The symposium includes opportunities for delegates to reflect on their own leadership capacity and actions, and for CANO/ACIO to explore next steps to support leadership development among members. Opportunities for CANO/ACIO, ONS and ISNCC to have a collective leadership voice and impact globally also will be discussed.

Objectives:

1. To understand oncology nurses' role and impact as leaders
2. To explore opportunities for oncology nursing leadership in practice, education, research and policy influence.
3. To increase awareness of the leadership initiatives at CANO, ONS and ISNCC
4. To identify opportunities for CANO, ONS and ISNCC to have a collective leadership voice and impact globally

Atelier simultané / Concurrent Session V-01 Types de cancers / Types of Cancers

11:45 AM – 1:15 PM
Suzor-Coté

Atelier simultané / Concurrent Session V-01-A

11:45 AM – 12:25 PM

Introduction To Sarcoma: Surgical, Radiation and Systemic Therapy Nurses Leading the Way

Lynne J. Jolicoeur, RN, MScN, CON(C)¹, Line Lalonde, RPN², Joel Werier, MD, FRCSC², *¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²The Ottawa Hospital, Ottawa, Ontario, Canada.*

Sarcoma cancer is a cancer that affects nerves, muscles, joints, bone, fat and blood vessels, or the body's "connective tissues". Sarcomas are quite rare compared to carcinomas that originate in epithelial cells. Sarcomas affect individuals of all ages, sarcoma cancer is especially prevalent in children and young adults. Sarcomas are given a number of different names based on the type of tissue that they most closely resemble. For example, osteosarcoma resembles bone, chondrosarcoma resembles cartilage, liposarcoma resembles fat, and leiomyosarcoma resembles smooth muscle. Depending on the type of sarcoma, patients may require surgery alone or a combination of surgery, radiation and/or systemic therapy. Overall many patients will require complex treatments, provided by different health care providers across different specialties, the care trajectory is difficult to map out and challenging for patients and families to understand. Nurses in various care settings are well positioned to address patients and families' supportive care needs.

Via case presentations, the authors will: 1) describe the trajectory of common sarcomas from diagnosis to treatment and rehabilitation, 2) identify opportunities for patient and family education, counselling and symptom management, and 3) highlight the role of the surgical, radiation and systemic therapy oncology nurses in the care of these patients and their families.

 Atelier simultané / Concurrent Session V-01-B

12:25 PM – 1:05 PM

Back to Basics –An Overview of CVAD Care and Maintenance Leading the Way Best Practice

Sarah Champ, MN, RN, CON(C), *Misericordia Hospital, Edmonton, Alberta, Canada.*

Vascular Access Devices (VADs) are commonly used in the treatment of Cancer Patients. These devices can be used for many reasons, including long-term IV therapy such as chemotherapy; blood withdrawal; and administration of blood products. Particularly in Cancer care, Central Vascular Access Devices (CVADs) are preferable to peripheral VAD's, as they have the additional ability to preserve vascular access, and avoid complications such as extravasation. While these devices are beneficial to cancer patients, it is pertinent that the nurse caring for the patient be familiar with these lines, as complications can arise. Nurses in all areas of cancer care should become familiar with the different types of CVADs commonly used in Oncology, not only to be aware of potential safety issues associated with CVADs, but also to help advocate for the right line for their patient. Additionally, oncology nurses should be able to properly assess and anticipate problems or issues associated with CVADs in order to safely manage the care of the patient with CVAD, including patient teaching for self-care in the home. This presentation will cover the basics of CVADs including different types, and safe care and management of the same. It is applicable for nurses new to oncology, as well as a refresher for those who have worked in cancer care for many years. The knowledge of CVADs for oncology use can assist nurses in leading the path to change by advocating for the best line for every patient, and ensure they are practicing with the most up to date evidence based best practice.

Atelier simultané / Concurrent Session V-02
Bases du cancer / Cancer Basics

11:45 AM – 1:15 PM
Delfosse

 Atelier simultané / Concurrent Session V-02-A

11:45 AM – 12:05 PM

The Role of Oncology Nurses in the Interdisciplinary Care of Patients with Pancreatic Cancer

Carolyn Hoeschen, NP^{1,2}, *¹BC Cancer Agency, Vancouver, British Columbia, Canada, ²Pancreas Centre BC, Vancouver, British Columbia, Canada.*

Pancreatic cancer is the fourth leading cause of cancer-related deaths in Canada, affecting over 5000 Canadians each year. By 2030, pancreatic cancer is projected to become the second highest cause of cancer mortality. Up to 15% of pancreatic cancers are familial, however not always related to an inherited genetic syndrome.

Due to the late onset of symptoms, pancreatic cancer is typically diagnosed at an advanced stage where surgical resection is no longer feasible. This is a major factor contributing to the dismal five-year survival rate of 6–8%. Due to the complex needs of patients with pancreatic cancer, oncology nurses play an important role to offer effective symptom management interventions and advocate for patients and their families. Patients often present with weight loss and nutritional deficits due to anorexia and pancreatic insufficiency. Other symptoms such as pain, fatigue and depression can be related to the underlying cancer or be treatment-related, significantly impairing quality of life. Some symptoms require acute recognition and intervention including jaundice, gastric-outlet obstruction and thrombosis.

With breakthroughs in research potentially leading to earlier diagnosis through screening programs and new effective treatments, the population of pancreatic cancer patients receiving care from oncology nurses will grow. The objective of this presentation is to generate awareness of pancreatic diagnosis, complications and treatments, to give oncology nurses the tools to assist their patients and families to better face the many challenges they experience. Recent developments in treatment advances and understanding of hereditary risk factors will be explored. Ultimately, the care of a pancreatic cancer patient involves an interdisciplinary approach, and the oncology nurse plays a vital role in coordinating the multiple aspects of patient care, and supporting patients and their families through diagnosis, treatment and eventually end of life care.



Atelier simultané / Concurrent Session V-02-B

12:05 PM – 12:25 PM

The Path to Enhancing Competency for Specialized Oncology Nurses in Clinical Trials

Marcie Flynn-Post, RN, BA, CON(C), MHST, Cynthia Bocaya, RN, CON(C), *University Health Network, Toronto, Ontario, Canada.*

The landscape of clinical trials has changed dramatically over the past few years most recently with the advent of immune therapies and as Poston and Buescher (2010) have identified, the role of the clinical research nurse has become essential as part of the research team. The increased complexity and stringent regulations in clinical trials highlights the need for nurses to integrate oncology nursing practice with the research process as these nurses are responsible for coordinating all the required procedures and treatments for the patient as well as having exceptional clinical, organizational, prioritization and documentation skills to be able safely care for patients while ensuring data integrity. As the role has become so multi-faceted, the need to establish a foundation for practice that ensures consistent quality and competency has impacted how we provide education. Orientation pathways have been used for the past 4 years however; feedback from orientees and a trend in incidences demonstrates the challenges for novice nurses in clinical trials to apply theory to practice. Ongoing competency has also been addressed through the annual competency review for all oncology trials nurses in the cancer program. We will discuss several initiatives that have been implemented with the orientation pathway, the annual competency process, a self assessment tool to assist with goal setting to ensure the specialized oncology nurse practicing in clinical trials has the appropriate training and tools that enables them to meet the needs of their patients in this dynamic environment.



Atelier simultané / Concurrent Session V-02-C

12:25 PM – 1:05 PM

Tools for Understanding: Assessing and Addressing the Needs of Older Adults with Cancer

Fay J. Strohschein, RN, MSc(A), PhD(candidate)^{1,2}, Allison Loucks, RN, BA, BScN, CON(C)³, Rana Jin, RN, MScN, CON(C)³, Brandy Vanderbyl, RN, MSc, MSc(A), CON(C), Nursing Counselor², *¹McGill University, Montreal, Quebec, Canada, ²Segal Cancer Centre, Jewish General Hospital, Montreal, Quebec, Canada, ³Princess Margaret Cancer Center, Toronto, Ontario, Canada.*

Older adults with cancer present particular needs and concerns that often remain unrecognized and unmet. This can contribute to age-based disparities in care, such as under- or over-treatment, putting older adults at risk for suboptimal outcomes. Oncology nurses are well-positioned to assess and address biopsychosocial concerns when issues related to aging intersect with those related to cancer care; however, lack of tools and resources may contribute to ethical dilemmas and moral distress.

Given vast variation among older adults, multidimensional screening and assessment is key to identifying and addressing concerns. Comprehensive geriatric assessment (CGA) offers one approach; examining the medical, functional, cognitive, socioeconomic, and emotional domains to inform treatment planning. Studies examining the impact of CGA in older adults with cancer found that 39% of treatment plans were revised after receiving a CGA, supporting the need for CGA in oncology settings. It is vital for oncology nurses to gain knowledge of CGA-based interventions that can be implemented in oncology practice to reduce toxicity and increase tolerance of cancer treatment in this population.

In this presentation, we will discuss age-related challenges that impact cancer treatment among older adults, providing an overview of CGA tools and interventions that may be used to help address these concerns. We will share tools that have been developed to identify patients in need of CGA, those with frailty or geriatric syndromes, and those at risk for treatment toxicity or complications. We will present the integrated approach used within our Geriatric Oncology Programs in Toronto and Montreal, highlighting the impact of CGA on cancer treatment decision-making, enhanced supportive care plans, and proactive nursing interventions, through outcomes data and case studies. Together, we will explore resources and approaches that can and are enhancing cancer care of older adults in Canada.

Objectives:

1. Discuss comprehensive geriatric assessment (CGA) as an approach to informing recommendations for personalized cancer treatment and supportive care plans.
2. Provide overview of geriatric oncology screening and assessment tools, highlighting those most relevant to oncology nursing practice.
3. Provide insight into the role of advanced practice nurses and nurse navigators specializing in geriatric oncology. Engage participants through case presentation, to promote reflection on their own practices of assessing and addressing the needs of older adults with cancer and those close to them.



Atelier simultané / Concurrent Session V-03-A

11:45 AM – 12:05 PM

Nurses Paving the Way Toward the Future: The Princess Margaret Cancer Centre Neoadjuvant Breast Cancer Program

Nancy Gregorio, BScN, MN, CON(C), *Princess Margaret Cancer Centre, Toronto, Ontario, Canada.*

Patients with locally advanced breast cancer have high risk disease, poor 5 year survival and require complex multidisciplinary care. Neoadjuvant treatment, specifically systemic treatment prior to surgery, facilitates breast conserving surgery and eradicates micrometastatic disease. There is also emerging data that neoadjuvant treatment may result in improved survival for a subgroup of patients, namely, young patients, less than 50 years old, who have HER2 positive disease.

The Princess Margaret Cancer Centre Neoadjuvant Breast Cancer Program is a medical oncology initiative which operates parallel to the Gattuso Rapid Diagnostic Clinic and surgical clinics. The program involves multidisciplinary collaboration in clinical care, research and education. Women with locally advanced breast cancer and palpable, biologically aggressive tumors can be referred for neoadjuvant therapy. A dedicated nurse coordinator facilitates referrals and coordinates the multidisciplinary neoadjuvant treatment program. The goals of the Neoadjuvant Breast Cancer Program is to deliver timely, holistic and patient-centered care, resulting in better outcomes for patients diagnosed with high-risk early or locally advanced breast cancers.

This presentation will highlight the role of the oncology certified nurse leading the way in the development, implementation, coordination and evaluation of a collaborative, multidisciplinary program that provide seamless delivery of care to breast cancer patients in the neoadjuvant setting. Nurses are in an ideal position to be leaders in clinical programs as cancer treatments evolve to improve cancer care and patient outcomes.



Atelier simultané / Concurrent Session V-03-B

12:05 PM – 12:25 PM

INJECTT! From Concept to Reality: the Development of a Nurse-Led Injection Clinic

Kathy Carothers, RN, BScN, MN¹, *Angela Leahey, RN, BScN, MN, CON(C)²*, *Sherrol Palmer, RN, BScN, CON(C)²*, *Nelisha Bhaloo, RN, BScN¹*, *Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada*, *²Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.*

Currently in a large, outpatient, ambulatory cancer centre, nurses are administering anti-cancer therapy medications via intramuscular (IM) and subcutaneous (SC) routes across all cancer sites. Teaching for self administration is completed by a site nurse for patients who are expected to self-administer medications at home. An identified gap is a lack of standardized nursing practice for documentation of administration and documentation of teaching. Approximately 25 injections are being dispensed by pharmacy on a daily basis, with up to 500 injections a month. The teams with the highest yield of injections are the GU and Breast site groups. With the implementation of a Tuberculosis (TB) screening program for patients with hematologic and head and neck cancers, the opportunity to initiate an injection and teaching clinic arose. The purpose of the Injection of Anti-Cancer Treatments and Teaching (INJECTT) clinic is to streamline and standardize nursing process, documentation, and evaluation of patients receiving injections.

This presentation will review workflows and outline the strategies utilized to plan and implement the INJECTT clinic



Atelier simultané / Concurrent Session V-03-C

12:25 PM – 12:45 PM

Transforming the Way We Work Together: Registered Practical Nurses in the Ambulatory Cancer Program

Karin Poole, RN, BScN, CON(C), **Shawna Lloyd-Ropson, LPN, RPN**, *Colleen P. Campbell, NP, MN, CON(C)*, *Alyson McQueen, RN, BScN*, *Simcoe Muskoka Regional Cancer Program, Barrie, Ontario, Canada.*

Due to the complexity of chemotherapy administration in the outpatient setting, historically ambulatory cancer programs have employed only registered nurses (RN). Times have changed. The incidence, prevalence and survival rates of people with cancer continues to increase challenging our healthcare resources. There are many more supportive care measures available that are required for a longer periods of time. In Ontario, almost a quarter of nurses are 55 years old or older. Our current system is not sustainable.

The depth and breadth of registered practical nurse (RPN) education has increased. There is an expanding number of post diploma courses for RPN's in cancer care. Considering the client factors (complexity, predictability and risk of negative outcomes) along with the environmental factors (policy and colleague support), there is no reason a RPN cannot work as a nursing team member within the ambulatory cancer program.

Our regional program has thoughtfully implemented a model of care adding the RPN role to our nursing team. A primary goal was to provide meaningful work while maximizing scope of practice. Change management principals were used to evolve a well-established culture and ensure sustainability.

Our presentation will; demonstrate the nursing model of care, review change management strategies including lessons learned, reveal current evaluation data and explore how the role could be expanded within the ambulatory setting. Given our changing world, oncology nurses continue to look to the future while creating sustainable care.

Atelier simultané / Concurrent Session V-03-D

12:45 PM – 1:05 PM

Strength Based Nursing: Changing Practice to Regain the Essence of Nursing

Renata Benc, RN, BA, MSc(A), CON(C)¹, Christina MacDonald, RN, BScN, MScN, CON(C) Graduate Diploma in Advanced Practice Oncology/Palliative Care¹, Anna T. Buono, RN, BScN¹, Gabrielle Chartier, BScN, MScN¹, Louise Champagne, RN, BScN, CON(C)¹, Andrea Cooke, RN, MSc(A), CON(C)¹, Nancy Drummond, RN, MSc(A), CON(C)^{1,2}, Laurie N. Gottlieb, RN, PhD, PhD(Hon.), FCAHS Professor, Nurse In Scholar^{2,1}, ¹CIUSSS, West-Central Montreal Health Network, Montreal, Quebec, Canada, ²McGill University, Montreal, Quebec, Canada.

Change can be overwhelming for nurses and one may lose sight of the heart of nursing as they focus on tasks. A core group of Advanced Practice Oncology Nurses (APON) from our institution developed a Community of Practice (CoP) dedicated to Strengths-Based Nursing (SBN) focusing on our professional development and recapturing the essence of nursing.

SBN is an integrated value-driven approach based on a philosophy of care to guide actions. It consists of eight values which guide nursing practice to promote care of the person and family. SBN promotes empowerment, collaborative partnership, innate health and healing and authentic relationships. It achieves this by focusing on enhancing and developing strengths of both the nurse and patient, to cope with challenges and minimize, contain or circumvent that which is not working.

We will illustrate: 1) how a SBN approach has changed, validated, and deepened our nursing practice allowing us to regain the essence of nursing; 2) demonstrate how a SBN approach has led to change at our institution.

Conclusion: SBN has enlarged our perspective, broadened our skilled-know how, and opened us to new ways of caring for patients and families dealing with cancer. It has also given us insights into our nursing practices and illustrates the importance these eight values have in supporting what we believe is the essence of nursing.

Atelier simultané / Concurrent Session V-04 **Cancer de l'oesophage / Esophageal Cancer**

11:45 AM – 1:15 PM
Morrice

Atelier simultané / Concurrent Session V-04-A

11:45 AM – 12:05 PM

Following the Path to Success: Improving Esophageal Cancer Care

Jennifer J. Smylie, BN, The Ottawa Hospital, Ottawa, Ontario, Canada.

Esophageal cancer remains a devastating disease in Canada with an estimated 2,300 diagnosed and 2,100 dying of their disease in 2016. Relative 5-year survival ranges from 39% for localized disease to only 4 % for those with metastatic disease. When Ontario implemented Diagnostic Assessment Programs (DAPs) to improve accessibility to care, our regional cancer program opened a Thoracic DAP, providing a single point of access to a multidisciplinary team, coordinated testing and navigational support for patients. This DAP is now the leader in provincial wait times to diagnosis and recognized for its many successes in lung cancer care.

There is now acknowledgement that many of the initiatives used to improve lung cancer would likely benefit esophageal cancer patients in our DAP. Following many of the same principles to improve care, an interprofessional team worked together to implement new initiatives including standardized pathways for appropriate testing and multidisciplinary consultation.

This presentation will focus on the implementation and evaluation of nurse-led initiatives for this population including the following: managing care coordination; telephone assessment using a dysphagia score ensuring rapid nutritional support as appropriate; and providing informational and psychosocial support. Importantly, nurses caring for cancer patients in other settings can utilize these strategies to follow a similar path to success for other oncology populations.

Piloting a Standardized Care Pathway for Esophagectomy Patients

Allyson Mayo, RN, MN, CON(C)¹, *Marijana Zubrinic, RN(EC), MScN, NP-PHC¹, Gail Darling, MD, FRCSC, FACS^{1,2,3}, ¹University Health Network, Toronto, Ontario, Canada, ²University of Toronto, Toronto, Ontario, Canada, ³Esophageal Function Laboratory, Toronto, Ontario, Canada.*

Esophageal cancer patients treated with surgery undergo an extensive, high-risk operation followed by a lengthy admission. This surgery, or esophagectomy, is a specialized procedure with significant risk for post-operative complications. Patient factors such as advanced age, co-morbidities, and malnutrition further complicate the recovery period. In order to optimize post-operative management of these patients a nurse-led quality improvement initiative was undertaken to develop and implement a standardized care pathway for esophagectomy patients on a 35-bed Thoracics ward. This tool was designed as a nursing checklist to promote consistency in care, improved communication, comprehensive assessments, and more streamlined discharge, as well as reduce variability in practice that could lead to confusion or errors. Similar esophagectomy pathways have been established in comparable tertiary centres and recent literature suggests they have demonstrated positive impact on patient outcomes.

Our care pathway was developed based on a literature review, chart audit, consultation with other established esophagectomy pathways, and by gaining consensus across the surgical team. The Knowledge-to-Action Framework guided implementation which consisted of education sessions, attended by 62% of nursing staff, visual cues, and daily chart audits. Since implementation began in January 2017, 11 patients have since had esophagectomy care pathways initiated upon admission to hospital. Of these 11 patients, compliance was at least 64% where pathways were completed as intended and the remaining pathways were unavailable for review. Preliminary feedback suggests ease of use with minimal training and little time commitment, and utility of the tool to monitor whether patients are progressing as expected. Evaluation of key practice indicators, such as consistency with documentation, teaching, and discharge procedures, is ongoing. An estimated total of 20 patients will have esophagectomy pathways completed by October 2017, which will provide a better understanding of any noticeable impact on length of stay or post-operative complications.

Atelier simultané / Concurrent Session V-04-C

12:25 PM – 1:05 PM

Addressing Cancer Related Fatigue in your Practice: Using an innovative Cancer Related Fatigue Self Management Digital Video Series to Support Your Patients who are Fatigued

Linda Watson, RN, PhD, CON(C), *Michael Lang, BHK, MSc, Amanda Jacques, MRT(T), BSc, MA, Alberta Health Services, Calgary, Alberta, Canada.*

Fatigue is the most common symptom reported by cancer patients and affects many aspects of quality of life. Ambulator Oncology Patient Satisfaction data as well as ESASr data support that improving fatigue management is a top priority for patients. As a result, a data driven QI project focused on creating a Cancer-related Fatigue management strategy was undertaken. This strategy includes a symptom management guideline for Cancer Related Fatigue, a patient self-management resource for living well with cancer related fatigue and a correlated video series to empower and inspire patients to participate fully in activities that are important to them, take action to mitigate or minimize their fatigue, and live as well as possible despite their fatigue. The self-management guideline and video series have been developed Tri-provincially and are in use in all three provincial cancer agencies (Alberta, Saskatchewan, and Manitoba).

As an on-line, publicly accessible resource the self-management booklet and video series allows patients to access these resources regardless of their location. This is particularly important where rural patients often don't have the same level of access to in-person educational opportunities that urban cancer patients have. This modular video series allows patients to access information specific to their needs or to watch the entire series. The information in the videos is provided by multidisciplinary health care experts from all three provinces covers areas including what cancer related fatigue is, and how exercise, nutrition, stress management, and pacing oneself can assist with managing this troublesome symptom.

As Cancer Related Fatigue is the number one symptom reported by cancer patients, participants will understand what patients can do to manage their own fatigue, what further clinical assessment is required for complex fatigue management and how you may use these digital resources.



Atelier simultané / Concurrent Session V-05-A

11:45 AM – 12:25 PM

Sexuality in Palliative Care and Cancer

Reanne Booker, MN, BScN, NP^{1,2}, ¹*Tom Baker Cancer Centre, Calgary, Alberta, Canada*, ²*Foothills Medical Centre, Calgary, Alberta, Canada*.

The impact of a cancer diagnosis and treatment on sexuality has been well established in the literature. Potential adverse effects of cancer and/or treatment on sexuality include: diminished libido, altered body image, relationship changes, dyspareunia, erectile and ejaculatory changes for men and vulvovaginal changes for women. Alterations in sexuality after cancer are extremely common, affecting patients of all ages, and are not limited to any particular type of cancer. Such changes can be profoundly distressing to patients and may persist for many years following the completion of treatment.

Limited research has revealed that patients and partners desire physical and emotional intimacy as end-of-life approaches. There are several unique challenges that patients and partners may encounter in the end-of-life phase. For example, symptoms such as dyspnea and pain may limit sexual activity. Privacy in hospital or hospice settings may not be conducive to preserving intimacy. Cognitive changes such as confusion or delirium may impact sexual activity and relational intimacy.

In this presentation, an overview of the potential changes in sexuality that may arise following a cancer diagnosis, with a particular focus on end-of-life issues, will be provided. Strategies to assess changes in sexuality and possible therapeutic options (pharmacological and non-pharmacological) will be presented. A summary of the resources available for oncology nurses as well as for patients and their partners will be provided. While changes in sexuality after a cancer diagnosis may be common, oncology nurses can help patients to prevent and manage such changes and ultimately, optimize their sexual health and well-being.



Atelier simultané / Concurrent Session V-05-B

12:25 PM – 12:45 PM

Oncology Nurses Leading the Way: The Implementation of a Sexual Health Clinic at the Cancer Centre of Southeastern Ontario

Janet Giroux, CON(C), MScN, RN(EC), NP, CCN(C), Jessica Holmes, CON(C), MN, RN, *Kingston General Hospital, Kingston, Ontario, Canada*.

As cancer survival rates increase, quality of life factors such as sexual health and intimacy concerns require initiatives to address unmet needs and restore post treatment function. An oncology nurse-led quality improvement project in the Cancer Centre demonstrated a new model of care supporting health outcomes related to sexual health which was supported by multi-disciplinary team members. The clinic concept was to provide tailored and educational focused interventions for women, men and their partners for cancer or treatment-related sexual health changes that have occurred since diagnosis. Sexual health is gaining recognition as an area that oncology nurses have the knowledge, skill and sensitivity to address. Given that the needs are real and well-supported by evidence, nurses with additional expertise can directly address and provide counseling regarding sexual health care needs. The results and lessons learned will be shared. The continuous quality improvement project will have significance to nurses, physicians and other healthcare providers working in oncology and primary care settings, who provide follow-up care and counselling to cancer survivors experiencing sexual health concerns. In January 2016, the nurse-led clinic was implemented and has now been expanded to include a social worker with additional training in marriage and couple therapy since December 2016. The following objectives of our presentation will include: the description of the implementation of our Cancer Centre Sexual Health Clinic utilizing the Knowledge-To-Action Framework; we will examine cancer centre sexual health clinics as a symptom management strategy; and, we will identify important factors to consider if your centre is considering the implementation of a sexual health clinic.

Vaginal Dilation Group Teaching

Heather Doucette, RN, BScN, Laverne McDaniel, RN, Joan Hamilton, RN, BN, MScN, Paula Antonio, RN, Colleen Colville, RN, BScN, MEd, April MacInnis, RN, BScN, Cindy Preeper, RN, QEII Cancer Care Program Nova Scotia Health Authority, Halifax, Nova Scotia, Canada.

Outpatient oncology nurses caring for women receiving pelvic radiation at our cancer centre wanted to explore a different way to provide vaginal dilation teaching. Nurses did not feel they had enough time to adequately teach the content during a patient's initial consult, or while they were in treatment. Feedback from patients indicated that they were not always ready to learn during a clinic visit. Staff radiation nurses also wanted to standardize their teaching so that patients received consistent and comprehensive information.

Nurses wanted to 'lead the way' in standardizing teaching for this patient population. With the CANO/ACIO 'Care for Women after Radiation to the Pelvis' patient information booklet (revised January 2017) as a guide, this group of nurses developed teaching materials for a one hour group session. A registration process was developed. The format for the teaching was developed to be informal to encourage discussion, and to keep set up time to a minimum so the nurse would not be out of clinic more than 90 minutes.

Over the last twelve months, using feedback from participants and nurses, we have streamlined the registration process, revised teaching materials, and reconfigured the sessions. Since the pilot, we offer one hour group sessions twice monthly.

For this oral presentation, we will describe the development of the group teaching session and briefly share products and tools we use to help women learn about, and access, what they need to safely dilate.

Atelier simultané / Concurrent Session V-06

Rôles infirmiers en oncologie et impact / Oncology Nursing Roles and Impact

11:45 AM – 1:15 PM

Salon du Jardin

Atelier simultané / Concurrent Session V-06-A

11:45 AM – 12:25 PM

Enabling and Enhancing Specialty Certification of Canadian Oncology Nurses: CANO/ACIO, CNA/AIC and Oncology Leaders Pathway to Success

Shari Moura, RN, MN, CON(C), CHPCN(C)¹, Charissa P. Cordon, RN, MN, CON(C), EdD, Patricia Elliott-Miller, BScN, MScN, Executive Lead³, Lucie Vachon, RN, BScN, Nurse Advisor³, ¹Princess Margaret Cancer Centre–University Health Network, Toronto, Ontario, Canada, ²Juravinski Cancer Centre, Hamilton Health Sciences Centre, Hamilton, Ontario, Canada, ³Canadian Nurses Association (CNA), Certification and Professional Development Ottawa, Ontario, Canada

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. 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.

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.

Workshop objectives:

- Provide an brief overview of the value of certification for patients/families, RNs, and employers
- Provide a brief review of CANO/ACIO, CNA/AIC and DeSouza 2016 CANO/ACIO Conference workshop
- Discuss strategies to promote and support certification among oncology nurses



Atelier simultané / Concurrent Session V-06-B

12:25 PM – 12:45 PM

Understanding the Concept of Conscience within the Framework of Assisted Dying

Tracy L. Powell, BScN, RN, MN, *Mount Royal University, Calgary, Alberta, Canada.*

With the introduction of medical assistance in dying (MAID) as an end-of-life option in Canada, healthcare professionals now face the duty of confronting one of the most complex care measures of our time, that of assisted dying. With this, nurses and other healthcare professionals need to be aware of the role of conscience in the provision of care and how it aligns with professional codes and guidelines while also understanding their own ethical and moral beliefs and how these may impact their conscience.

A nurse's desire to provide competent and ethical care to all their patients is at the foundation of a nurse's practice and the influence of their conscience within this can be critical (Jensen & Lidell, 2009; Wicclair, 2011). Conscience, as a moral concept, is important to uncover and examine in relation to what we do as nurses, specifically as it relates to the end-of-life option of MAID. In this presentation, several interpretations of conscience will be discussed to provide a context for understanding its importance. The tensions and contradictory forces inherent in this concept will also be presented to allow nurses to explore, from a personal perspective, how it is impacted by our current healthcare reality.



Atelier simultané / Concurrent Session V-06-C

12:45 PM – 1:05 PM

The Emergence and Historical Evolution of Cancer Survivorship

Carrie Liska, RN, BScN, MN, *The Ottawa Hospital, Ottawa, Ontario, Canada.*

Improvements in the detection and treatment of cancer have resulted in a greater number of Canadians living with the disease. In 2016, 202,400 Canadians were diagnosed with cancer and 60% are expected to survive their disease for five years or longer.

Cancer patients and those in oncology care began to recognize survivorship as an important entity in the mid 1980's when, historically, mortality rates started to decline and patients began to describe the effects from their treatment. Due to this, healthcare providers, administrators, and researchers began to look at strategies to address the needs of those affected by cancer. By the end of the 1980's, there was growing recognition that nurses should be educated and prepared for the specialized needs of cancer survivors.

As Canadians, we celebrate 150 years of our great nation. As Canadian oncology nurses, we can reflect and rejoice on the unique and significant contribution made to oncology care and on the tremendous impact made on the individual lives of those living with a cancer diagnosis.

The presentation will identify and organize the historical and landmark times in oncology and more specifically, in the cancer survivorship trajectory since its emergence in the 1980's. Key developments affecting cancer patients' survivorship care emerging from these landmark times will be presented and highlights of oncology nursing's significant role in the evolution of cancer survivorship will be shared.

Dîner éducatif Merck / Merck Lunch Symposium



1:15 PM – 2:45 PM
Beethoven/Chopin

Les infirmières en oncologie au devant du traitement du mélanome et du cancer du poumon : Expériences cliniques de cas réels

Objectifs

- Revoir les données cliniques d'immunothérapie pertinentes concernant le traitement du cancer du mélanome et du poumon
- Discuter des exemples de cas réels de l'optimisation du traitement d'immunothérapie afin de réduire les effets indésirables à médiation immunitaire
- Partager des expériences personnelles dans la prise en charge des patients traités par immunothérapie

Faculté:

Dr. Parneet Cheema (Oncologue médical), Professeur adjoint à l'Université de Toronto Faculté de médecine et oncologue médical chez William Osler Santé

Infirmière: Massey Nematollahi - South Lake Regional, Newmarket

Infirmier: Frédéric Côté - CHUS

Oncology Nurses Leading the Way in Melanoma and Lung Cancer: Real-World Clinical Experiences

Objectives:

- Review the relevant immunotherapy clinical data on the treatment of melanoma and lung cancer
- Discuss real-life practice examples of optimizing immunotherapy treatment to reduce the occurrence of immune-related adverse events
- Share personal experiences in the management of patients treated with immunotherapies

Faculty: **Dr. Parneet Cheema** (Medical Oncologist), Assistant Professor at University of Toronto Faculty of Medicine and Medical Oncologist at William Osler Health

Nurse: **Massey Nematollahi** – South Lake Regional, Newmarket

Nurse: **Frédéric Côté** - CHUS

Atelier simultané / Concurrent Session VI-01 Intégrer l'approche palliative aux soins / Integrating the Palliative Approach to Care

2:45 PM – 4:15 PM

Suzor-Coté

Atelier simultané / Concurrent Session VI-01-A

2:45 PM – 3:05 PM

Standing Still, Keeping the Future Alive: Voices of those in Palliative Care

Minawatie Singh, RN, PhD², Brenda Sabo, RN, PhD¹, Erna Snelgrove-Clarke, RN, PhD¹, Alexis Milligan, BA¹, Grace Johnston, PhD³, Peter Stilwell, PhD¹, Samantha Hachey, BScN¹, ¹Dalhousie University, Halifax, Newfoundland, Canada, ²York University, Toronto, Ontario, Canada, ³Dalhousie University, Halifax, Newfoundland, Canada.

There is a significant gap in the research literature on how to effectively deliver palliative health promotion that supports optimal quality of life and prevents undue psychosocial distress. Given the complexities of healthcare related decision, innovative ways to transfer this knowledge and understanding to multiple audiences are now being explored. In particular, the use of expressive arts such as narrative story-telling, visual arts (e.g., photography, theatre, paintings) has been shown to be beneficial within cancer care and palliative care systems as a facilitative strategy in the expression of conscious and unconscious feelings and emotions.

Purpose: To use arts-based strategies to understand the complex phenomena of palliative care. This presentation will report on the findings of the first phase of this study: the interviews with individuals with a life limiting illness which will be used to develop short stories for vignettes and an interactive play.

Design: A qualitative design was used to gain a greater appreciation of this phenomenon. Open-ended questions formed the basis of the interview to provide greater opportunity for participants to direct and shape their narrative about the phenomena of interest.

Findings: The narratives were analyzed and the following themes were extracted: 1) Time– Standing still, Not enough time, Peaks & Valleys, 2) Memories/dreams– Connections – I have been nearby, Creating a new path, Nightmares: The Mask, and 3) Communication– The little things, Hope – keeping the future alive.

Atelier simultané / Concurrent Session VI-01-B

3:05 PM – 3:25 PM

Barriers and Facilitators to Timely, Effective Transition to Palliative & End-of-Life Care: A scoping review

Brenda Sabo, PhD, RN¹, Kathleen Groves, BA, BEd student², Peter Stilwell, MHSc, PhD student Chiropractor³, Erna Snelgrove-Clarke, PhD, RN¹, Grace Johnston, PhD³, ¹Dalhousie University, Halifax, Nova Scotia, Canada, ²Mount Saint Vincent University, Halifax, Nova Scotia, Canada, ³Dalhousie University, Halifax, Nova Scotia, Canada.

Purpose: Our current healthcare system places greater emphasis on acute and/or curative treatment which may inadvertently compromise timely, effective transition to palliative and end of life (EOL) care. Research highlights that conversations related to palliative and EOL care are suboptimal. This may be for many reasons including: fear of destroying hope, increasing distress in patients and families, or feeling ill-equipped to address emotions arising from the conversation. Failure to acknowledge the need to transition from acute and/or curative care to palliative care may have detrimental consequences for patients and their family caregivers.

Design: A scoping review was undertaken to map the literature and explore: 1) barriers and facilitators to timely, effective patient/family centered transition to palliative care; 2) attitudes, values and beliefs held by healthcare professionals, patients/families related to palliative care; and, 3) successful change models to support timely and effective transition to palliative care.

Preliminary findings: Misperceptions exist about palliative care along with challenges related to when to refer; attitudinal barriers (patients/families, health professionals), cultural differences, and lack of communication. Collectively or individually these may impede timely and effective transition to palliative care.

Outcomes: To increase awareness of barriers/facilitators, attitudes/values/beliefs that may impede early transition to palliative and EOL care

Identify strategies to support timely and effective transition from a curative to a palliative approach to care

Highlight next steps for nursing research to support timely and effective transition to palliative care



Atelier simultané / Concurrent Session VI-01-C

3:25 PM – 3:45 PM

Integrating Palliative Care into Oncology Nursing Practice: Palliative Care Nurses Lead the Way

Kelly McGuigan, BScN, MN, CON(C), CHPCN (C), Catherine Purcell, RN, CON(C), CHPCN(C), Patricia A. Murphy-Kane, BScN, MN, CHPCN(C), *Princess Margaret Cancer centre, Toronto, Ontario, Canada.*

Palliative care is becoming an area of practice that is drawing attention across Canada. No longer is palliative care viewed exclusively for end of life care. Early intervention of palliative care has demonstrated to improve symptom management and quality of life in patients living with cancer.

In a large cancer centre a Palliative Care nursing leadership group, which included Clinical Nurse Specialists and Specialized Oncology Nurses, provided education sessions, program specific skill building and mentoring for nurses in palliative care. Examples include: a biannual palliative care workshop, initiating earlier palliative care referrals in ambulatory clinic areas and in-patient units, and an introductory session to palliative care in the monthly hospital orientation. The outcome was a change in nursing practice and earlier referrals to palliative care.

As the demand for educational support increased so too did the referrals to Palliative Care. The emerging question was how can we integrate a palliative approach to care into routine oncology nursing care?

Through exploring the literature, the team came across The Way Forward National Framework which introduced the concept of an integrated palliative approach to care. This approach has a holistic view of the patient's and family's full range of needs. It values patient's autonomy and shared decision making with the goal of enhancing their quality of life throughout the illness.

The Palliative Care nursing team determined the specialized oncology nurses in all settings were in a pivotal position, given their expertise in oncology nursing practice, to explore adopting this approach into care. In 2016 a webinar presentation was delivered for the Canadian Association of Nurses in Oncology.

This presentation will demonstrate this evolution and the vision for the future.



Atelier simultané / Concurrent Session VI-01-D

3:45 PM – 4:05 PM

The Great Divide: Is What We Tell Our Patients Actually What They Hear? A Reflection on our Practice

Heather P. Brander, BScN, RN, CHPCN(C), CON(C), Jean Kennedy, RN, BScN, CON(C), *Nova Scotia Health Authority, Antigonish, Nova Scotia, Canada.*

When seeing patients, Medical Oncologists review the various treatment options including chemotherapy. The goal of the therapy may be curative, disease control or palliation. The goal is explained to patients when they are signing the consent. However, patients may not always fully understand the goal of their treatment. In our experience, many palliative patients, upon meeting with the Palliative Care Team, expressed an understanding that the goal of their treatment was curative.

A quality improvement project was developed by the Oncology/Palliative Care team to address this concern and two surveys were developed. Patients being seen for their initial appointment were asked by the Oncology Nurse to complete a survey indicating what they believed the goal of their treatment was, and how likely it was that they would achieve this goal. The oncologist also completed a survey.

The results indicated that 100% of the patients had an accurate understanding of the goals of their care. What was observed by the nurse, and affirmed by the Oncologist, was a change in the Oncologist's practice as a result of completing the survey. The survey became an intervention that triggered the Oncologist to revisit the discussion regarding the goals of treatment, including language that clearly matched the survey.

This initiative has proven to be highly successful as a pilot project. Tools such as this survey may serve to enhance the behavior of the physician who is conveying information regarding the goal of treatment. The next steps include developing this project into more formalized research with a second satellite clinic administering the surveys.

Atelier simultané / Concurrent Session VI-02 **Leadership et éducation / Leadership and Education**

2:45 PM – 4:15 PM
Delfosse

Atelier simultané / Concurrent Session VI-02-A

2:45 PM – 3:05 PM

The Path to Leadership: How You Think, is How You Lead!

Sherrol Palmer Wickham, RN, BScN, CON(C), *Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada.*

The CANO Leadership Position Paper indicates that Oncology nurses should have leadership skills as a core competency. As a core competency leadership will enable every oncology nurse to take the lead in addressing patient care issues, coordination and navigation concerns, conflict and advocacy for the needs of patient and families.

To build nurses leadership competency CANO supports using the LEADS Caring Environment framework; this has personal leadership as an important component. This personal leadership component identifies the attributes and values the oncology nurse requires to develop as a competent leader. Why is personal leadership so important? Your mind-set and values as a person and nurse will influence the leader you're become. Reflection on your values and how you interact with patients and families, team members and other leaders is important in determining the leader you will become. Resilience, mind-set, courage, compassion, curiosity and listening skills are attributes that will be explored in this session. I will show how these attributes of personal leadership translate into leading others and leading change to benefit patient care. I will also discuss how the ones espoused values link to personal leadership.

This presentation will outline the path to personal leadership using examples from my experiences (25 years as an oncology nurse and leader) and various experts in leadership.

Atelier simultané / Concurrent Session VI-02-B

3:05 PM – 3:25 PM

Standardizing Cancer Care Through Collaboration: A Partnership Between Alberta and Ontario

Komal Patel, RN, MN, CON(C), CHPCN(C), CVAA(C)¹, Dave Whiteside, RN, BN², Alison McLaughlin, RN, BEd, MEd², Donalda MacDonald, RN, CON(C)¹, Jiahui Wong, PhD, MD¹, ¹de Souza Institute, Toronto, Ontario, Canada, ²Alberta Health Services, Edmonton, Alberta, Canada.

It is well recognized that healthcare professionals need specialized knowledge and skills to meet the complex needs of cancer patients. Provision of education that is evidence based, and effective is essential to support oncology healthcare professionals and delivering high quality person centered care.

Alberta is committed to standardized provincial education that supports the confidence and competence of newly hired health professionals. In the area of oncology education this commitment was advanced through a partnership with a national continuing education institute in 2016. eLearning modules and supporting infrastructure developed by the Ontario based institute were adopted as a core component of the education strategy for oncology to meet ensure accessibility and portability of training,

The eLearning program aims to augment the participants' learning potential by integrating multimedia design and interactive features that maximize application of concepts and facilitate deep learning, while accommodating various adult learning styles. The eLearning further standardizes content delivery while eliminating variances between educators and between offerings. This standardization of eLearning elements of the oncology education program eliminates the need to re-train nurses as they move through the Alberta cancer system.

In this presentation, presenters will share the development process of the partnership, initial findings in terms of content tailoring, engagement of participating hospitals and educators, user satisfaction regarding content, quality and access of this course, and lastly showcase a sample eLearning module.



Atelier simultané / Concurrent Session VI-02-C

3:25 PM – 3:45 PM

Breaking Out: Expanding the Oncology Educational Pathway to Meet the Specialized Oncology Nurses' Needs at a Subspecialty Level in a Regional Tertiary Cancer Care Facility

Janny Proba, BSc, CON(C), CHPCN(C), MEd(c), Cheryl Page, BSc, MEd, CON(C), BMTCN, Suganya Vadivelu, BSc, MN, CON(C), PGDHM, Kelly-Lynn Nancekivell, BScN, MEd(c), Hamilton Health Sciences, Hamilton, Ontario, Canada.

Background and Purpose: The level one tertiary facility provides care for oncology patients in various stages of their cancer journey. The Canadian Association of Nurses in Oncology (CANO) Practice Standards and Competencies for the oncology nurse was used to create a learning pathway to delineate the oncology educational curriculum required at onboarding, while supporting the professional development and maintenance of oncology competency.

Findings: The current pathway allowed the nurses to identify opportunities for growth and movement within the oncology program and set the expectations required to foster excellence in oncology nursing practice and education. However, after examination of the nurses' unique needs it was identified that specific pathways for the subspecialties within the oncology program were required.

These specific pathways allow for the nurse to perform self-assessments based on CANO Practice Standards and Benner's Novice to Expert model within their subspecialties. This assessment is the foundation to utilizing the Synergy model of care. The specific pathways identify the standard education requirements for nurses in their subspecialty and support the ongoing maintenance of certification. These pathways allow for enhanced collaboration between managers and educators in the program to allow for the retention of talent.

Recommendations: Classroom learning augments the clinical learning and should be supported by senior leadership for each subspecialty in order to support equitable training and ongoing professional development. The subspecialty pathways allow for the identification of the nurse's oncology competency to facilitate optimal patient assignments when using the Synergy model. The wide-spread implementation of the Synergy model of care is recommended. There needs to be increased exposure of the overarching education pathway to potential staff, including students, to use as a recruitment strategy to oncology nursing.



Atelier simultané / Concurrent Session VI-02-D

3:45 PM – 4:05 PM

Revision of an Undergraduate Nursing Oncology Course

Catherine Mitchell, RN, BN, MN, Catherine M. Laing, RN, PhD, University of Calgary, Calgary, Alberta, Canada.

Patients diagnosed with cancer require intensive nursing care and support across all health care settings. Advances in this nursing specialty and the resulting changes to practice add to the complexity of the nursing role. Clinical improvements impact the preparation of nursing students transitioning into this area of practice. The nursing faculty at the University of Calgary recently evaluated a fourth year undergraduate oncology course to ensure the content was congruent with current practice. Since the course was initially developed in 2011 there have only been minor updates, potentially leading to out of date content. In order to improve the health of individuals, families, and communities within the oncology population, the nursing faculty should develop ideas and strategies to apply the latest research in the classroom and clinical settings. A course revision is one method that prepares future nursing professionals to meet the needs of this specialized population. The findings of this course revision indicate the need to provide more student-centered learning, to discuss the implementation of recent treatments, and to provide more clinically centered literature on recent developments in oncology.

Atelier simultané / Concurrent Session VI-03 Gestion des symptômes et assistance téléphonique / Symptom Management and Telephone Support

2:45 PM – 4:15 PM

Krieghoff



Atelier simultané / Concurrent Session VI-03-A

2:45 PM – 3:05 PM

Beyond the Clinic: Oncology Nurses Leading the Way in Supporting Cancer Patients over the Phone

Angela K. Leahey, RN, MN, Laura Rashleigh, RN, MN, CON(C), CHPCN(C), Sunnybrook Odette Cancer Centre, Toronto, Ontario, Canada.

Specialized oncology nurses play an essential role in supporting ambulatory cancer patients to cope and manage at home. Patients and families frequently have questions regarding treatment decisions, managing side effects, and when to seek medical assistance between hospital visits and clinic appointments. Nurses and nurse leaders must create and develop innovative ways to better support patients beyond the cancer clinic and empower specialized oncology nurses to lead the way. Nurses at a large regional cancer centre in Toronto developed a vision to create a seamless, person-centred, telephone experience for patients and families that provides clear points of contact, navigation and support. With this vision driving care, multiple reactive and proactive telephone initiatives are underway, including the multi-phased transition of the RN telephone care model to live voice answer. The most recent phase of the transition included developing a live-voice answer symptom management and distress line that enables patients with lung or gynaecologic cancer to speak to a nurse and/or clerical person in real time. Appointment-related and symptom-related calls are dealt with immediately mitigating the distress associated with leaving a voicemail message and awaiting a return call. The evaluation indicates that live telephone support decreases the number of reactive calls by 30–50%, in turn freeing up capacity for RNs to engage in proactive telephone support. The next stage in the model transition is to offer live voice answer support for all cancer patients, in all disease sites, by the fall of 2017. Additionally, proactive calls are being piloted with gynaecologic cancer patients pre and post surgery and with lung cancer patients on active treatment. The presentation will focus on strategies used by nursing leaders to shift the model of care, with patients and families embedded in the process, and highlight both reactive and proactive models, with evaluation results shared.



Atelier simultané / Concurrent Session VI-03-B

3:05 PM – 3:25 PM

Leading the Way: Oncology Nurses Pilot After-hours Telephone Symptom Management Support for Oncology Outpatients

Dina Linardos , BScN, CON(C), CAREpath Inc., Toronto, Ontario, Canada.

In Ontario, large numbers of oncology patients receive systemic cancer treatments in outpatient clinics, however many of these patients do not have support from their oncology team outside of clinic hours, especially on weekends and statutory holidays. Patients and their caregivers are usually given information and prescriptions to help manage side effects and complications, but have to rely on provincial telehealth services and emergency room visits for interventions and clinical support. The absence of after-hours oncology patient supports is a recognized gap in out-patient cancer clinics, and evidence suggests that increasing access to after-hours supports would benefit both oncology patients, as well as the broader health care system.

To help address this gap, a pilot project is underway across a number of oncology outpatient clinics, to utilize certified Oncology Nurses to provide after-hours telephone support to patients receiving systemic cancer treatments. The oncology nurses in the pilot program utilize the COSTaRS guidelines, a best practice oncology symptom assessment and management tool, to assess and grade the severity of patient symptoms, and provide advice and clinical support to oncology patients.

Data collected from the pilot program reveal a dramatic reduction in emergency department visits, as well as increased patient satisfaction with their systemic treatments. An analysis of the program data will be presented at the conference, along with an assessment of potential impacts of increased after-hours oncology supports.



Atelier simultané / Concurrent Session VI-03-C

3:25 PM – 4:05 PM

Opioid Crisis: What Is Our Role in Preventing Misuse of Opioids Prescribed to Cancer Patients?

Deborah M. Evans, MScN, CON(C), CHPCN(C), Juravinski Cancer Centre, Hamilton, Ontario, Canada.

In the last few months there has been an increasing awareness of the devastating impact of the opioid crisis. Overdose deaths secondary to opioids are now the third leading cause of accidental death. The majority of the public awareness campaigns about the safe use of opioids are focused on the chronic non-cancer pain patients. These guidelines focus on the use of non-opioids, and recommended practices related to opioid prescribing which includes dosing limitations and parameters. In contrast, guidelines for opioid use with oncology patients focus on the appropriate titration of opioid doses to reduce the patient's pain rather than placing an absolute ceiling on the dose that should be prescribed. There is a belief that the misuse of opioids is not a very common problem in the cancer population, however, this could mean that we are not proactively identifying patients who are at high risk of misusing opioids or live in environments that place them at high risk.

This session will explore the role of oncology nurses in preventing opioid misuse. As oncology nurses, we should be teaching all of our patients a set of "Universal Precautions" about the safe use and storage of their opioids. We also need to be able to identify patients at risk of misusing their opioids and provide additional counseling and monitoring while still providing compassionate relief of their symptoms.

Atelier simultané / Concurrent Session VI-04
Cancer de la tête et du cou / Head and Neck Cancer

2:45 PM – 4:15 PM
Morrice



Atelier simultané / Concurrent Session VI-04-A

2:45 PM – 3:25 PM

Cancer Anorexia Cachexia Syndrome: Foundational Information for Healthcare Providers

Susan E. McClement, PhD, CHPCN(C)^{1,2}, ¹*University of Manitoba, Winnipeg, Manitoba, Canada*, ²*CancerCare Manitoba Research Institute, Winnipeg, Manitoba, Canada*.

Cancer–anorexia–cachexia syndrome (CACS) is very common symptom constellation in individuals with cancer, affecting upwards of 80% of those with advanced illness. In order to provide optimal care to people with CACS and their families, health care providers must be able to recognize its cardinal clinical features, understand its etiology, be aware of appropriate nutritional and pharmacological interventions, and be sensitive to the psychosocial issues that the symptoms of CACS can evoke in family members. Drawing on empirical literature and clinical experience, this session will provide participants with foundational information regarding the pathophysiology of CACS, therapeutic options, and approaches to dealing with the responses of family members who often view the presence of CACS as a 'harbinger of death'.



Atelier simultané / Concurrent Session VI-04-B

3:25 PM – 4:05 PM

Head and Neck Cancer 101... A Primer for Generalist Oncology Nurses

Melissa Boonstra, RN, BScN¹, Skylar Young, RN, BScN¹, *Lynn Kachuik, RN, BA, MS, CON(C), CHPCN(C)^{2,3}*, ¹*the Ottawa Hospital, Ottawa, Ontario, Canada*, ²*The Ottawa Hospital, Ottawa, Ontario, Canada*, ³*Ottawa Hospital Research Institute, Ottawa, Ontario, Canada*.

Head and neck cancer accounts for approximately five percent of cancers. Over the next five years this is expected to increase by twenty percent due to the influence of human papilloma virus as a cause of head and neck cancers. In addition, there will continue to be patients who develop this type of cancer due to lifestyle factors such as smoking and alcohol abuse. These patients have unique and complex needs related to the intensity of treatments received as well as psychosocial factors. Understanding this disease and its treatments is the first step to providing comprehensive patient-centred care to this population.

This presentation will focus on those receiving therapy for curative intent. Therapies include surgery, chemotherapy/immunotherapy, radiation, or a combination of the aforementioned. These regimens are associated with significant toxicities which can occur during or post treatment with many leading to long term effects. Due to the nature of this disease and its treatments, patients and families have significant supportive care needs that are best addressed by oncology nurses working within an inter-professional team.

We will provide an introduction to head and neck cancer, its treatments, complexities and management for new or generalist oncology nurses. It is essential to ensure that novice and/or generalist nurses have a firm foundation upon which to build their knowledge and expertise, ensuring evidence-based care for this small but increasingly complex patient population.

Atelier simultané / Concurrent Session VI-05
Survivance / Survivorship

2:45 PM – 4:15 PM
Julien/Gagnon



Atelier simultané / Concurrent Session VI-05-A

2:45 PM – 3:05 PM

Highlighting the Path For Change: Toward High Quality Survivorship Care For All

Tracy Truant, RN, MSN, PhD(c), *Sally Thorne, RN, PhD, DSc (Hon), FAAN, FCAHS*, *Colleen Varcoe, RN, PhD, FCAHS*, *Carolyn Gotay, PhD, FCAHS*, *University of British Columbia, Vancouver, British Columbia, Canada*.

Purpose: Evidence of health disparities among cancer survivors is growing. Canada's survivorship care systems may privilege some, and not others, to receive high quality survivorship care and achieve optimal health. This study aims to improve survivorship care systems by better understanding how various factors (e.g. social, political, economic, personal) shape the development of and access to high quality survivorship care for all.

Methods: Using a qualitative Interpretive Description approach, this three-phased study involved: 1) critical textual analysis (e.g., survivorship guidelines, education programs, policies), 2) secondary analysis of a Canadian Communication in Cancer Care (CCC) database, and 3) survivor and key stakeholder interviews.

Results: Integrated findings across all phases are presented (Phase 1=70 documents, Phase 2=14 survivors, Phase 3=35 survivors and 15 stakeholders). Survivors described a gap between their expected and actual survivorship care experiences. This gap was shaped by contextual and structural factors that further marginalized some individuals/groups. Factors shaping this gap at individual (e.g., previous experiences, social determinants of health), group (e.g., defining standardized “norms”) and system (e.g. efficiency drivers, underdeveloped guidelines) levels are presented. Multi-layered recommendations ranged from strategies building survivor trust, to integrated policies across social and health sectors to promote survivors’ holistic health.

Conclusions: This intersectoral approach to understanding what shapes survivorship care systems highlights and unravels the complex nature of the issue, helping nurses, other health professionals and decision makers to find multi-layered approaches for equitably high quality survivorship care.

Atelier simultané / Concurrent Session VI-05-B

3:05 PM – 3:25 PM

Translating Distinct Cancer Survivorship Needs Into Healthcare Practices and Community Programs with First Nations People

Viviane Grandpierre, M.A., PhD(c), Wendy Gifford, PhD, RN, Roanne Thomas, PhD, Liqaa Wazni, BScN, RN, PhD (candidate), University of Ottawa, Ottawa, Ontario, Canada.

Previous research indicates that approaches to cancer survivorship do not recognize First Nations people’s distinct cultural and social needs, or consider the impact of colonization, discrimination, and marginalization. The purpose of this presentation is to discuss the findings from a full day research retreat with an Advisory Group to address cancer survivorship needs of First Nations people.

Methods: The Advisory Group (n=13) included: Indigenous Elder, traditional teacher, cancer survivors, family caregivers, healthcare providers, patient navigator, and non-Indigenous researchers. To ensure a relevant interactive format, multiple prior meetings were held with participants. During the retreat, a video was viewed that highlighted themes from our previous photovoice study on First Nations and Métis people’s experiences with cancer. A facilitated discussion occurred on how messages in the video could be translated into healthcare and community programs. The meeting was audio-taped, transcribed and inductively analyzed for themes.

Results: Five themes emerged: healing support (spirituality, nature, art, traditional medicines); culturally supportive healthcare (holistic nursing, patient-centered); caregiver support; addressing social isolation (art, leadership training, peer support); and navigating the system. Art and community crossed all themes and was important to healing, preserving culture, and sharing information and experiences. A logic model was developed and is being used as an implementation guide.

Conclusion: Working with First Nations people can help address their unique cancer survivorship needs and improve healthcare services, quality of life, and health outcomes.

Atelier simultané / Concurrent Session VI-05-C

3:25 PM – 3:45 PM

Building Capacity for Oncology Leaders and Clinicians to Lead Quality Improvement Initiatives

Charissa P. Cordon, RN, MN, CON(C), EdD^{1,2}, Simon Akinsulie, RN, MBA¹, Kim Alvarado, RN, PhD, CHE^{1,2},¹Juravinski Hospital and Cancer Center, Hamilton Health Sciences, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada.

Health Quality Ontario (2016) defines Quality Improvement (QI) as a systematic approach to making changes that lead to better patient outcomes, stronger system performance and enhanced professional development. QI is important for the quality and safety of patients, and QI principles need to be embedded in the daily activities of interprofessional teams. Shifting to this new focus involves a systematic approach to enable the development of a workforce that embraces QI as part of their day-to-day work.

Leaders in one cancer program recognized the need to build capacity for a critical mass of oncology leaders and clinicians to lead and engage in QI initiatives. A total of 12 oncology nurse leaders, and clinicians, which include nurses and radiation therapists in various roles and from different disease site teams were selected to complete the LEAN Greenbelt Training Course. Upon completion of the course, the group met monthly to discuss the progress of their projects, learn from and with one another, and celebrate each other’s successes.

This program has demonstrated positive results: Participants developed skill sets to lead teams, learned project management skills, and they learned how to collect and use data to monitor the progress of their work. Some of the quality improvement projects resulted in decreased wait times for patients, established consistency in treatment practices, decreased clinic visits, increased efficiencies in the clinics, and built capacity for teams.

The Effect of Neurofeedback on Long-Term Symptoms and Quality of Life of Post-Treatment Cancer Survivors: Results of Interviews with Neurofeedback Providers and Clients

Marian Luctkar-Flude, RN, PhD², Dianne Groll, RN, PhD¹, Jane Tyerman, RN, PhD³, ¹Queen's University, Kingston, Ontario, Canada, ²Queen's University, Kingston, Ontario, Canada, ³Trent University, Peterborough, Ontario, Canada.

Background: Many cancer survivors continue to experience long-term physical and psychological symptoms following completion of cancer treatment. Many of these symptoms, particularly cancer fatigue and cognitive impairment (or chemobrain) are poorly managed and have few effective, evidence-based treatment options. Neurofeedback is a non-invasive, drug-free form of brain training reported to help with a variety of conditions including pain, fatigue, depression, anxiety, sleep disorders and cognitive decline; however, there is a lack of research exploring the use of neurofeedback with cancer survivors.

Objectives: To describe experiences of neurofeedback and its effect on long-term symptoms and quality of life of post-treatment cancer survivors as perceived by neurofeedback providers and cancer survivor clients.

Methods: This qualitative descriptive study employed semi-structured interviews with 12 neurofeedback providers, and five cancer survivors who were neurofeedback clients.

Results: Preliminary thematic analysis revealed four overarching themes:

- (1) Pay it forward: individuals who have had positive experiences with neurofeedback for managing their own symptoms often feel compelled to become neurofeedback trainers to help others
- (2) Night and day: participants described symptom improvement after neurofeedback as life-changing
- (3) Control: participants described neurofeedback as something cancer survivors could do for themselves to manage their symptoms and regain control over their lives
- (4) Brain knows what to do: neurofeedback was seen as a therapy that allowed the brain to fix itself

Conclusions: Result of interviews with neurofeedback providers and clients supports the use of neurofeedback to improve quality of life for cancer survivors experiencing longterm symptoms.

Funding: Queen's University and Queen's University Faculty Association Fund for Scholarly Research and Creative Work and Professional Development (Adjuncts).

Training Workshop with the Cancer And Work Website for a Successful Return to Work Following Cancer

Christine Maheu, PhD¹, Maureen Parkinson, MSc², Lucie Kocum, PhD³, margareth zanchetta, PhD⁴, Lynne Robinson, PhD⁵, ¹McGill University, Montreal, Quebec, Canada, ²British Columbia Cancer Agency, Vancouver, British Columbia, Canada, ³St-Mary's University, Halifax, New Brunswick, Canada, ⁴Ryerson University, Toronto, Ontario, Canada, ⁵Dalhousie University, Halifax, Nova Scotia, Canada.

Even though 62% of cancer survivors return to work within one year of diagnosis, cancer survivors may struggle with returning and staying and often benefit from the guidance from health care providers with vocational rehabilitation. This workshop will use the information from the newly created www.cancerandwork.ca website to aid healthcare providers become better able to support cancer survivors returning to work and staying at work. The workshop will include teaching healthcare providers to navigate the website information, resources, on-line tools by introducing a vocational rehabilitation model to guide assessment, referral process and determine how to provide counseling or case management support.

Case scenarios will be given, and participants will be guided through how to address potential barriers to return to work including addressing physical, cognitive and psychological challenges. By providing ideas to better enable healthcare providers to aid survivors in optimally navigating a return to work and job maintenance will promote better communication with all stakeholders (survivor, health care provider and employer) and increase the chances for a successful return to work and job maintenance.

Pause santé / Health Break

4:15 PM – 4:45 PM
Salle d'exposition / Exhibit Hall

 **Séance d'affiches groupe 5 / Group 5 Poster Sessions** *Page 111* **4:15 PM – 4:45 PM**
Foyer

Panel de discussion /
Focus Group



Jazz Pharmaceuticals®

4:45 PM – 6:15 PM
Salon du Jardin

Gérer vos complications post greffe, précoces, tardives et au-delà ...Une perspective Britannique

Michelle Kenyon, Infirmière spécialisée post greffe, King's Colleges Hospital, London UK

Objectifs éducatifs :

- Comprendre les différentes complications post transplantation tardives au travers de cas pratiques
- Comprendre les différentes complications tardives et
- L'impact de la transplantation de cellules souches sur la survie

Managing your BMT Complications Early, Late and Beyond... a UK Perspective

Michelle Kenyon, Post BMT Clinical Nurse Specialist, King's Colleges Hospital, London UK

Learning Objectives:

- Understand a range of early post-transplant complications supported by case examples
- Understand a range of late complications and the implementation of a rigorous screening protocol for consequences of treatment
- The impact of a stem cell transplant on Survivorship

Target Audience: BMT nurses

Réunions des comités et des SIGs / Committee + SIG Meetings **5:45pm – 6:45pm**

Soirée sociale

7:00 PM Onward
Chopin

Venez savourer une soirée de prestige, d'intrigue, un dîner et des rafraîchissements

(au shaker, pas à la cuillère) au luxueux Hilton Lac-Leamy à Gatineau, au Québec. Habillez-vous

pour impressionner et n'oubliez pas vos compétences en recherche d'agents secrets, un meurtre et mystère aura lieu au cours du dîner. Après avoir démasqué le meurtrier, rendez-vous sur la piste de danse!

Votre mission, si vous décidez de l'accepter : venez bien habillé, résoudre le mystère et célébrer les soins infirmiers en oncologie!

Social Event

Join us for an evening of glamour, intrigue, dinner and drinks (shaken, not stirred) at the luxurious Hilton Lac-Leamy in Gatineau, Quebec. Dress to impress and don't forget your secret agent sleuthing skills, a murder mystery will take place over dinner. After unmasking the villain, report to the dance floor!

Your mission (should you choose to accept it): Look fab, crack the case, and celebrate oncology nursing!

Jour quatre / Day Four

Lundi 30 octobre 2017 / Monday, October 30, 2017

Déjeuner / Continental Breakfast

7:30 AM – 8:45 AM

Beethoven/Chopin

🔑 Keynote Conférence plénière III

9:00 AM – 10:00 AM

Keynote Address III  

Beethoven/Chopin



Sujet: Changement

Pierre Lainey, DBA, MBA, Adm.A., Fellow C.M.C., CRHA Pierre Lainey est maître d'enseignement en management à HEC Montréal où il enseigne la gestion du changement, les habiletés politiques, le leadership organisationnel, la psychologie de la décision et la psychologie et le leadership du changement. Monsieur Lainey a œuvré pendant vingt-cinq ans comme consultant, particulièrement en changement et en développement organisationnel. Ses mandats l'ont amené à travailler dans des

organisations publiques et privées au Québec, en Ontario et aux États-Unis. Monsieur Lainey enseigne la consultation à l'École des sciences de la gestion à l'Université du Québec à Montréal (UQÀM) ainsi qu'à l'Université McGill. Psychologue de formation, Monsieur Lainey détient une maîtrise en administration des affaires (MBA) et détient la certification de l'Association canadienne des conseillers en management (CMC) dont il est fellow. Il est également conseiller en ressources humaines agréé de l'Ordre des conseillers en ressources humaines du Québec. Durant ses études doctorales qu'il a réalisées au Québec et en Angleterre, il s'est intéressé à la typologie des jeux politiques dans les grandes organisations soumises à des transformations. Ses recherches portent présentement sur les comportements stratégiques des individus qui réalisent des changements de culture dans les organisations. Il a publié sept ouvrages, dont un sur la psychologie et le leadership du changement en 2015, un autre sur la supervision en 2009 et le dernier sur les habiletés politiques et l'exercice de l'influence en 2016.

Les sujets suivants seront abordés:

- Les réactions typiques des gens dans le changement
- Les moyens pour engager les gens dans le processus de changement
- Les obstacles que l'on peut rencontrer dans le processus de changement
- Les moyens de réduire/d'éliminer ces obstacles

Topic: Change

Pierre Lainey, DBA, MBA, C.Ad., Fellow C.M.C., CHRP, is a full-time Lecturer in management at HEC Montreal where he teaches change management, political skills, organizational leadership, decision making and the psychology and leadership of change. Mr. Lainey has been in the consulting business for over 25 years, particularly in organizational development and change management. He has conducted assignments in private and public organizations in Québec, Ontario, and the United States. Mr. Lainey teaches management consulting at École des sciences de la gestion of the University of Québec in Montréal (UQAM) and at McGill University. Trained in psychology, Mr. Lainey holds a master's degree in business administration (MBA), is accredited by the Canadian Association of Management Consultants (CAMC) from which he is a Fellow. He is also a member of the Ordre des conseillers en ressources humaines du Québec. During his doctoral studies in Québec and the U.K., he researched the typology of political games taking place in large organizations undergoing culture change. His current research focuses on the strategic behaviour of people conducting culture change in organizations. He has published 7 books, one on the psychology and leadership of change, another on supervision and the last one on political skills and influence in 2016.

The following topics will be addressed:

- The typical reactions of people during a change process
- Ways to engage people in the change process
- Possible obstacles that may impede the change process
- Ways to reduce/eliminate those obstacles.

Pause santé / Health Break

10:00 AM – 10:30 AM

📄 Séance d'affiches groupe 6 / Group 6 Poster Sessions *Page 113*

Foyer



Atelier simultané / Concurrent Session VII-01-A

10:30 AM – 10:50 AM

Perceived Levels of Collaboration Between Cancer Patients and Their Providers During Radiation Therapy

Charlotte Lee, PhD, RN, CON(C)², Jason Wong, MD¹, ¹Southlake Cancer Centre, Newmarket, Ontario, Canada, ²Ryerson University, Toronto, Ontario, Canada.

Background: Patients' capacity to care for self and manage illness is an important predictor of wellbeing. In particular, cancer patients must collaborate with healthcare providers in decision-making and coping with treatment.

Purpose: To describe the pattern of collaborative relationships between patients and various healthcare professionals during radiotherapy (RT).

Method: A predictive, non-experimental design was used to survey cancer patients receiving RT from 2014 to 2016 at a cancer centre in Toronto. Participants (N=130) provided their responses in a one-time questionnaire which assessed collaboration with healthcare providers using a previously validated instrument, along with demographic variables and symptom scores (Edmonton symptom assessment system, ESAS).

Descriptive statistics was used to describe patterns of patient-provider collaboration. One-way ANOVA was used to examine differences in levels of collaboration between patients and different provider groups (e.g., dietitian, social worker).

Findings: Participants had low symptom scores (mean total ESAS =11). All patients reported collaboration with nurses, radiation oncologists and radiation therapists at moderate to high levels. A majority of participants (85.4 to 88.9%) reported no collaboration with other health professionals at the cancer centre.

One-way ANOVA findings suggested significant differences among ratings [$F(2, 387)=47.68, p<0.001$; Post-hoc Scheffe test $p<0.001$]; higher levels of collaboration with oncologists and radiation therapists than with nurses were noted.

Conclusion: Our findings prompted further investigations on patient-nurse collaboration in this population. Low symptom scores from our participants might explain a lack of collaboration with other providers: patients did not require further assistance to manage their illness. With recent changes in model of ambulatory cancer care, nurses need directions to help promote self-management. Policy implications will be discussed.



Atelier simultané / Concurrent Session VII-01-B

10:50 AM – 11:10 AM

Collaboration and Change

Christine Gervais, RN, BScN, CON(C)⁴, Lourdes Abella, RN, CON(C)³ Nancy Wolf, RN, BScN², Lourdes Abella, RN, CON(C)³, Debbie Lawrie, RN, BScN⁴, ¹Princess Margaret Hospital, Toronto, Ontario, Canada, ²QuintilesIMS Canada, Toronto, Ontario, Canada, ³Kingston Regional Cancer Centre, Kingston, Ontario, Canada, ⁴Odette Cancer Centre, Toronto, Ontario, Canada, ⁴Grand River Regional Cancer Centre, Kitchener, Ontario, Canada.

Change is constant and rapidly occurring in every aspect of our lives. The challenges to implement change are often times seen as barriers to providing the landscape for "best of care". Being "adaptable" in our challenging environment is a good characteristic to endorse.

In 2016, nurses from four cancer programs in Ontario volunteered to collaborate on an initiative to deliver a standardized tool that would provide management strategies for specific adverse events. The nurses were tasked with addressing challenges in the management of side effects experienced by their patients prescribed oral targeted therapies. Through their exchange of information, similarities in barriers were identified from within their respective institutions. They reviewed current literature and shared their expertise to develop, draft and deploy an adverse event management tool to help assess and guide strategies to improve patient outcomes. The nurses are all experts in caring for the melanoma patient, specifically those patients that reported pyrexia/fever from their prescribed combination therapy.

The tool developed provides guidance on managing pyrexia and the potential for additional complications, and highlights the positive impact of a standard approach to intervening in managing side effects.

We will present the tool, highlighting its "adaptability" in the management of other symptoms, and in other disease sites. This collaborative approach builds on partnerships among oncology nurses to provide evidenced based practice in this ever changing environment.

Hearing Patient's Voices During the Times of Change.

Renata Benc, BA, MSc(A), CON(C), Paula O. Calestagne, BA, *Jewish General Hospital, Health Network/CIUSSS West-Central Montreal, Montreal, Quebec, Canada.*

Numerous changes to our health care system within the last couple of years have touched the patients, families, and health care professionals. These changes brought on by health care re-organization and budgetary constraints.

Patient experience surveys are useful tools used by many health care institutions to design, develop and monitor patient and family centered services and programs.

Amid these changes it is essential that we make the effort to “check in” with our patients and families to evaluate their satisfaction with care and services received.

At our radiation oncology ambulatory clinic in an university-affiliated hospital we have developed a patient experience survey to capture this feedback, and any concerns. Surveys permitted patients to rate their satisfaction, and include comments.

This presentation will share this process, and demonstrate how we plan to use the feedback to reinforce the positive and pave the way for improvements

Improving Patient Safety in the Administration of Cytotoxic and Biologic Agent at North York General Hospital

Maria Cherry Sunga, RN, BScN, Yvette M. Barnes, RN, BScN, MSN/ED, CHPCN(C), CON(C), *North York General, Toronto, Ontario, Canada.*

Background: The importance of patient safety in the administration of cytotoxic and biologic agent is increasingly the hospital concern worldwide. There is a high concern on medication errors, communication /information gaps and post treatment events. Oncology nurses are in key position to improve the process in health care settings through safety initiatives and interventions.

Introduction: North York General Hospital Cancer Care Program is equally involved in pursuing quality improvement efforts and health care strategies to improve patient safety in the Oncology in-patient setting. Our organization recognizes collaborative partnership with the interprofessional team, quality reviews, and consistent adherence to practice standards to prevent errors, treatment delays and post treatment complications. Improvement and innovation in applying new processes and tools are geared toward patient safety. In parallel, staff mindfulness and patient teaching were prioritized to promote safe high quality care.

Methodology: The cancer patient treatment journey involves various complex process with different inter professional staff. Many of its processes are complex thus there is always windows for error that could lead to patient harm. Our hospital adapted a policy focusing on : Preparation of patient undergoing Cytotoxic and Biologic Treatment , the Cytotoxic and Biologic Administration and Safe Handling Guidelines and Ordering and Documentation Process review .

Conclusion: Patient safety in Oncology in -patient setting requires constant process reviews that would enhance and improve safety and patient care as well as decrease uneventful events. This presentation discusses and describes the translation of best practice standards into clinical practice as a patient safety priority. Data on how these policies & procedures are applied will be shared as well as key changes made.



Atelier simultané / Concurrent Session VII-02-A

10:30 AM – 11:10 AM

'PallOnc': How the Synergy of Two Disciplines Can Optimize Outcomes for Patients and Caregivers in Cancer Care

Reanne Booker, MN, BScN, NP^{1,2}, Linda Watson, PhD, RN⁴, Allyson Nowell, MN, RN, CHPCN(C), CON(C)³, Shari Moura, MN, RN, CHPCN(C), CON(C)⁵, ¹Tom Baker Cancer Centre, Calgary, Alberta, Canada, ²Foothills Medical Centre, Calgary, Alberta, Canada, ³Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada, ⁴Tom Baker Cancer Centre, Calgary, Alberta, Canada, ⁵Princess Margaret Cancer Centre, Toronto, Ontario, Canada.

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.



Atelier simultané / Concurrent Session VII-02-B

11:10 AM – 11:50 AM

Palliative Education through Art, Communication & Engagement: Enhancing Palliative Nursing Education through Performance Art

Brenda Sabo, PhD, RN², Samantha Hachey, BSc, MHA student¹, Peter Stilwell, MSc, Chiropractor PhD student¹, Erna Snelgrove-Clarke, PhD, RN², Alexis Milligan, BA, Artistic Director³, ¹Dalhousie University, Halifax, Nova Scotia, Canada, ²Dalhousie University, Halifax, Nova Scotia, Canada, ³Transitus, Halifax, Nova Scotia, Canada.

Through the use of an innovative arts-based approach, I will highlight how post-secondary palliative care education can be transformed to enhance understanding of palliative care and support open, frank conversations about death and dying. Research has highlighted that conversations about palliative care, death and dying are sub-optimal for patients and families yet families want these conversations to take place.

This research study funded by the Canadian Cancer Society, will provide conference attendees with

1. An opportunity to view a series of short vignettes from the PEACE Project,
2. An opportunity to discuss how art may be utilized in their practice setting to support dialogue about palliative and end of life care
3. An opportunity to provide input into enhancing palliative care nursing education
4. The benefits of integrating arts-based knowledge translation as a pedagogical approach within curriculum development include:
 - i. Teaching factual information and the development of skills when conventional methods are not effective
 - ii. Teaching the important skill of active listening. Art allows students to hear explicit messages stated, deconstruct and reconstruct the narrative. (Davidhizar & Lonser, 2003; Haigh & Hardy, 2011)
 - iii. Enhancing the development of clinical reasoning through deeper questioning, reflection and engagement of meta-cognition; "deep questions drive our thoughts underneath the surface of things, forcing us to deal with complexity" (Elder & Paul, 1998, p.297).



Atelier simultané / Concurrent Session VII-03-A

10:30 AM – 10:50 AM

Fear of Cancer Recurrence Among Survivors of Adult Cancers: A Study Examining Prevalence, Predictors and Mediators

Jacqueline Galica, RN, PhD, CON(C)¹, *Kelly Metcalfe, RN, PhD², Carol Townsley, MD³, Christine Maheu, RN, PhD¹, ¹McGill University, Montreal, Quebec, Canada, ²University of Toronto, Toronto, Ontario, Canada, ³Women's College Hospital, Toronto, Ontario, Canada.*

Fear of cancer recurrence (FCR) is a common concern among survivors. Despite the increasing volume of FCR research, results about FCR prevalence, predictors and mediators are largely inconsistent. Resolving these would illuminate the magnitude of FCR and characteristics useful to identify survivors at-risk for clinically-significant FCR (CS-FCR). Consequently, study objectives were to assess the prevalence of FCR and examine relationships among predictors and mediators of FCR.

A nurse-led, cross-sectional, mixed mode survey design was used to collect data about FCR, demographic and clinical characteristics, self-identities, illness representations, generalized expectancies, and coping style. Descriptive analyses were used to assess prevalence, and structural equation modeling (SEM) was used to examine predictors and mediators of FCR

One-thousand two participants completed the survey. The mean sample age was 61.1 years and 85.2% were female. The mean time since diagnosis was 9.1 years and 66.2% were diagnosed with breast cancer. Nearly 59% of the sample had CS-FCR. Age, sex, symptom burden, associations with cancer, self-esteem, and optimism had direct effects on FCR. Timeline, emotional representation, and coping styles, were found to mediate some of these relationships.

Study results revealed that a large percentage of survivors continued to experience CS-FCR even years after diagnosis. The resulting predictors may be useful for nurses to lead in the development of screening and/or assessment activities to identify survivors with, or at-risk of, CS-FCR. This would facilitate an expedient referral process for survivors with greatest FCR needs. The resulting mediators also have utility in that they may be useful for nurses to take a leadership role in the development or refinement of nurse-led FCR interventions.



Atelier simultané / Concurrent Session VII-03-B

10:50 AM – 11:10 AM

Writing Between the Lines: A Secondary Analysis of Unsolicited Narratives from Cancer Survivors Regarding their Fear of Cancer Recurrence

Jacqueline Galica, RN, PhD, CON(C), *Christine Maheu, RN, PhD, McGill University, Montreal, Quebec, Canada.*

Fear of cancer recurrence (FCR) is a common concern among cancer survivors. In a recent cross-sectional survey study examining FCR (n=1,002), 44 survivors provided unsolicited narratives, either as comments written in questionnaire margins or as accompanying notes, to describe their FCR experiences. The goal of this secondary analysis was to understand how these unsolicited narratives may contribute to our understanding of FCR, its standardized assessment, and intervention.

Methods: Demographic and clinical profiles of persons who did/did not provide narratives were generated using SPSS, and differences in profiles and level of FCR were explored between those who did/did not provide narratives. Qualitative descriptive analyses examined narratives associated with items on the measure and the collective data were examined for the emergence of themes.

Results: Few profile differences were found between those who did/did not provide unsolicited narratives, however the overall mean FCR score of those who provided narratives was significantly lower. Of those who provided narratives, their level of FCR was equally categorized as clinically- and not clinically-significant. Results identified which items on the measure garnered most narratives, participant responses to these items, and overall themes from the collective data.

Implications: Given the increasing attention to FCR assessment and interventions, this study provides unique insights into which survivors may benefit from more expressive interventions to cope with FCR. Results highlight opportunities that oncology nurses can incorporate into their cancer survivorship care to promote changes in FCR assessment and intervention.



Atelier simultané / Concurrent Session VII-03-C

11:10 AM – 11:50 AM

Coming to a Community Near You! How You Can Facilitate a “Living Your Best With and Beyond Cancer” Survivorship Workshop

Linda Watson, PhD, RN, CON(C), *Shelley M. Currie, MSW, Michael Lang, MHS, Amanda Jacques, MRT(T), BSc, MA, Jennifer Looyis, MPH, BSc, Alberta Health Services, Calgary, Alberta, Canada.*

Early in 2014, a multidisciplinary expert team was formed to help Alberta Health Services (AHS) – Cancer Control Alberta develop and implement an improved Transitions of Care model for Albertans completing curative-intent treatments in the network of cancer centres across the province. Education and empowerment for people living with and beyond cancer and their families were identified as key priorities throughout the engagement, design and implementation phases of this work. The new Transitions of Care model includes general and disease-specific patient self-management resources, a post-treatment transitions class, and outreach education for people who have been fully transitioned to Primary Care for longer term follow-up.

Determining a scalable and sustainable program model for outreach education has been a key accomplishment of the work to date. It consists of an annual live provincial outreach education event – “Living Your Best Life With and Beyond Cancer” (LYBL), and a suite of online resources based on the core content of the live event. This workshop will highlight the new “Living Your Best Life With and Beyond Cancer” online resources available on the AHS public website. The process of development from a live event format to a digital version will be described, and the content and navigation of the site will be reviewed in detail. Participants will have the opportunity to work in small groups to draft a plan to use and evaluate the LYBL resource in a mock practice environment, thus preparing participants to plan a real event in their home communities.

Atelier simultané / Concurrent Session VII-04

10:30 AM – 12:00 PM

Amélioration de la qualité / Quality Improvement

Morrice



Atelier simultané / Concurrent Session VII-04-A

10:30 AM – 10:50 AM

The Immediate Management of Hypersensitivity Reactions in Oncology: A QI Project

Luisa Luciani Castiglia, RN, MSc(A), CON(C), **Louise Duguay, RN, BScN**, *Joanne Power, RN, MScN, CON(C), Ziggy Zeng, MD, Amelie Chartier, B.Pharm., MSc, BCOP, Jonathan B. How, MD, Christine Legler, MD, Anne Nercessian, RN, BScN, Eileen Marie San Jose, RN, BScN, MHA, Christos Tsoukas, MD, Michel Sergerie, RN, MSN, CCN(C), McGill University Health Centre, Montreal, Quebec, Canada.*

We identified an opportunity to improve the management of hypersensitivity reactions (HSRs) in oncology settings in our centre. An interprofessional team employed a quality improvement (QI) methodology as a comprehensive approach to this issue.

This QI project aims to improve the management of HSRs to chemotherapy and biotherapy by standardizing practice (optimize immediate HSR management) and processes (to ensure interprofessional communication to promote continuity of care).

Initial steps sought to obtain a broader understanding of the situation. Three methods were used: chart review, process mapping and focus groups. The issue was initially identified as a lack of standing orders for HSR management. However, in addition to confirming variability in time to first reaction medication, issues around practice and communication emerged, such as variability in medications used and communication about the HSR. The latter impacted the ability to develop and follow-up a plan of care which factored beyond the immediate management of the HSR.

The team subsequently determined best practices from the literature and expert opinion, and mapped the ideal process. Potential strategies designed to improve care were identified, and those selected for implementation were prioritized using an effort/impact matrix. These included: the development of an interprofessional protocol, collective order, communication tool and documentation tool for HSRs.

This presentation will describe how a QI framework was used to effectively describe and address a common clinical issue. This approach extended the scope to include the clinical context, thus providing broader perspectives and solutions. It provides an example of how oncology nursing, in collaboration with the interprofessional team, can effect significant changes to improve patient care.



Atelier simultané / Concurrent Session VII-04-B

10:50 AM – 11:10 AM

High Dose Rate Prostate Brachytherapy Clinical Pathway – A Nurse-Led Initiative

Sandra Lowry, CON(C), RN¹, Pamela Boulianne, BScN, RN², ¹Ottawa Hospital, Ottawa, Ontario, Canada, ²Ottawa Hospital, Ottawa, Ontario, Canada.

In 2013, The Ottawa Hospital Cancer Centre (TOHCC)'s Radiation Therapy team introduced the High Dose Rate (HDR) Prostate Brachytherapy program. Brachytherapy is the insertion of a radioactive isotope directly into, or close to a tumour using special applicators. HDR Prostate Brachytherapy is used in conjunction with external beam radiation therapy for patients with intermediate and high risk disease.

Given the complexity of the HDR Prostate Brachytherapy procedure and anticipated educational needs of these patients before, during, and after the procedure, an inter-professional Working Group was formed to develop a Clinical Pathway. At The Ottawa Hospital, the development of a Clinical Pathway also involves the creation of a pre-printed Physician Order form and a patient education booklet. Given the instrumental role the brachytherapy nurses have in patient education, they are well-positioned to play a key role in the development of the patient education material and were strong leaders throughout the development of these tools.

This presentation will focus on the nurse-led development of an evidenced based Clinical Pathway and patient education booklet to guide nurses and patients through the HDR Prostate Brachytherapy treatment. We hope our material will help other brachytherapy nurses in their clinical practice. We seek to inspire other oncology nurses to lead initiatives that will empower and support their patients through their treatments.



Atelier simultané / Concurrent Session VII-04-C

11:10 AM – 11:30 AM

Effect of the Establishment of a Hematological Multidisciplinary Oral Chemotherapy Clinic at a Community Hospital on the Number of Emergency Department Visits

Hannah D. Bjorkman, LPN², *Patricia Disperati, MD, FRCPC¹, Katie Thede, B.Pharm.²,* ¹Michael Garron Hospital, Toronto, Ontario, Canada, ²Michael Garron Hospital, Toronto, Ontario, Canada.

Background: Oral chemotherapy (OC) is an efficacious albeit toxic treatment of Malignant Hematological diseases. Multidisciplinary oral chemotherapy clinics (MOCC) have been proven to improve care in patients with solid tumors such as prostate and gastrointestinal cancer but there is little data in the Hematological setting. A MOCC was formed to determine if it would lead to a 20% decrease in emergency department (ED) visits and hospital admission over a 10-month period after implementation in patients with Malignant hematological disease on oral chemotherapy.

Methods: A chart review of patients on oral Hematological drugs was performed for baseline data. A MOCC consisting of a nurse and a pharmacist was established, with physician backup. Checklists that were drug and disease specific were created for 5 different drugs (Lenalidomide, Ibrutinib, Dasatinib, Nilotinib and Idelalisib) for treatment initiation, follow-up and monitoring and incorporated into the electronic health record. This model was piloted and outcomes were measured to determine improvements in medicine reconciliation, documentation of adverse events, dose modification, patient compliance, unscheduled MD assessments and ED visits. Qualitative interviews were performed with patients and nurses to assess satisfaction with this team approach.

Results: 30 patients with Hematological malignancies were enrolled sequentially during the 10-month period. After a median follow up of 7 months, there was 100% medicine reconciliation and 92% compliance with treatment protocols; 47% of patients had interventions that would not previously have been documented or addressed. There was a 33% decrease in ED visits and hospital admission from baseline. Both patients and nursing staff were satisfied with the team approach.

Conclusions: In a community setting, the implementation of MOCC resulted in early recognition of AE and reduced ED visits. In addition, the new model lead to improved patient and staff satisfaction.



Atelier simultané / Concurrent Session VII-04-D

11:30 AM – 11:50 AM

Innovative Cancer Centre Care Delivery Model: NP Led Clinic for Men with Metastatic Castration-Resistant Prostate Cancer (mCRPC)

Grace I. Bradish, MScN, ACNP, CON(C), Nurse Practitioner^{1,2}, Wendy McEwen, BScN, NP-PHC, CHPCN(C), MScN(Candidate²⁰¹⁷)⁵, Donato Pezzutto, MD⁴, Scott Ernst, MD^{1,3}, Kylea Potvin, MD^{1,3}, Eric Winkvist, MD^{1,3}, ¹LHSC, London, Ontario, Canada, ²Western University, London, Ontario, Canada, ³Western University, London, Ontario, Canada, ⁴Wonderland South Medical Center, London, Ontario, Canada, ⁵LHSC, London, Ontario, Canada.

Objective: A large cohort of men now receives oral treatments for minimally symptomatic mCRPC. These men require ongoing monitoring for treatment side effects and signs of cancer progression. Most of these men remain on treatment for at least 12 months before a change of treatment is required. Regional cancer clinics are becoming overcrowded with increased numbers of patients secondary to an aging population, increased cancer incidence and prevalence, and multiple lines of therapy. Accommodating the supervision of cancer patients on treatment poses both fiscal and logistic challenges to the cancer care system.

Methods: An offsite outpatient clinic for monitoring of suitable men with mCRPC on abiraterone/prednisone or enzalutamide as first-line therapy was initiated. Patient care was provided by a NP experienced in the care of this population in a Family Health Organization (FHO) setting. The collaborative care model included the Medical Oncologist who saw the patient after six months or sooner as required.

Results: To date 42 patients have been transferred for monitoring under this care delivery model and have received ongoing surveillance visits q 1–3 monthly. No adverse patient care incidents have occurred. Data describing a preliminary evaluation of this experience from the cancer centre, oncologist, NP, FHT and patient/family perspectives will be presented.

Conclusion: Preliminary evidence suggests that this approach represents a safe and effective care delivery model for this population. Patient and family satisfaction was high. We did not assess cost effectiveness. Similar care delivery approaches may also be suitable for other cancer patient populations.

Atelier simultané / Concurrent Session VII-05 Innovation

10:30 AM – 12:00 PM
Julien/Gagnon



Atelier simultané / Concurrent Session VII-05-A

10:30 AM – 10:50 AM

Shared Medical Appointments for Patients with Cancer: A Systematic Review

Freyja Kelly, RN, BScN, BHSc¹, Carrie Liska, RN, MN², Robin Morash, RN, MHS², Jiale Hu, RN, MScN¹, Dawn Stacey, RN, PhD, CON(C)^{3,1}, ¹University of Ottawa, Ottawa, Ontario, Canada, ²The Ottawa Hospital, Ottawa, Ontario, Canada, ³Ottawa Hospital Research Institute, Ottawa, Ontario, Canada.

Background: Shared medical appointments (SMAs) are group appointments, in addition to an optional individual consultation, for patients diagnosed with the same chronic illness. SMAs improve diabetes management but little is known about their use for adults with cancer. The purpose of this systematic review was to determine the effect of SMAs on patients, healthcare providers, and the healthcare system.

Methods: A systematic review of relevant databases was conducted (January 1970 to September 2016). The databases included Medline, CINAHL, PsychINFO and EMBASE. Eligible studies evaluated SMAs for adult patients with cancer. Screening, data extraction, and risk of bias were done independently by two authors. Analysis was descriptive.

Results: Of 1934 citations, preliminary findings include four studies: a randomized controlled trial (RCT) (N=69 patients) and three descriptive studies (N=415 patients). Patient populations were breast cancer survivors (n=2 studies), women with gynecological cancer (n=1), and adults with skin cancer (n=1). All four studies had one SMA visit with 6 to 8 attendees that ranged from 90 to 150 minutes. Healthcare providers who led the SMAs included physicians, nurses, pharmacists and social workers. Patients were satisfied in all 4 studies (range 4.29 – 4.9 out of 5). The RCT reported increased healthcare provider satisfaction compared to usual care. One descriptive study and the RCT reported equal overall costs of providing SMAs compared to individual consultations.

Conclusion: Few studies have evaluated SMAs and preliminary findings show improved patient and healthcare provider satisfaction. Further evaluation of SMAs should include a more rigorous study design, such as RCTs. Objective outcomes should also be assessed and should include patient knowledge, number of specialist physician visits, hospital admissions, and emergency department visits.

Reaching Our Patients Through Innovation: The Path to Change A Pilot Study of Nurse/ Pharmacy Led Telemedicine Clinic for Patient Receiving Oral Chemotherapy

Carla Girolametto, MHSc¹, Jennifer Dahmer RN, BN², Gloria Hasenpflug RN, BScN, CON(C), BSN², ¹Grand River Regional Cancer Centre, Kitchener, Ontario, Canada, ²Out-patient Clinics, Kitchener, Ontario, Canada.

Accessibility to a skilled oncology care provider will be of paramount importance as the demand for oncology care continues to rise. Many individuals diagnosed with cancer reside in rural areas which has the potential to make travelling to a tertiary cancer centre to receive care difficult. The number of emergent therapies in the oncology milieu which are oral is increasing; this shifts the care delivery to empower the patient to administer their own oral therapies and to seek out their own follow up with an oncology care provider. Patients may be exposed to significant toxicities of oral chemotherapy outside of the ambulatory setting. This presentation will present a pilot study evaluating a nurse/pharmacy led telemedicine clinic for patients receiving oral chemotherapy.

Specially, the presentation will highlight the role of specialized oncology nurses as expert clinicians and novice researchers in contributing to a randomized, open-label comparison study of a cohort metastatic prostate cancer patients on oral abiraterone and enzalutamide therapy. The primary outcomes of patient satisfaction with overall care utilizing a validated scale between the group of patients using the OTN clinic and a matched group of control patients receiving conventional care will be discussed. Data will also be shared on the number and types of toxicity related interventions made and will be reported in a descriptive fashion. Academic partnerships for the research and grant funding will be disclosed.

 Atelier simultané / Concurrent Session VII-05-C**11:10 AM – 11:30 AM**

Integrating Patient Self-Reported Symptoms with Technology

Susan J. Curtis, RN, Kam K. Dosanjh, RN, BC Cancer Agency, Surrey, British Columbia, Canada.

An innovative BC provincial program in the provision of care before, during and after Radiation therapy (RT) is called the Prospective Outcomes Support Initiative (POSI). POSI is intended to collect Patient Reported Outcomes Measurements (PROM's) on the effectiveness of radiation therapy (RT). This initiative has been designed to measure the impact of treatment on symptom management and side effects of treatment from the patient's perspective. This model allows the health care team to identify the positive and negative impacts of treatment on patient's function and quality of life.

IPAD's are utilized at the BCCA for patient reported symptom data and is collected with tumour specific questionnaires at regularly scheduled intervals. Responses are collected onto a central database whereby all members of the interdisciplinary team can review the responses. This allows for ease of assessment, care planning and improvement of time management by having a visual snapshot of symptom trends.

As front line healthcare Professionals, we continually strive to improve patient care and as such, have found that POSI effectively improves the level of care we provide during and after RT treatment. Patient participation has been widely received and promotes engagement in their care.

Ultimately, the goal is to have all patient groups with Nurse- led comprehensive and timely care that is guided by tumour-specific questionnaires. Comparative data collected from POSI will continue to provide high quality retrospective research.

 Atelier simultané / Concurrent Session VII-05-D**11:30 AM – 11:50 AM**

Delivery of Care Closer to Home: The Development and Implementation of a Day +1 Autologous Stem Cell Transplant Program

Janette Klaver, MScN, Margaret Mayer, MScN, GRRCC, Kitchener, Ontario, Canada.

Improving access to hematopoietic stem cells transplants for people with malignant hematological diseases continues to be an important priority provincially. In response to the provincial request for regional cancer centers to investigate the possibility of expanding services to include post autologous stem cell transplant patient. The Grand River Regional Cancer Centre along with Grand River Hospital worked to develop a new day +1 autologous stem cell transplant program with the goal of improving access to care and moving care closer to home. Nursing leaders within the organization worked to develop the framework that would be required to provide high quality post-transplant care. Working in partnership with Juravinski Cancer Center; new policies, routine order sets and clinical supports were developed and implemented within the organization. In an effort to ensure local access to care, pre-transplant testing and insertion of specialized central venous access devices (CVAD) were reallocated from the transplant center to the local community hospital. This required the development of multiple new policies and practices. Educational workshops were offered to support nursing staff as they expanded their role in caring for a new population of patients as well as a new central access device. The implementation of a new patient care service, required organizational change management and knowledge translation.

Speed Mentoring to Enhance Oncology Nursing Research: An Interactive Workshop of the Cano Research Committee

Dawn Stacey, RN, PhD, CON(C)^{1,2}, Aronela Benea, RN, MScN³, Sally Thorne, RN, PhD⁵, Kristen Haase, RN, MScN^{1,4}, Leah Lambert, RN, BScN⁵, Virginia Lee, RN, PhD^{6,7}, Christine Maheu, RN, PhD⁷, Manon Lemonde, RN, PhD⁸, Krista Wilkins, RN, PhD⁹, ¹University of Ottawa, Ottawa, Ontario, Canada, ²Ottawa Hospital Research Institute, Ottawa, Ontario, Canada, ³Women's College Hospital, Toronto, Ontario, Canada, ⁴University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ⁵University of British Columbia, Vancouver, British Columbia, Canada, ⁶McGill University Health Centre, Montreal, Quebec, Canada, ⁷McGill University, Montreal, Quebec, Canada, ⁸University of Ontario Institute of Technology, Oshawa, Ontario, Canada, ⁹University of New Brunswick, Fredericton, New Brunswick, Canada.

Background: Canada has many renowned oncology nursing scholars whose research you have read or implemented in your practice. Would you like to talk with these scholars about your shared interests and research questions? Would you like to discuss getting started with your own research or using the best evidence to inform your practice?

Objectives: The aims of the workshop are: (1) to provide an opportunity to discuss your particular research-related questions; (2) to engage in a lively dialogue about nursing research and moving research into practice; and (3) to network with others interested in research.

Description of the workshop: Using “speed mentoring”, attendees are invited to participate in a series of 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 another mentor. At the end of the workshop, attendees will be encouraged to reflect on discussions and plan their next steps.

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. There will be opportunities for speed mentoring in English and French

Making Educational Resources More Understandable for Chemotherapy Patients Living in a Rural Community

Dîner éducatif Pfizer Injectables / Pfizer Injectables Lunch Symposium



12:00 PM – 1:30 PM
Beethoven/Chopin



Thrombose associée au cancer: Qu'est-ce que le patient devrait savoir?

Présentateur: Dr. Marc Carrier, MD, MSc, Institut de recherche de l'hôpital d'Ottawa, Université d'Ottawa, Canada

Objectifs de la session:

- Revoir les meilleures pratiques sur la façon d'éduquer les patients à propos de la thrombose associée au cancer (TAC).
- Revoir les dernières lignes directrices et les données probantes pour le traitement de la TAC.
- Comprendre l'impact des interactions médicamenteuses lors de la sélection d'un anticoagulant pour le traitement de la TAC.

Description de la session :

Cette session portera sur la thrombose associée au cancer (TAC). En premier lieu, l'approche multidisciplinaire en matière d'éducation des patients sera examinée afin de mettre en évidence l'importance et les avantages de la sensibilisation à la TAC. Ensuite, les différentes options de traitement anticoagulant dans la gestion de la TAC seront présentées en examinant les dernières lignes directrices et les données probantes. Les meilleures pratiques sur la manière d'informer efficacement les patients de leurs options de traitement seront également partagées, y compris les explications sur les interactions médicamenteuses.

Cancer-Associated Thrombosis: What the Patient Should Know

Speaker: Dr. Marc Carrier, MD, MSc The Ottawa Hospital Research Institute, University of Ottawa, Canada

Session Objectives:

- Review best practices on how to educate patients on Cancer-Associated Thrombosis (CAT).
- Review the latest guidelines and clinical evidence in CAT management.
- Understand the impact of drug-drug interactions in the selection of an anticoagulant in CAT treatment.

Session Description:

This session will be focusing on Cancer-Associated Thrombosis (CAT). First, the multi-disciplinary approach in regards to patient education will be reviewed in order to highlight the importance and the benefits of disease awareness in CAT. Then, the different anticoagulant treatment options in CAT management will be presented by reviewing the latest guidelines and clinical evidence. Best practices on how to effectively inform patients of their treatment options will also be highlighted including explanation of drug-drug interactions.

Symposium conjoint annuel de l'ACIO/CANO et de la société canadienne du cancer / Annual CANO/ACIO and Canadian Cancer Society Joint Symposium

1:45 PM – 2:45 PM
Beethoven/Chopin

Les soins centrés sur la personne sont un sport d'équipe : comment les patients, les infirmières en oncologie et la Société canadienne du cancer peuvent faire équipe afin d'améliorer les résultats pour les patients et leur expérience

Linda C. Watson, RN, PhD, CON(C), Lead, Person Centred Care Integration CancerControl Alberta, Alberta Health Services
Tracy Torchetti, MA, Director, Cancer Information, Canadian Cancer Society
Jan MacVinnie, RN, Manager, Canadian Cancer Society, Cancer Information Service

Les soins centrés sur la personne (SCP) sont un élément clé d'un système de santé de haute qualité. Dans le cadre d'une expérience de SCP, les patients et leurs proches reçoivent du soutien afin d'acquérir les connaissances, les compétences et la confiance nécessaires à la prise de décisions éclairées et de développer leur capacité à se prendre en charge. Les SCP consistent à fournir des soutiens sur mesure aux patients en fonction de leurs besoins, croyances, valeurs et objectifs pris dans leur globalité et à adapter ces soutiens aux besoins des patients et de leurs proches à mesure qu'ils évoluent tout au long de la trajectoire du cancer. Les SCP exigent que les patients soient toujours traités avec dignité, compassion et respect.

À la lumière des exigences croissantes placées sur le système de soins aux personnes atteintes de cancer, la fourniture des SCP n'est pas une chose que les infirmières peuvent accomplir à elles seules. Les occasions données aux infirmières en oncologie de collaborer avec des organisations et d'utiliser des ressources dépassant le cadre traditionnel du système de soins aux personnes atteintes de cancer maximaliseront la capacité du système à dispenser des SCP tout en améliorant les résultats pour les patients et leur expérience.

La Société canadienne du cancer (SCC) peut rehausser la capacité du système de santé à dispenser des SCP grâce à l'information et au soutien qu'elle prodigue en matière de participation des patients, d'autogestion et de soutien par les pairs. Pourtant, tout ce que la SCC offre est en grande partie sous-utilisé par les infirmières en oncologie. Ce symposium aidera ces dernières à comprendre les types de soutiens que les Canadiennes et Canadiens atteints de cancer recherchent auprès de la SCC et explorera les manières dont les infirmières en oncologie pourraient s'impliquer davantage avec la SCC et ses programmes pour le bienfait des patients et de leurs proches. Ces aperçus essentiels permettront aux infirmières en oncologie de renforcer leur capacité à promouvoir pleinement les soins centrés sur la personne, dans le cadre d'une collaboration avec les patients et la SCC.

Plus que jamais, il est primordial que les patients et leurs proches :

- sentent qu'ils peuvent s'impliquer dans leurs soins à titre de partenaires à part entière
- reçoivent le soutien nécessaire pour autogérer leurs besoins en soins de santé et ce, dans la mesure du possible
- comprennent vers qui ils peuvent se tourner quand ils ont besoin d'un soutien accru

En collaborant avec la SCC, les infirmières en oncologie ont la possibilité de maximaliser la capacité des patients et de leurs proches en matière de participation, d'autogestion et de soins centrés sur la personne.

Person-Centred Care is a Team Sport: How Patients, Oncology Nurses and the Canadian Cancer Society Can Team Up to Improve the Patient Experience and Outcomes

Linda C. Watson, RN, PhD, CON(C), Lead, Person Centred Care Integration CancerControl Alberta, Alberta Health Services
Tracy Torchetti, MA, Director, Cancer Information, Canadian Cancer Society
Jan MacVinnie, RN, Manager, Canadian Cancer Society, Cancer Information Service

Person-centred care (PCC) is a key component of a high-quality health care system. In a PCC experience, patients and their families are supported to develop knowledge, skills and confidence to make informed decisions and build their ability to self-manage. PCC involves providing tailored supports to patients based on their holistic needs, beliefs, values and goals, and adapting those supports to patients' and their families' changing needs across their cancer trajectory. PCC includes always treating patients with dignity, compassion and respect.

With increasing demands on the cancer care system, delivering PCC is not something that nurses can achieve alone. Opportunities for oncology nurses to partner with organizations and use resources beyond the traditional scope of the cancer care system will maximize the system's capacity for delivering PCC while improving patient experience and outcomes.

The Canadian Cancer Society (CCS) can augment the health care system's ability to provide PCC through its information and support for patient engagement, self-management and peer support – and yet what CCS has to offer is largely underutilized by oncology nurses. This symposium will help oncology nurses understand what types of supports Canadians with cancer reach out to CCS for and will explore opportunities for oncology nurses to more fully engage with CCS and its programs to benefit patients and families. These key insights will offer oncology nurses opportunities to extend their capacity, through collaboration with patients and the CCS, to optimally promote person-centred care.

More than ever, it is essential that patients and families:

- feel empowered to engage as full partners in their care
- are supported to manage their own care needs as much as possible
- understand where to turn when they need more support

Through collaboration with CCS, oncology nurses can maximize patients' and families' capacity for engagement, self-management and person-centred care.

Cérémonie de clôture et remise de prix pour abrégés /
Closing Ceremonies and Abstract Award Presentation

2:45 PM – 3:15 PM
Beethoven/Chopin

Séance d'affichage / Poster Presentations

Jour Un / Day One

6:00 PM – 6:30 PM

Friday, October 27, 2017 | Groupe 1 / Group 1

P-1

Making Educational Resources More Understandable for Chemotherapy Patients Living in a Rural Community

Penelope A. Webster, BScN, *Winchester District Memorial Hospital, Winchester, Ontario, Canada.*

Receiving a cancer diagnosis and beginning chemotherapy are stressful events for patients and their family members. Prior to starting chemotherapy, many patients experience “information overload” when receiving education about procedures, medications, side effects, requirements, and expectations. Being overloaded with information makes the instructions difficult to process and remember, and for those with lower than average literacy skills it is even more challenging. Many patient education materials are written at a high reading level and contain health-related jargon, complex layouts, and other characteristics making them more difficult to read and understand. Not reading or misunderstanding instructions may contribute to poorer outcomes including patient medication errors, unnecessary side effects, more emergency department visits, and missed treatments. Reducing the complexity of patient education leads to better understanding, thus decreasing these adverse events, and results in improved clinical outcomes.

As a chemotherapy nurse with a strong interest in health literacy and plain language, I noticed many of our patients did not understand or comply with the written instructions they had been given. This prompted a review of the current education materials, where it was found that many were written at an advanced reading level, and were unsuitable in other areas such as content, layout, and literacy demand. Even those with advanced literacy skills found the amount and complexity of information overwhelming and preferred to have the uncomplicated versions. This poster will share the process of how I was able to simplify existing resources, and effectively share critical information with patients and family members, thereby illustrating the conference theme of “Oncology Nurses – Leading the Way”.

P-2

Improving Patient Prioritization along the Autologous Transplant Pathway: Responding to Organizational and Patient Challenges

Charissa P. Cordon, RN, MN, CON(C), EdD², Michele Saunders-Roy, BA, CON(C), RN¹, Lizeta Shaw, BA, none¹, Georgia Georgiou, MAEd, BA, B. Ed¹, Cheryl McInnis, CON(C), RN¹, ¹Hamilton Health Sciences, Hamilton, Ontario, Canada, ²Juravinski Hospital and Cancer Center, Hamilton Health Sciences, Hamilton, Ontario, Canada.

Background: The number of patients requiring autologous transplant has increased dramatically over the last few years and an observed fluctuation in admissions for the transplant procedure resulted, impacting timely treatment for all hematology patients. There were 0 to 4 transplants per week or 5–15 autologous transplants occurring per month. A lack of centralized, accessible patient information resulted in prioritization difficulties and bottlenecks within the system. Our goal was to smooth out the distribution of transplant admissions, while ensuring that patients progress through the transplant pathway as per the Cancer Care Ontario (CCO) guidelines target of no more than 21 days post the last apheresis to transplant.

Methods: Through application of LEAN methodology, we created and implemented an autologous transplant database to monitor patient progress, diagnostics, and data results, track clinical team care planning and improve communication to avoid delays for autologous transplant patients.

Discussion: Prior to implementation, we were performing ^{2–3} transplants/week only ^{59%} of the time. Our target is to perform at this rate ^{≥80%} of the time. The presentation will focus on the specific efficiencies that were addressed and the outcomes achieved including what processes were streamlined, impacts on patient prioritization, balancing impacts on the stem cell lab and inpatient settings, and ongoing achievement of the provincial target of transplant within ²¹ days post last apheresis.

P-3

Radiation Oncology Nurses: Leading the Implementation of a No-Sting Barrier Film for Radiodermatitis

Linda Healey, RN, CON(C), Amber Killam, MScN, CON(C), deSouza Provincial Standardized Chemotherapy & Biotherapy Course Facilitator, Andre Patry, BSc, MRT(T); B.E.P.S., The Ottawa Hospital, Ottawa, Ontario, Canada.

Radiation-induced skin reaction (RISR) affects the majority of cancer patients receiving radiation therapy (RT). RISR is often characterized by swelling, redness, pigmentation, fibrosis, ulceration, pain, warmth, burning, and itching of the skin. Severe radiodermatitis can have a negative impact on quality of life and lead to interruptions in RT treatments. Despite the high number of trials in this area, there is limited good, comparative research that provides definitive results suggesting the effectiveness of any single intervention or agent for reducing RISR. The interventions currently showing the most potential are calendula, hyaluronic acid, silver leaf dressings and no-sting barrier films.

The Radiation Medicine department at our large teaching hospital recently implemented a clinical practice change related to skin care interventions for patients receiving RT to the vulva and certain patients receiving RT to the breast. These patients are being instructed to use a no-sting barrier film (NSBF) during treatment versus the traditional moisturizing lotion to delay the onset and reduce the severity of RISR. NSBF is effective in managing skin integrity during RT, as its sting-free formula forms a transparent barrier over the skin protecting it from friction and aiding in moisture management, without creating a bolus effect.

This poster will highlight the implementation process and positive impact of this clinical practice change. Radiation Oncology Nurses, with their evidence-informed approach and willingness to collaborate, were particularly well positioned to lead this change given their involvement in patient education, symptom management and support of coping. In close collaboration with the Radiation Therapists, they were integral members of the interprofessional disease site groups involved in decision-making and planning around this change in practice.

P-4

Health professionals' responses to a video about First Nations & Metis people's experiences with cancer

Viviane Grandpierre, MA, BA Honours, PhD Candidate, Roanne Thomas, PhD, Wendy Gifford, PhD, University of Ottawa, Ottawa, Ontario, Canada.

Background: First Nations and Métis peoples experience many challenges in cancer care, such as a lack of community-based programs, encounters with racism, and financial obstacles.

Objectives: The National Picture Project team explored gaps in cancer survivorship care with First Nations and Métis peoples. This poster focuses on audience responses to the video that was produced to summarize the findings.

Methods: Our team used arts-based methods in tandem with sharing sessions and interviews with survivors in five Canadian communities. The resulting video has been screened five times in four communities to over 100 people. Data from post-screening discussions as well as written responses to open ended questions (e.g., what might be done to improve survivorship care; who should see the video) were analyzed.

Results: Audiences consisted of nurses and other health professionals, patients, caregivers, and other stakeholders. Health professionals and patients both indicated that there are gaps in cultural sensitivity within health practices. Audience members also reported the video could be a useful tool for practicing health professionals, as well as for students, particularly those in nursing and medicine. Nurses also stated the video was relevant to current initiatives surrounding person-centred care.

Conclusion: While the video was intended to raise awareness of issues faced by First Nations and Metis cancer survivors, post-screening discussions and responses indicate that nurses and health professionals were able to identify potential contributions toward oncology nursing practice.

Jour deux / Day Two

10:45 AM – 11:15 AM

Saturday, October 28, 2017 | Groupe 2 / Group 2

P-5

Managing Cancer And Living Meaningfully Information Group (CALMING): Pilot Study of a Novel Psychoeducational Session for Patients

Eryn Tong, BSc¹, Shari Moura, RN, MN, CON(C), CHPCN(C)², Chris Lo, PhD¹, Louise Lee, MEd, MA^{1,3}, Kelly Antes, MSW, RSW^{1,2}, Sarah Buchanan, BSc, RD^{4,2}, Ali Henderson, MSW, RSW^{1,2}, Gary Rodin, MD^{1,3}, ¹Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ²Princess Margaret Cancer Centre, Toronto, Ontario, Canada, ³University of Toronto and University Health Network, Toronto, Ontario, Canada, ⁴Princess Margaret Cancer Centre, Toronto, Ontario, Canada.

Background: The diagnosis of advanced cancer challenges the physical and psychological wellbeing of patients. Distress and uncertainty are amplified by unmet informational and coping needs. However, there are currently no standardized approaches to provide informational and psychosocial support for patients with advanced cancer and their families. We propose a pilot study of a psychoeducational session to improve knowledge about the disease and its physical, emotional, and family impact; satisfaction with care; and reduce uncertainty.

Objective: To evaluate the feasibility and acceptability of a psychoeducational session for patients with pancreatic cancer and their families, called Managing Cancer and Living Meaningfully Information Group (CALMING).

Methods: Patients diagnosed with advanced pancreatic cancer will be invited to CALMING with their families. Feasibility outcome data will be collected. Measures assessing uncertainty, satisfaction with care, and knowledge will be administered at baseline and at 1 month. Follow-up interviews conducted with participants and clinical staff will inform feasibility and acceptability.

Intervention: CALMING, a 1.5-hour session will be led by an interdisciplinary team (i.e., nurse, social worker, dietitian). It will address disease management, communication with loved ones and HCPs, personal and family impact of cancer, preparing for the future, and supportive care services.

Significance: A psychoeducational session for patients with advanced cancer may reduce uncertainty and facilitate end-of-life adaptation. Preliminary findings will be discussed in relation to the feasibility and acceptability of psychoeducation in the advanced cancer context.

P-6

Colorectal Cancer Survivorship: An Evaluation of Surveillance Guidelines Compliance

Gail Larocque, RN(EC), NP, BScN, *Carrie Liska, RN, BScN, MN, Robin Morash, RN, BNSc, MHS, The Ottawa Hospital, Ottawa, Ontario, Canada.*

Background: The Wellness Beyond Cancer Program (WBCP) was launched in March 2012 for colorectal cancer (CRC) patients. Patients are discharged at the end of active treatment to (a) their Primary Care Provider (PCP) or to (b) a Nurse Practitioner (NP) within the cancer centre until deemed appropriate for discharge to the PCP. To enhance self-management strategies and knowledge, all patients are invited to attend a survivorship education class and receive a discharge visit and survivorship care plan review by an oncology nurse, when discharged to their PCP. Enhanced coordination of care and compliance to evidence-based surveillance guidelines help to ensure optimal patient outcomes after discharge.

Objective: To evaluate CRC patient compliance to the recommended surveillance guidelines (CEA, CT scans, and colonoscopy) after discharge from the medical specialist and transitioning through the WBCP.

Methods: Surveys were distributed for 466 patients discharged between March 2012 and March 2014 and were at least one year from treatment completion. Of these, 382 were mailed to the PCP and 84 to the NP.

Results: To date, PCP surveys continue to be received with a current PCP return rate of 25% and a current NP return rate of 100%. Preliminary results demonstrate compliance rates to the recommended surveillance guidelines of > 90% for PCP patients and nearly 100% for NP patients.

Summary: With surveys received to date, current evaluation supports CRC patients' compliance to the recommended surveillance guidelines, when transitioning through the WBCP. Survivorship oncology nurses are well-positioned to enhance the coordination of care between medical specialists and PCPs and engage survivors in the self-management of their follow-up care.

P-7

Developing Innovative Competency Based Education for Oncology Nurses Providing Urgent Cancer Care

Suganya Vadivelu, BScN, MScN, CON(C), PGHDM^{1,2}, *Noelle Gauvin, NP³, Charissa P. Cordon, PhD³, Lorraine Martelli, NP³, Denise B. Lukosius, PhD⁴, Amanda Hurdowar, BSc³, ¹Hamilton Health Sciences, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada, ³Hamilton Health Sciences, Hamilton, Ontario, Canada, ⁴McMaster University, Hamilton, Ontario, Canada.*

Purpose: Developing oncology specific urgent care competencies as the basis for staff education and practice development within a new model of urgent cancer care setting.

Background: An urgent care clinic was established to improve patient access to cancer. A key feature of this new clinical service was the increased role of registered nurses in providing proactive symptom management and self-management support. The delivery of urgent care services in the care of newborns is a new approach to nursing practice.

Method: Existing standards of practice and competencies outlined by the Canadian Association of Nurses in Oncology and the National Emergency Nurses Association were integrated with symptom management telephone triage guidelines to establish a core competence specific to urgent care. The competency questionnaire was reviewed by experts for content and face validity. Nurses completed a self-assessment of these competencies prior to and following completion of the competency based education program that was developed and offered to them.

Implications: Nurses reported the competencies provided in their day-to-day practice in oncology urgent care. The new competencies enabled the development of a pragmatic education curriculum to enhance and optimize these skills. Future work will focus on further validation of the competencies for expanded use in other settings. Implications for developing oncology practice with an urgent care focus will be discussed.

P-8

Nurses Leading the Way with Assisting Patients on their Path Towards Smoking Abstinence

Mélissa Michel, RN, BScN, MScN (student)^{1,2}, Robin Morash, RN, BScN, MHS¹, ¹The Ottawa Hospital, Ottawa, Ontario, Canada, ²The University of Ottawa, Ottawa, Ontario, Canada.

It is estimated that every year, 37 000 people die prematurely from smoking and that half of smokers will die of smoking related illness. The topic of smoking cessation has long been a difficult subject of conversation between patients and health care providers. Patient counseling on this matter has been considered subpar to the newly developed guidelines established by RNAO on how to incorporate smoking cessation intervention into daily nursing practice. Health care professionals need to offer counseling and provide access to necessary tools that will actively encourage patients to partake in decision making in regards to smoking cessation.

Several barriers prevent health care providers from tackling this problem head-on: issues with lack of time, self-efficacy and uncertainty of their roles. Research suggests that nurses can have a positive influence on cessation rates and decision counseling. A literature review on smoking cessation with respect to decision counseling was conducted to further understand how to support patients who want to stop smoking. This poster presentation will present the findings of the literature review focusing specifically on how nurses can help patient who have made the decision to stop smoking. Nurses need to integrate smoking cessation in their daily practice by asking, advising, assisting and arranging follow-up to better support their patients in their smoking cessation journey.

Jour deux / Day Two

3:45 PM – 4:15 PM

Saturday, October 28, 2017 | Groupe 3 / Group 3

P-9

Estimation and Comparison of Health Care Costs for Patients With Newly Diagnosed Advanced Colon Cancer Seen in two Cancer Centre

Suganya Vadivelu, BScN, MScN, CON(C), PGDHM^{1,2}, Denise B. Lukosius, PhD³, Callista Phillips, PhD, MD³, ¹Hamilton Health Sciences, Hamilton, Ontario, Canada, ²McMaster University, Hamilton, Ontario, Canada, ³McMaster University, Hamilton, Ontario, Canada.

Background: Colorectal cancer (CRC) is the second most common cancer among Canadians and about 56% of them are diagnosed with advanced stage disease. Little is known about the supportive care needs (SCNs), healthcare services use and costs associated with a new diagnosis of advanced colon cancer.

Purpose: To inform healthcare planning and the design of new services, we examined the fit between patient reported SCNs and their use of healthcare services during the diagnostic phase for advanced colon cancer. Healthcare service costs were also determined.

Method: A descriptive cross-sectional survey was conducted in two cancer centres. Patient completed a self-report questionnaire that included the SCNs Survey-Short Form, Functional Assessment of Cancer Therapy-Colorectal and the Health Service Utilization Questionnaire.

Results: Ninety-four patients completed the questionnaire (response rate =77.5%). 'Fears about the cancer spreading' was the most prevalent unmet SCN (83%). Unmet SCNs experienced by 65% or more of patients related to lack of control about treatment outcomes, the uncertain future, and concerns about family members well-being. About 60% of participants had visited the emergency department and less than 12% used existing supportive care services. The average healthcare costs per patient ranged from \$1261 to \$1571.

Implications: Prevalent and priority unmet needs were related to psychosocial support and information. High healthcare costs were associated with home care and emergency services. Recommendations for designing colon cancer-specific services are provided along with strategies to improve patient use of existing resources.

P-10

Development of a concise educational intervention to guide nurse–patient discussions about cancer–related internet information

Kristen R. Haase, BN, MA, PhD(c)¹, Wendy Gifford, PhD², Roanne Thomas, PhD², ¹University of Saskatchewan, Saskatoon, Saskatchewan, Canada, ²University of Ottawa, Ottawa, Ontario, Canada.

Purpose: Oncology nurses face fast-paced clinics, complex patients, and patients who are increasingly turning to the internet for information. Patients and healthcare professionals agree that cancer–related internet information (CRII) is an important resource for patients throughout the cancer trajectory. Nurses and patients describe a need to have conversations about CRII, but express a tension about how and when to initiate these conversations. The purpose of this presentation is to propose a concise nurse–led educational intervention to create dialogue about patient use of CRII.

Methods: As part of a larger mixed–methods study, we used an interpretive descriptive methodology and conducted interviews (n=42) and focus groups (n=3) with people newly diagnosed with cancer (n=19) and healthcare professionals (n=21). Data were analyzed using thematic analysis.

Results: Based on data gathered from interviews and focus groups with both patients and healthcare professionals, we propose ALERT as a model to initiate conversations about CRII in practice. Our model guides nurses to lead conversations with patients by encouraging them to: Ask, Listen, Engage, Reorient/Reflect and Time these interactions across the trajectory. We propose a patient–centered model to conversations throughout the cancer trajectory, rather than focusing on scheduled or structured nursing interventions.

Conclusions: Patient and healthcare professionals report the importance of CRII throughout the cancer trajectory. Using the ALERT model, nurses can adopt a flexible framework to proactively discuss CRII with their patients at each point of contact. Future research will evaluate the implementation of ALERT in oncology nursing practice.

P-11

Cervical Cancer and Canadian Aboriginal Women

Brenda Lauzon, RN, BN, CON(C), Jacinthe Forget, RN, CON(C), CVAAC, Ottawa Hospital Cancer Centre, Ottawa, Ontario, Canada.

The incidence of cervical cancer is 1.78 times higher in Status Indians and they are more likely to develop and die from the disease.

The purpose of this project was to assess the risks factors such as: culture, , beliefs, socio–economic status and lifestyle choices.

A literature search was conducted and 26 articles were retained for this project.

The population of Canada and the oncology nurses have to lead the way in acknowledging that Canadian Aboriginal women have been mistreated by the power that be.

The Health Care system has to change their ways about addressing the needs of the Aboriginal population.

P-12

Instilling Intraperitoneal Chemotherapy Safely and Effectively

Kim Halliday, BScN, Christine Simpson, BNSc, The Ottawa Hospital, Ottawa, Ontario, Canada.

Medical oncology is an ever–changing field, with new treatments continuously being introduced to enhance the patient experience. As registered nurses working in this exciting field, we need to be proactive in continuing education in order to give our patient population the most beneficial and fulfilling experience that we can. Understanding the treatment our patients are receiving, the side effects and the proper administration will lead to a positive outcome for both the patient and the registered nurse.

Intraperitoneal chemotherapy is a procedure that was introduced to our ward due to an amalgamation process. As a result, many hours have been spent by our nurse educator to teach the proper administration and handling of the drug and the patient. In order to empower the oncology nurses on our ward, and decrease the amount of time our educator must spend at the bedside during these admissions, we have created a poster which will empower the oncology nurse to administer this treatment safely and effectively. This will enable the nurse to be more efficient and will enhance the patient experience. This poster will include information on accessing intraperitoneal implanted ports, teaching and education for the patient, types of chemotherapy normally administered by this route, trouble–shooting, and desired outcomes. This poster will also be presented at a staff education day, with the intent of empowering other nurses to create and share other ideas to enhance the nursing and patient experience on our ward.

Sunday, October 29, 2017 | Groupe 4 / Group 4

P-13

Smartpump Technology – Last but Not Least on the Path to Change

Cynthia Heron, BScN, RN, CON(C), *Karyn Perry, RN, MBA, CON(C), Stronach Regional Health Centre, Newmarket, Ontario, Canada.*

A sentinel event in 2006 was the catalyst for the introduction of multiple safeguards being implemented in cancer care internationally. Out of the ensuing Institute for Safe Medication Practice (ISMP) root cause analysis in 2007, two infusion pump specific features were identified: (a) a complex procedure was needed to scroll through options to program the pump and (b) the pump did not provide feedback as a safeguard. Following this, the Stronach Regional Cancer Center (SRCC) promptly adopted several of the reports' recommendations early on; yet, the last outstanding recommendation to be adopted was the implementation of smart pumps for use in ambulatory care settings.

An interprofessional collaboration between pharmacy, nursing and bio med, implemented an ambulatory infusion smart pump. The approach utilized the lessons learned from other institutions while evolving our own unique phenomenological experience.

This presentation will describe SRCC's implementation process measured by: patient outcomes, i.e. number of near misses resolved, patient education building on patient as partner models, and user experiences. Our learnings will be shared; thereby, enabling other centres, that have yet to introduce ambulatory smart pumps, to gain insights from our experience to mitigate the potentiation of repeated errors further narrowing the knowledge to action gap.

P-14

69": Our Solution for a Better Fit

Stephanie G. Clermont, BScN, RN, Jennifer Newton, BScN, MEd, RN, Nemhat Khairallah, BScN, RN, CON(C), *The Ottawa Hospital, Ottawa, Ontario, Canada.*

When working as a nurse in a busy outpatient systemic therapy unit, precision and efficiency are essential. After switching infusion pumps, inaccuracies in infusion times were observed as a result of sympathetic flow from the primary line. This caused delayed completion of treatments, increased safety risks, and ultimately nursing and patient dissatisfaction.

Following multiple failed attempts to resolve the issues using our existing resources, the nurses of the chemotherapy unit worked together to find evidence-based solutions. The problem was brought to unit council, staff meetings, and management giving rise to a nurse-led initiative introducing a new 69 inch line into the practice setting.

Implementing this new medium length line allowed direct loading into the pump and connection to the middle port of the primary line. This ensures flow rate accuracy, safe administration, and minimal loss of medication. Now a standard practice at both of our hospital's systemic therapy units, the 69 inch line has been successfully integrated into our clinical setting for a year and a half.

Working in the oncology environment, therapies and technologies are constantly evolving. Not only must nurses keep pace, they must also strive to be leaders in the face of new challenges.

P-15

Supporting Novice Nurses who Provide Telephone Support

Fatima Kanji, RN, BScN, CON(C), Debra Grant, RN, BN, Melissa Boonstra, RN, BScN, Jennifer Newton, RN, MEd, Stephanie Pick, RN, MN, CON(C), Tennile Lecours, RN, Andrena Hull, RN, BScN, MN, Tiffanie Sabourin, RN, Lynne J. Jolicoeur, RN, MScN, CON(C), The Ottawa Hospital cancer centre, Ottawa, Ontario, Canada.

The progression of the novice nurse to a skilled oncology practitioner can be highly variable and challenging. With experience, nurses are exposed to various clinical situations and develop the critical thinking skills essential to the job. Due to recent turnover and staffing shortages, our centre has recruited and is actively supporting the onboarding of many novice oncology nurses. In addition to developing their burgeoning oncology skills in clinic, they are often required to provide telephone triage in our patient support line.

Evidence-based practice guides such as COSTaRS (pan-Canadian Oncology Symptom Triage and Remote Support), were implemented one year ago with all nurses in our centre. New oncology nurses receive the following training: a brief introduction to tele-practice, a one-hour introduction to symptoms management and to the COSTaRS practice guides, opportunity to practice using COSTaRS with case scenarios, and 1 day of buddy shifts in patient support line with an experienced oncology nurse.

Both expert and novice oncology nurses voiced their concerns about the expectation that novice oncology nurses be assigned to the Patient Support Line within weeks of hire in the cancer centre. In order to improve the orientation and support novice oncology nurses in the telephone support line, those who provide telephone triage will be invited to participate in an electronic survey designed to identify the perceived barriers and supports for novice nurses in providing telephone support. The findings of this quality improvement initiative will be summarized and future plans will be proposed.

P-16

Pan-Canadian Transitions of Care Network – A cancerview.ca Collaborative Community

Christine Maheu, PhD¹, Shelley M. Currie, MSc³, Lisa McCune, MSc², ¹mcgill university, Montreal, Quebec, Canada, ²British Columbia Cancer Agency, Vancouver, British Columbia, Canada, ³Cancer Control Alberta, Calgary, Alberta, Canada.

Background: The Pan-Canadian Transitions of Care Network was established in 2016 to facilitate information sharing on development methodologies, resources, and evaluation of tools related to cancer patient transition. We exchange current and emerging knowledge focused on improving transitions of care between oncology and primary care and we work together to influence the uptake of emerging knowledge and opportunities to address the needs of cancer survivors across Canada. The Network meets monthly by teleconference and meets face-to-face as determined by the consensus of the Network. The work of the Network is enabled by the Cancerview.ca Collaborative Community, hosted by the Canadian Partnership Against Cancer.

Methods: The Network was founded by a small group of cancer care system leaders from Alberta, British Columbia, Manitoba and Saskatchewan. We began by sharing examples of policies and resources developed to support patient transition of care. It soon became apparent that an online workspace was needed. Support from the Knowledge Translation and Exchange Analyst at the Canadian Partnership Against Cancer was requested to explore how the Network could develop an online Collaborative Community space that would enable us to share and store resources.

Results: Working with the Canadian Partnership Against Cancer Digital Communications Officer, the Network Chairs designed the Collaborative Community space to focus on news and updates, shared documents, online resources and discussion groups. The Collaborative Community also holds our Network Terms of Reference, membership information, meeting details and action lists. Shared documents focus on standards and guidelines, key performance indicators, and resources implemented in jurisdictions across Canada. In the past 6 months, 18 resources have been shared and viewed over 400 times.

Conclusions: An online Collaborative Community can effectively facilitate cross-jurisdictional communication and information sharing.

Sunday, October 29, 2017 | Groupe 5 / Group 5

P-17

Oral Health – Are You Performing Safe and Effective Oral Hygiene on Your Patients?

Kim Halliday, BScN, *Christine Simpson, BNSc, The Ottawa Hospital, Ottawa, Ontario, Canada.*

Medical oncology is an ever-changing field, with new treatments continuously being introduced to enhance the patient's response to treatment. As a registered nurse working in this exciting field, we need to be proactive in continuing education in order to be knowledgeable and competent. Understanding the medications our patients are receiving, the side effects and the outcome goals are important to provide to the patient through patient education.

A common side-effect from receiving chemotherapy and radiation is mucositis. Proper education with patients on performing mouth care is needed to assist them with the healing process. Furthermore, palliative patients often present with xerostomia, which leads to fungal infections, ulcerations and plaque build-up on the teeth and gums. These conditions can be medically treated with antibiotics, but good oral hygiene is also necessary. Registered nurses must advocate for their patients and teach good oral hygiene not only to the patient and their family caregivers, but also to health care aides, student RN's, new graduates nurses, and colleagues.

This poster presentation will show the stages of mucositis and the medical and physical treatments available to the patient. It will also indicate step by step care of the oral cavity, the do's and don'ts of oral health, CCO guidelines, and on-line references, to empower the RN to provide and teach excellent oral hygiene. This poster will be presented to staff at an education session prior to the conference to encourage feedback.

P-18

CANO/ACIO's Doctoral Student Network: A Path to Strengthen Oncology Nurse Research Leaders in Canada

Jacqueline Galica, RN, PhD, CON(C)¹, *Fay J. Strohschein, RN, PhD(c)¹, Karine Bilodeau, RN, MSN, PhD³, Tracy Truant, RN, MSN, PhD(c)², Leah Lambert, RN, PhD(c)², Jagbir Kaur, RN, PhD(c)², Lindsay Jibb, RN, PhD⁴, Jennifer Stephens, RN, OCN, PhD(c)², ¹McGill University, Montreal, Quebec, Canada, ²University of British Columbia, Vancouver, British Columbia, Canada, ³Université de Sherbrooke, Montreal, Quebec, Canada, ⁴University of Ottawa, Ottawa, Ontario, Canada.*

Doctoral and postdoctoral experiences are described as emotional and isolating periods in one's career trajectory. Research suggests that a professional network is a pivotal source of support for successful completion of a doctoral degree, and has positive implications for job satisfaction, attainment, and overall career success. Moreover, student involvement in professional organizations has been found to support the ongoing growth and development of associations. Recognizing these benefits, CANO/ACIO established the Doctoral Student Network (DSN) in 2013, to facilitate the success of Canadian oncology nurses engaged in doctoral and postdoctoral study. The purpose of this presentation is to provide an overview of the evolution and current DSN structure, activities and outputs, and future plans.

Methods: A document analysis was conducted to identify themes across meeting minutes, newsletters and related scholarly activities. Themes will be described, including challenges faced as a doctoral/postdoctoral student; innovative strategies to address challenges; mentorship provided within the DSN and to others; preparing for the future; and contributions to CANO/ACIO.

Implications: CANO/ACIO's DSN has demonstrated its important role in providing a supportive environment for doctoral and postdoctoral students, while encouraging these emerging oncology nurse researchers to integrate CANO/ACIO into their professional lives. The networking and supportive format of the DSN may provide an important template for other professional groups within CANO/ACIO to achieve their scholarly and professional goals.

P-19

Qualitative Study Exploring Breast Cancer Patients' Learning Preferences

Maria Balachova, BScN, Karen L. Then, ACNP, PhD, CCN(C), University of Calgary, Calgary, Alberta, Canada.

Background: A computer based teaching tool was developed by Provincial Integrated Cancer Survivorship (PICSP) / Transitions of Care Project Team for patients with breast cancer, and other tumor groups in Southern Alberta. The tool was designed to improve information dissemination, and lessen the burden of cancer through effective education. The lack of representation of breast cancer patient learning preferences outlined in an integrative literature review, and current teaching strategies offered in Southern Alberta for the cancer population, warranted a study to investigate the specific patient information needs, and preferences in the breast cancer community.

Objective: The objective of the analysis was to explore specific learning needs and preferences of breast cancer patients in Calgary, Alberta with the use of individual interviews.

Methods: Nine women diagnosed with breast cancer stages I to IIIC were recruited through convenience sampling from two major cancer centres in Calgary, Alberta. Semi structured individual interviews were conducted. Collected data was transcribed verbatim and analyzed using Morgan and Krueger's qualitative thematic methodology.

Results: Major themes identified are as follows: improved accessibility of information including treatment options and survivorship, increasing supportive care to patients and family members, as well as information provided in a personalized, narrative, and inclusive manner.

Conclusion: Study findings were shared with PICSP/Transitions of Care Project Team to integrate breast cancer patients' specific needs and preferences into the new teaching tool. It is anticipated that gained understanding of patients' unique learning needs and preferences will help improve patient learning outcomes, increase their satisfaction with care, and improve their quality of life.

P-20

Changing Heparin Concentration in Ports Across an Organization: Overcoming Bumps Along the Path

Kirsty Albright, BScN, MScN, Angela Boudreau, BScN, MN, CON(C), Sunnybrook Health Sciences Centre – Odette Cancer Centre, Toronto, Ontario, Canada.

Central Venous Access Devices (CVADs) are an integral component to Systemic Cancer Therapy. Recommendations of heparinized saline flushing and locking concentrations in the literature range between 10IU/ml–100IU/ml depending on institution policy and individual patient situation with the most common being 100IU/ml.

Our facility concentration is 10IU/ml. An issue surfaced of increased use of Alteplase in chest ports. As a result, a practice evolved in the ambulatory setting of utilizing an escalation process from our standard heparin concentration to 100IU/ml following Alteplase installation. Perceptually, staff identified no further need for Alteplase once the concentration changed. However, this practice created consistency challenges between the ambulatory and inpatient settings of our facility and an interprofessional group was formed to address the challenges.

Our group needed to determine the scope of our issue using evidence and establish an environmental scan as compared to the literature. Tracking and reporting central line issues is usually limited to the Critical Care setting. Many challenges to tracking CVAD issues exist in the non–Critical Care setting. Electronic documentation in Ambulatory Oncology enabled us to track and establish an incidence rate of Alteplase use.

This poster will describe our Port flushing practice change path, factors considered and evaluation measures for future tracking. Our path in Oncology led to a recommendation for facility wide change. Our ongoing evaluation can determine our change effect.

Monday, October 30, 2017 | Groupe 6 / Group 6

P-21

Oncology Nurses Leading the Way to Interdisciplinary Preceptor Education: Evaluation of the BCCA Preceptor Education Program

Andrea Knox, RN, BSN, CON(C), Kerstin Humber-Drotz, RN, BScN, Jagbir Kaur, RN, MSN, BC Cancer Agency, Kelowna, British Columbia, Canada.

Registered Oncology Nurses play a significant role in precepting and supporting newly graduated and experienced nurses as they transition into a variety of roles at the BC Cancer Agency. Our organization also recognizes the development of preceptor skills and knowledge benefits experienced nurses often assigned this role, as proper resources and supports will help avoid preceptor burnout and potentially boost job satisfaction. To support preceptor skill development and accommodate the geographical challenges presented by the position of the regional centres across the province, BCCA Education Resource Nurses led an innovative re-design of an interdisciplinary preceptor program for delivery through E-learning and Videolink technologies. The goal was to provide preceptor education in an interactive learning environment, providing enhanced accessibility and experiential learning that incorporates the principles of adult learning and novel teaching strategies. The pilot cohort evaluated effectiveness of the program and was restricted to BCCA nurses, however collaboration with other health care disciplines to support preceptor education across all of BCCA is planned to support widespread implementation across the organization.

The main objectives of this poster presentation is to present and explore the evaluation data compiled after the pilot of this innovative program. Recommendations for program sustainment and interdisciplinary collaboration moving forward will also be identified.

P-22

Obinituzumab — Change the Rate Not the Dose

Irena Hibbert, RN, BN, CON(C), Theresa Whiteside, RN, BN, CON(C), Clinical Resource Nurse, CancerCare Manitoba, Winnipeg, Manitoba, Canada.

Obinituzumab, a CD20 monoclonal antibody, is given in combination with chlorambucil for chronic lymphocytic leukemia (CLL). The main challenge associated with the administration of obinituzumab is infusion-related reactions on cycle 1, day 1. The combination of obinituzumab and chlorambucil is often given to elderly patients with co-morbidities, that makes it more concerning if the patient experiences infusion reactions. A hematologist, two nurses and a pharmacist met to discuss the concerns and complications often seen when administering obinituzumab as recommended by the product monograph. After discussing, it was decided that the infusion rate for cycle 1, day 1 should be modified and that the 100mg dose would be infused at a slower rate. The infusion rate protocol that is used is as follows: 15 mL/hour for 1 hour, followed by 30 mL/hour for one hour and then 60 mL/hour until complete. We present the results of the decrease in infusion-related reactions after adopting this modified protocol which demonstrates a significant reduction in infusion-related reactions.

P-23

Safety First – It's All in the Bag!

Andrea Keller, RN, *Ruth Eveleigh, RN, Guylaine Paquette, RN, Kathy Cowan, RN, The Ottawa Hospital, Ottawa, Ontario, Canada.*

Avoiding exposure to chemotherapy is paramount in a chemotherapy unit. Policies and procedures are in place to prevent exposure to chemotherapy via ingestion, absorption and inhalation. PPE (gowns, gloves, masks with visors) is provided by the employer as per the Occupational Health and Safety Act of Ontario.

Exposure via inhalation became a concern in our unit. This issue was brought forward in Unit Council as well as by the Joint Health and Safety Representative (a staff member in the Chemotherapy unit) due to multiple nurses noticing odours and a sensation of warmth emitting from the chemotherapy disposal bins when opened for chemo discard. Further investigation showed non-compliance with the policy related to the appropriate disposal of the chemotherapy. The Ottawa Hospital policy #00107 states: "Discard all non-sharp equipment into the resealable plastic bag or wrap in the waterproof pad...place wrapped waste into the red cytotoxic waste container and ensure the lid is closed to prevent evaporation". Staff felt that it was more hazardous to manipulate the used tubing into the bag provided, therefore the tubing was being placed directly in the bins. The consensus after discussion in Unit Council was that size and quality of the resealable plastic bags provided by pharmacy was not conducive to proper disposal and thus policy adherence.

The Safety Officer was consulted and there was discussion of using smaller bins which would require daily disposal. A basic principle of Occupational Health and Safety is to contain the hazard at the source. Therefore, the decision was made to seek improvements in our current bag material and dimensions.

In consultation with the pharmacy supervisor, a new resealable plastic bag was trialed for 2 weeks (15x13' bags, 0.4mm thick). The trial was followed by a survey and consensus was to move forward with the new bag.

P-24

Leading the Way: Implementing The Advanced Multidisciplinary (TEAM) Clinic for Women with Locally Advanced Breast Cancer

Antonella Iaderosa, BScN, RN, *Lynne Kroeger, RN, Mary J. Smylie, BN, The Ottawa Hospital, Ottawa, Ontario, Canada.*

Breast cancer remains the most common cancer in women with approximately 9,900 diagnosed in Ontario in 2016. Patients with locally advanced breast cancer (LABC) comprise 15–20% of all women with breast cancer. Diagnosis is often based on clinical and/or radiologic criteria including breast mass >5 cm, axillary mass/ multiple axillary lymph nodes and skin changes. Rapid assessment and treatment for women with LABC is important since they are more at risk for metastatic disease and poorer oncologic outcomes.

The diagnosis of LABC requires a multidisciplinary approach to consultation, appropriate diagnostic testing and treatment, often following a complex path. In order to improve care for LABC patients, the dedicated group of breast cancer specialists at our high-volume centre has implemented the TEAM clinic to identify, streamline and manage care in order to reduce wait times to treatment while improving the overall patient experience.

The focus of this presentation is on nurse-led initiatives including the following: proactive identification of referrals according to defined criteria; utilization of medical directives to ensure appropriate breast imaging and staging tests; and pathological biomarkers to facilitate decision-making. In addition, the role of the RN in offering care coordination, information and psychosocial support will be highlighted. This initiative serves as a unique model for other centres providing breast care proving oncology nurses can lead the way.

Profils des commanditaires et exposants / Sponsor and Exhibitor Profiles

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Visit: www.astellas.ca

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Canadian Vascular Access Association

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CNETS Canada provides support and education for Canadians on all aspects of NeuroEndocrine Tumours (NETs). We help Canadian NET patients seek and obtain personalized diagnostic and therapeutic options. We also advocate on behalf of individual patients and for policies to support NET patients. The organization does its work in collaboration with medical and scientific experts, stakeholders and partner associations. CNETS Canada is widely recognized by patients and the medical community across Canada as an organization that improves the quality of life and survival for NET patients in three ways:

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Coalition Priorité Cancer au Québec

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Globally, we have been around for 100 years, and 20 years in Canada. We take pride in the progress we've made in mental health and oncology. We're now focusing on the next generation of healthcare advancements, because, for us, it's all about helping Canadians lead better lives. At Lundbeck, we believe everyone deserves happier birthdays.

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For over a century, Merck, a leading global biopharmaceutical company has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases. For more information about our operations in Canada, visit www.merck.ca and connect with us on YouTube and Twitter @MerckCanada.

Novartis Pharmaceuticals Canada Inc.

Chez Novartis, notre mission consiste à découvrir de nouvelles façons d'améliorer et de prolonger la vie des gens. Grâce aux innovations scientifiques, nous nous attaquons aux plus grands défis associés aux soins de santé. Nous mettons au jour et développons des traitements révolutionnaires et trouvons de nouvelles façons de les procurer à un maximum de personnes.

At Novartis, our mission is to discover new ways to improve and extend people's lives. We use science-based innovation to address some of society's most challenging healthcare issues. We discover and develop breakthrough treatments and find new ways to deliver them to as many people as possible.

Pfizer

Pfizer Canada Inc. is the Canadian operation of Pfizer Inc., one of the world's leading biopharmaceutical companies. Our diversified health care portfolio includes some of the world's best known and most prescribed medicines, vaccines and consumer health products. Pfizer's ongoing research and development activities focus on a wide range of therapeutic areas following our guiding aspiration: Working together for a healthier world™. To learn more about Pfizer Canada, visit pfizer.ca or you can follow us on Twitter (twitter.com/PfizerCA) or Facebook (facebook.com/Pfizer.Canada).

Purdue

Purdue Pharma (Canada) est une entreprise de recherche pharmaceutique dont le siège social et les opérations de R-D et de fabrication sont situés à Pickering, en Ontario. L'entreprise est chef de file dans la recherche et le développement de médicaments contre la douleur et les troubles du système nerveux central (TDAH). Elle possède également une gamme grandissante de produits sur ordonnance et en vente libre. Société privée, Purdue Pharma (Canada) est associée de manière indépendante au réseau d'entreprises multinationales Purdue/Napp/Mundipharma. Pour plus de renseignements, veuillez consulter le site www.purdue.ca.

Purdue Pharma (Canada) is a research-based pharmaceutical company with its headquarters, R&D operations, and manufacturing located in Pickering, Ontario. The company is a leader in the research and development of medicines for the treatment of pain and central nervous system disorders (ADHD) and a growing pipeline of prescription and over the counter products. Privately held, Purdue Pharma (Canada) is independently associated with the worldwide Purdue/Napp/Mundipharma network of companies. For more information, please visit our website www.purdue.ca



Roche

Roche is a leader in the research and development of pharmaceutical and diagnostic products for a range of chronic and life-threatening health conditions. We work in partnership with healthcare practitioners from across the country, as part of our commitment to improving health care. Roche Canada prides itself on its mission of "Doing now what patients need next".

Shire

Putting Patients First Has a New Champion. We are more than Shire and Baxalta. We are one united company with the shared purpose of helping patients with life-altering conditions lead better lives. And together, we're shaping what's next.

Together, We Can Inspire New Hope.

Shire Canada is thankful for our opportunity to participate in the 2017 CANO Conference.

SouthMedic Inc.

Southmedic is a privately owned corporation established in 1983 to provide innovative healthcare products that improve the quality of care with better patient outcomes. Southmedic's in house R&D team have successfully innovated proprietary anesthetic and respiratory products. The OxyMask™ is patented and sold globally. Southmedic's polymer coated blades and scalpels are regarded by many as the sharpest, smoothest cutting edge available. Our dynamic Canadian Distribution Division has grown to be one of the largest independent distributors of specialty products focusing on technical support and knowledge that is essential to providing a better healthcare experience.

Takeda

Better Health, Brighter Future Takeda Canada aspires to become a best-in-class agile specialty healthcare company, delivering better health for Canadians through leading innovations in gastroenterology and oncology. With more than 235 years of heritage, we are guided by an unwavering commitment to significantly improve lives and to providing needed services and solutions beyond our medicines to serve the needs of patients. Our core values of integrity, fairness, honesty and perseverance are deeply ingrained in our culture and in the way we conduct our business. To find out more about Takeda Canada and our commitment to Canadians, visit www.takedacanada.com.

Carte de Gatineau-Ottawa!

Map of Gatineau-Ottawa!



HILTON LAC-LEAMY

Hilton 3 Boulevard du Casino, Gatineau, QC J8Y 6X4



Il faut de la collaboration...

Pfizer Canada cherche à avoir des répercussions profondes sur la santé des Canadiens grâce à la découverte, à la mise au point et à la distribution de médicaments, de vaccins et de produits de santé pour les consommateurs.

Le mot d'ordre est la collaboration, tant pour la recherche que pour l'amélioration des soins aux patients. Nous travaillons avec les meilleurs scientifiques et professionnels de la santé au pays au moyen d'investissements dans la recherche indépendante, de partenariats, de partage des connaissances et d'essais cliniques.

Grâce à la collaboration, nous permettons aux personnes de vivre dans un monde en meilleure santé.

It takes collaboration...

Pfizer Canada strives to profoundly impact the health of Canadians through the discovery, development and delivery of medicines, vaccines and consumer health products.

When it comes to research and improving patient care, collaboration is key. We work with the best and brightest scientists and healthcare professionals across the country through investments in independent research, partnerships, knowledge sharing, and clinical trials.

Through collaboration, we offer the possibility of a healthier world.

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Ensemble, vers un monde en meilleure santé®
Working together for a healthier world®

pfizer.ca



START *the* TALK
PARLONS-EN



startthetalk.ca

Start the Talk:

Supporting children and teens when a family member has cancer. A guide for educators, healthcare professionals, patients and those close to them.

parlonsen.ca

Parlons-en :

Soutenir les enfants et les adolescents lorsqu'un membre de la famille est atteint du cancer. Un guide pour les éducateurs, les professionnels de la santé ainsi que pour les patients et leurs proches.



Canadian Association of Psychosocial Oncology
Association Canadienne d'Oncologie Psychosociale

de Souza
INSTITUTE



Réseau de
cancérologie
Rossy

Rossy
Cancer
Network



Novartis Oncologie
Novartis Oncologie

Changer la pratique de la médecine

Chez Novartis, nous nous attaquons aux plus grands défis associés aux soins de santé grâce aux innovations scientifiques. Nous sommes passionnés par la découverte de nouvelles façons d'améliorer et de prolonger la vie des gens.

À titre de chef de file dans le domaine de l'oncologie, Novartis offre un portefeuille de plus de 20 traitements approuvés et d'environ 30 composés en développement.



Changing the practice of medicine

At Novartis, we use science-based innovation to address some of society's most challenging health care issues. We are passionate about discovering new ways to improve and extend people's lives.

As a leader in oncology, Novartis offers a portfolio of more than 20 approved therapies and approximately 30 compounds in development.

Novartis Pharmaceuticals Canada Inc.

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NPR/COR/0020 EF



Our passion ignites progress

At Eisai, human health care (*hhc*) is our goal. We give our first thought to patients and their families and to increase the benefits that health care provides. Our passionate commitment to patient care is the driving force behind all of our efforts. This dedication is born from deep within our soul – an innate desire to find innovative solutions that help address unmet needs and contribute to the well-being of patients worldwide.



hhc
human health care

Proud bronze sponsorship of the 2017 CANO conference

NEW

**45% of patients
admitted to hospitals
are malnourished¹**

Ensure® Enlive®

ADVANCED NUTRITION

DOCTOR-RECOMMENDED[†]
#1
CHOIX DES MÉDECINS[†]

HMB
+PROTEIN

Only Ensure® Enlive®
has HMB, plus 20 g
of protein which helps:²

- ✓ preserve muscle mass
- ✓ repair body tissues
- ✓ build antibodies



HMB = β -hydroxy- β -methylbutyrate
† Liquid oral nutrition supplements.

References: 1. Allard JP et al. Malnutrition at Hospital Admission - Contributors and Effect on Length of Stay: A Prospective Cohort Study From the Canadian Malnutrition Task Force. *JPEN J Parenter Enteral Nutr* 2016;40(4):487-97.
2. Canadian Food Inspection Agency: Guide to Food Labelling and Advertising. Chapter 8. http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/health-claims/eng/1392834838383/1392834887794?c_hap=8#s16c8. Accessed November 18, 2015.

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Abbott

AstraZeneca Canada Oncology

AstraZeneca 

At AstraZeneca we strive to deliver great medicines to patients through innovative science. But managing disease can't be done with medicines alone. Together we can develop creative solutions to help tackle the challenges of effectively preventing and treating disease.

AstraZeneca Canada Inc. is proud of our commitment to support Canada's healthcare community.



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TRAVAILLER ENSEMBLE POUR LES *Patients*

At Bristol-Myers Squibb, we are working together for patients

Chez Bristol-Myers Squibb, nous travaillons ensemble pour les patients.

Our mission is clear — we discover, develop and deliver transformational medicines that help people prevail over serious diseases.

Our sense of urgency is real — we work every day to push the boundaries of scientific discovery and to make a meaningful difference in the lives of patients.

It's what we do. It's why we do it.

Voilà l'essence de notre travail. Voilà notre source de motivation.

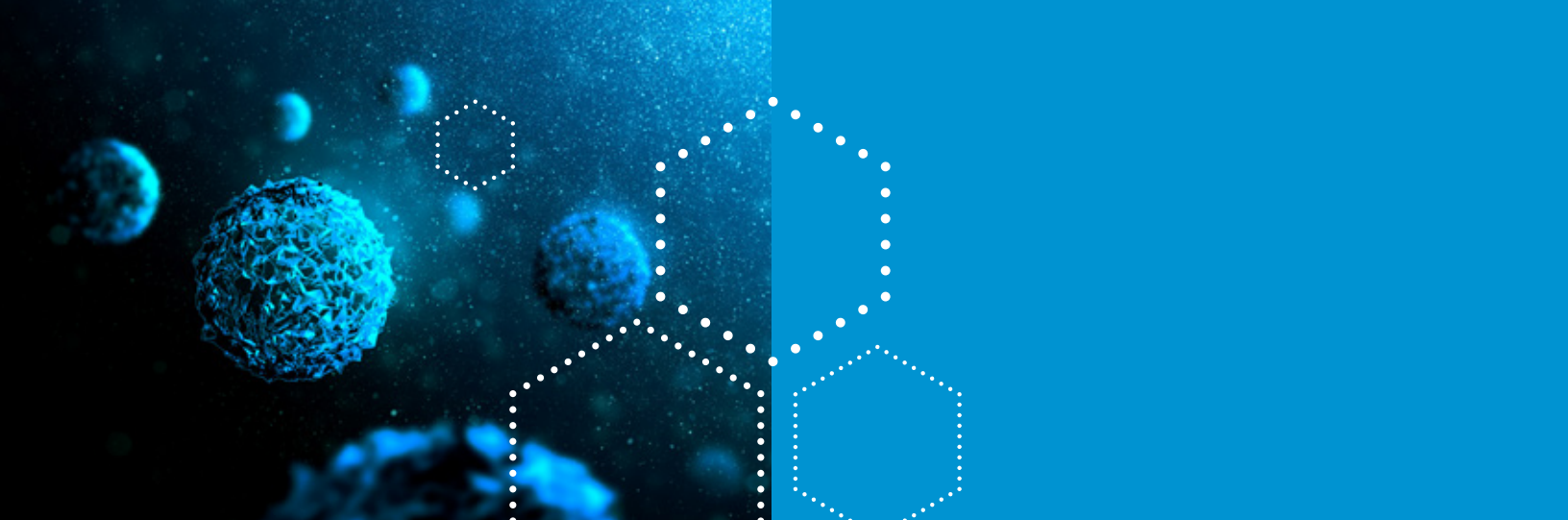
Notre mission est claire: découvrir, mettre au point et offrir des médicaments novateurs qui aident les gens à combattre des maladies graves.

Et nous ressentons tous ce sentiment d'urgence qui nous incite à nous rendre au travail chaque jour, peu importe notre rôle au sein de l'entreprise, pour faire une différence significative dans la vie des patients.



Bristol-Myers Squibb

www.bmscanada.ca



It takes innovation...

Pfizer Canada strives to profoundly impact the health of Canadians through the discovery, development and delivery of medicines, vaccines and consumer health products.

Research and development is at the heart of fulfilling Pfizer's purpose as we work to translate advanced science and technologies into the therapies that matter most.



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Working together for a healthier world®

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WE WANT TO SEE YOU
**SMILE AND LIVE
A BETTER LIFE**



That is why, for almost 90 years, we have been providing the therapies you need: cutting edge treatments for disabling conditions and rare diseases, as well as treatments for everyday illnesses. On all 5 continents around the world, we want to encourage you to live life fully.

TO LIVE... AND TO DREAM..



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Pr Grastofil® (filgrastim):
Canada's first biosimilar of Neupogen
used in oncology supportive care

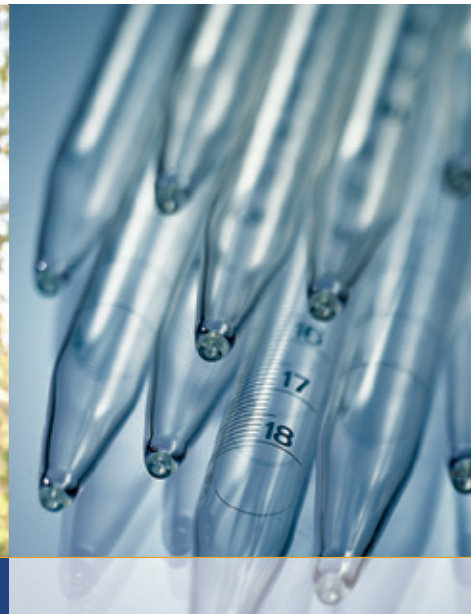
For important information relating to indications, contraindications, warnings, precautions, adverse reactions, drug interactions, dosing and conditions of clinical use, please call DISpedia, Apotex's Drug Information Service, at 1-800-667-4708.

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Boehringer Ingelheim ranks among the world's 20 leading pharmaceutical corporations.
Our vision drives us forward. It helps us to foster value through innovation in our company
and to look to the future with constantly renewed commitment and ambition.



Value through Innovation

Our family's science, your family's health.

For more than 125 years Boehringer Ingelheim has been committed to the research and development of innovative medicines that help improve the lives of patients and their families.

Learn more about us at www.boehringer-ingelheim.ca



Reshma
Chercheuse principale de Merck
Inventrice

ON A BESOIN DE TRAITEMENTS POUR VAINCRE LE CANCER. **ENCORE.**

Chez Merck, nous sommes fiers de contribuer aux progrès énormes qui sont réalisés dans la lutte contre le cancer.

Mais le cancer demeure une maladie dévastatrice, qui peut nous empêcher de réaliser pleinement ce que nous voulons accomplir.

Nos chercheurs travaillent à inventer de nouvelles manières de combattre le cancer, et à terme, à trouver un remède.

Nous nous attaquons aux maladies les plus éprouvantes au monde, afin de soulager les personnes atteintes et leur permettre de continuer à vivre pleinement.

Pour explorer notre engagement envers l'invention, visitez le site www.merck.ca et suivez-nous sur YouTube et Twitter @MerckCanada_FR.



MERCK

INVENTER POUR LA VIE

Reshma
Merck Senior Scientist
Inventor

CANCER NEEDS CURES. **STILL.**

At Merck, we are proud to be a part of the great progress being made in the fight against cancer. But cancer remains a devastating disease that threatens to limit us in what we dare to achieve.

Our researchers are working to invent new ways to fight cancer – and ultimately, to find a cure.

We are taking on the world's most challenging diseases so that people can go on, unburdened, to experience, create and live their best lives.

To explore our commitment to invention, visit www.merck.ca and connect with us on YouTube and on Twitter @MerckCanada.



MERCK

INVENTING FOR LIFE



Neulasta® (pegfilgrastim)

Once per cycle of chemotherapy*.¹

ONE DOSE for every **ONE CYCLE** of chemo*.¹
**Consider whether Neulasta® could be the one
for your patient**

NEULASTA® is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-neoplastic drugs.

Clinical use:

- Safety and effectiveness in pediatric patients (<18 years of age) have not been established

Contraindications:

- Known hypersensitivity to *E. coli*-derived proteins or filgrastim

Most serious warnings and precautions:

- **Splenic rupture:** including fatal cases
- **Severe sickle cell crises:** associated with use in patients with sickle cell trait or sickle cell disease and, in some cases, resulting in death

Other relevant warnings and precautions:

- Should not be used for peripheral blood progenitor cell (PBPC) mobilization

- Caution against concurrent administration with cytotoxic chemotherapy; should also not be administered in the period between 14 days before and 24 hours after administration of cytotoxic chemotherapy
- Not studied in patients receiving chemotherapy associated with delayed myelosuppression, mitomycin C, myelosuppressive doses of anti-metabolites, or radiation
- Potential to act as a tumour growth factor
- Hypersensitivity
- Cutaneous vasculitis
- Leukocytosis (monitoring recommended)
- Acute respiratory distress syndrome
- Capillary leak syndrome
- Glomerulonephritis (urinalysis monitoring

recommended)

- Not recommended in pregnant or nursing women
- A complete blood count (CBC) and platelet count should be performed prior to administration of chemotherapy
- Regular monitoring of hematocrit value, white blood cell count and platelet count is recommended

For more information:

Please consult the Product Monograph at http://www.amgen.ca/Neulasta_PM.pdf for important information relating to adverse reactions, drug interactions, and dosing information that have not been discussed in this piece.

The Product Monograph is also available by calling 1-866-502-6436.

*Neulasta® should be administered no sooner than 24 hours after the administration of cytotoxic chemotherapy and no less than 14 days before subsequent administration of chemotherapy.

1. Neulasta® (pegfilgrastim) Product Monograph. Amgen Inc. May 25, 2015.

AMGEN®
Oncology



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At Gilead Canada,
business as usual isn't.



That's because we approach the world a bit differently. We don't start from the status quo. We prefer a more collaborative style – with physicians, with patients and with all of those who have an interest in our work. We welcome new perspectives, fresh ideas and novel challenges. We offer groundbreaking therapeutics, and we realize that they are only part of the solution. The medications we develop and bring to market improve patients' health, but the way we behave – thoughtfully, respectfully and proactively – is what really **redefines expectations.**



Contact us at canada_info@gilead.com



O N C O L O G Y



UNMET NEEDS REQUIRE UNMATCHED COMMITMENT

Our purpose is clear: to make a difference in the lives of those living with and affected by rare diseases and highly specialized conditions.

Visit Shire at booth #3

For more information, please visit shire.com

RÉPONDRE AUX BESOINS NON COMBLÉS NÉCESSITE UN ENGAGEMENT HORS DU COMMUN

Notre objectif est clair : faire une différence dans la vie des personnes atteintes de maladies rares et d'autres affections très particulières.

Visitez Shire au stand n°3

Pour plus d'information, visitez le site Web shire.com

Téléchargement de l'application / Downloading the App



Rejoignez le jeu dans
l'application pour votre
chance de gagner un joli
panier-cadeau!

Play the in-app game
for your chance to win a
lovely prize!

Obtenir l'application

1. Allez dans le bon magasin. Accédez à l'App Store sur les appareils iOS et Play Store sur Android.

Si vous utilisez un téléphone BlackBerry ou Windows, ignorez ces étapes. Vous devrez utiliser la version Web de l'application trouvée ici: **event.crowdcompass.com/canoacio2017**.

2. Installez l'application. Recherchez CrowdCompass AttendeeHub. Une fois que vous avez trouvé l'application, appuyez sur Télécharger ou Installer.

Après l'installation, une nouvelle icône apparaîtra sur l'écran d'accueil

Retrouvez notre événement

1. Recherchez le AttendeeHub. Une fois téléchargé, ouvrez l'application AttendeeHub et entrez CANO / ACIO 2017 Conference.

2. Ouvrez votre événement. Appuyez sur le nom de notre événement pour l'ouvrir.

Get the application

1. Go the right store. Access the App Store on iOS devices and the Play Store on Android.

If you're using a Blackberry or Windows phone, skip these steps. You'll need to use the web version of the app found here: **<https://event.crowdcompass.com/canoacio2017>**.

2. Install the app. Search for CrowdCompass AttendeeHub. Once you've found the app, tap either Download or Install.

After installing, a new icon will appear on the homescreen.

Find your event

1. Search the AttendeeHub. Once downloaded, open the AttendeeHub app and enter CANO / ACIO 2017 Conference.

2. Open your event. Tap the name of your event to open it.

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

The Path to Change:
Oncology Nurses Leading the Way



Canadian Association of Nurses in Oncology
Association canadienne des infirmières en oncologie





One of a thousand reasons
to look for Astellas in oncology.

CELEBRATING

30

ANNUAL
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Excellence in Oncology:
**OUR PATIENTS,
OUR PASSION**

Excellence en Oncologie:
**NOS PATIENTS,
NOTRE PASSION**



Canadian Association of Nurses in Oncology
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