@CANO/ACIO

FALL 2018

# LEARNING PATHWAY

The Canadian Association of Nurses in Oncology (CANO) education committee has recently developed and launched a learning pathway to support nurses working towards specialization in oncology nursing practice. The learning pathway outlines important knowledge areas based on the CANO Standards of Practice and Competencies for the Specialized Oncology Nurse. The pathway was developed by expert oncology nurses and nurse leaders across Canada.

## WHAT IS THE CANO LEARNING PATHWAY?

The pathway is divided into three knowledge sections; foundation, specialization, and professional development and leadership. The first section of the educational pathway lists the foundational knowledge and skills required by all oncology nurses. This includes education and knowledge on comprehensive health assessment, management of cancer symptoms and treatment side effects, teaching and coaching, navigating the system, decision making and advocacy, and professional practice and leadership.

The second section represents the knowledge requirements for becoming specialized in oncology nursing. This includes specialty areas such as hematology, solid tumours, and radiation therapy. Within these areas of specialization is application of knowledge pertaining to disease site specific pathology, principles and intent of specific treatments, teaching and coaching, and facilitating continuity of care.

The final section is professional development and leadership. Professional development includes CNA certifications after two years in oncology, maintaining memberships in professional bodies such as CANO/ACIO, engaging in committees, presenting at a conference, etc.

A core standard used in the learning pathway is adult learning principles and self-directed learning. Therefore, it is not required to follow the pathway in chronological order as it is recognized that oncology nurses learn in many different ways and at different paces. Individual nurses using the pathway for their own professional development can move through at their own pace. Organizations are encouraged to develop education programs systematically and utilize the pathway as a guideline. With the foundational knowledge as a starting point, and then building on this knowledge and skills through specialization and leadership.

# UPCOMING EVENTS

## 31ST ANNUAL CANO/ACIO CONFERENCE

***October 20 - October 23, 2019***

Delta Hotels by Marriott Winnipeg and RBC Convention Centre

***Winnipeg, Manitoba***

*Oncology Nursing: Celebrating our Diversity / Soins infirmiers en oncologie : Célébrons notre diversité*

## 16TH ANNUAL ONCOLOGY NURSING DAY

***Tuesday April 2nd, 2019***

*oncologynursingday.com*

## WEBINARS

We have several webinars planned for the rest of the year. Topics include a webinar in sponsorship with Melanoma Network of Canada and on the use of cannabis in cancer.

*cano-acio.ca/upcoming_webinars*

CANO ACIO

## HOW TO USE THE CANO LEARNING PATHWAY?

The purpose of the pathway is to allow oncology nurses to obtain the education and training requirements for specialization in oncology. Managers and nurse educators can use this pathway to help guide their training procedures for staff and individual oncology nurses can use this pathway to inform their own learning and professional development. The pathway can help individual nurses develop their own learning plan and determine knowledge areas they need to complete to achieve specialization. In addition, members with at least two years experience as an oncology nurse may use this pathway to guide them to prepare to write the Canadian Nurses Association (CNA) CON(C) exam.

## LOOK FOR THE CANO LEARNING PATHWAY

https://cdn.ymaws.com/www.cano-acio.ca/resource/resmgr/education

# MEMBERSHIP SPOTLIGHT

## Linda Watson – CANO President

***Linda Watson, CANO President***

> "We're doing a really innovative approach with patients this year"

## WHERE ARE YOU FROM?

I grew up in a town in Saskatchewan called Goodsoil. It's a little tiny town – 200 people – and it's the most beautiful place in the world.

## CAN YOU TELL ME ABOUT YOUR FAMILY?

I am the youngest of seven children and my husband and I have been married for 27 years. We have three children that are 23, 20, and 19. It's so funny because all our kids went into sciences – medicine/human sciences and my husband (who is an engineer) always says "engineering - zero, nursing - three."

## WHAT IS YOUR FAMILY'S FAVOURITE THING TO DO TOGETHER?

Well, one of the most interesting things about me is that my husband has his pilot licence and we love to go flying. So when the kids were little we would do things like fly over to the Fairmont Hot Springs or we would fly to Vancouver Island and go hiking. At one point we lived in Washington State and we would fly out to the San Juan Islands. This year we flew to Mexico for a holiday with our ***own*** airplane. So that was pretty cool!

## WHERE'S THE COOLEST PLACE YOU'VE EVER TRAVELED TO?

When my husband and I were early in our marriage, we moved to New Zealand for two years and we lived in Auckland. New Zealand has diverse geography so every weekend we would just drive a different direction.

## WHAT IS A BRIEF SUMMARY OF YOUR CAREER THUS FAR AS AN ONCOLOGY NURSE?

My first job was on a surgical oncology ward. I fell in love with being an oncology nurse in probably two months. Then, I ended up in ICU for about a year and a half which was great experience but not my passion. When we got back from New Zealand I got a job at the Tom Baker Cancer Centre – in the Systemic Therapy Clinic. Shortly after I took an 8 month rotation in Radiation Oncology. Then I did my masters and I continued on into my PhD. The first non-nursing specific job I took was professional practice leader for nursing at the Tom Baker, then that became the professional practice leader for interdisciplinary practice and then it morphed again into the lead for person centred

care integration. So now I work with developing programs that improve on developing our health care system's ability to tend to the needs of the individual patient.

### AS CANO PRESIDENT- WHAT WOULD YOU SAY IS THE GREATEST BENEFIT OF BEING A CANO MEMBER?

My gut says networking. The ability to connect with other like-minded people who are really passionate about creating the best environment for cancer patients in Canada. The ability to bring best practices back to your own community and really move the bar quicker than ever before is really what I think is the best benefit of being a CANO member.

### WHAT ARE YOU MOST EXCITED ABOUT IN REGARDS TO THIS YEARS UPCOMING CANO CONFERENCE IN PEI?

Number one being in Atlantic Canada is going to be amazing- they host the best parties ***ever.*** Number two is we're doing a really innovative approach with patients this year- we actually decided to invite patients from Atlantic Canada to work with a videographer to create their own stories about their cancer experience and how oncology nurses have made a difference in their lives. We'll all be coming together for our joint symposium with the Canadian Cancer Society and we'll be viewing the digital stories, and the patients whose stories they are will be in the room with us! I think it's just going to be a new chapter of how we partner with patients and with the Canadian Cancer Society to effect change.

# ONCOLOGY & AGING SIG

In Canada, 45% of new cancer cases and 63% of cancer deaths occur among people 70 years of age and older.[1]

This means that nearly half of the people to whom we are providing oncology nursing care are dealing with issues related to both aging and cancer. When we think about the geriatric population, we might visualize frail, elderly people; however, although the numbers vary across settings, this may only describes a small number of older adults receiving treatment for cancer.2 The majority of older adults who walk through our doors appear well, fit, and independent. Despite this, they may have vulnerabilities to treatment toxicities, complications, or side effects that are not evident in initial interactions with the treatment team. In addition, the geriatric population often faces challenges that are hard to recognize such as ageism, lack of health literacy, and ethical concerns around treatment and care decisions.

In 2015, we (the authors) joined forces around our mutual interest in geriatric oncology and our strong conviction that oncology nurses are perfectly positioned to recognize and address the unique needs of this group. To this end, we conducted a workshop at the CANO Conference that year about our concerns for this population as well as our hopes and ideas, fitting well with the conference theme of "People, Purpose, Passion." This workshop, and the subsequent discussion with dedicated colleagues, laid the foundation for the Oncology and Aging Special Interest Group (SIG).

The workshop supported our assumptions that integrating knowledge about aging into cancer care is a very real concern for oncology nurses and highlighted oncology nurses' sensitivity to the quality of care provided to their older patients.[3] Engaging with participants confirmed the value of, and need for, a SIG and gave direction for initial goals and priorities. By developing the CANO Oncology and Aging SIG, we hope to contribute to the ongoing progress of models of cancer care that support both oncology nurses in the care of older adults and the development of nurses specializing in geriatric oncology care. In the context of this SIG, we aim to draw attention to the unique strengths, needs, and concerns of older adults with cancer, creating a national forum to promote innovation that strengthens their care.

We look forward to building on this work at the 2018 conference where we will host a workshop entitled ***Integrating Geriatric Assessment into Oncology Nursing Care***. In addition, we will be co-hosting the round table session ***A National Conversation about Oncology Nurses' Role in Optimizing Care of Older Adults with Cancer*** in conjunction with the International Society of Geriatric Oncology (SIOG) Nursing and Allied Health Interest Group. This past spring, we signed a Memorandum of Understanding (MOU) with SIOG to increase collaboration and mutual recognition as well as to share culturally sensitive approaches to the work of both organizations. The MOU recognizes a mutual intention to work together to develop and promote geriatric oncology nursing as a sub-specialty, to collaborate on the development of programs and/or resources for nurses and to exchange materials developed by both organizations.

Please join us for the workshop, the round table and/or our SIG meeting at the conference to support each other in this exciting time of development of an emerging nursing specialty.

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[1]**Canadian Cancer Society's Advisory Committee on Cancer Statistics. (2017).**
Canadian Cancer Statistics 2017. Toronto, ON: Canadian Cancer Society.

[2]**Handforth, C., Clegg, A., Young, C., Simpkins, S., Seymour, M. T., Selby, P. J., & Young, J. (2015).**
The prevalence and outcomes of frailty in older cancer patients: a systematic review. Annals of Oncology, 26(6), 1091-1101. doi: 10.1093/annonc/mdu540

[3]**Strohschein, F. J., & Newton, L. J. (2018).**
Mobilizing purpose and passion in oncology nursing care of older adults: From conference workshop to special interest group. Canadian Oncology Nursing Journal / Revue canadienne de soins infirmiers en oncologie, 28(2), 6.

# NEUROENDOCRINE TUMORS (NET)

1. Neuroendocrine cells are like neurons but they also make hormones like endocrine cells. They receive signals from the nervous system and respond by making and releasing hormones.
2. Neuroendocrine cells are found in almost every organ of the body.
3. NETs are increasing in both incidence and prevalence in Canada. Incidence is similar to cervical cancer which the Canadian Cancer Society estimated at 1,500 new cases in 2017)
4. Due to disease complexity, patients are often misdiagnosed resulting in treatment delay.
5. These tumors can originate anywhere in the body that neuroendocrine cells are present. Most common are GI (48%), lung (25%) and pancreas (9%).
6. NETs are classified as functional or non-functional. Functional NETs make too much of a certain hormone and cause symptoms. Non-functional NETs may make hormones but usually have nonspecific or no symptoms until the tumor is large and has metastasized.
7. If symptoms arise they will vary depending on where the tumor develops in the body.
8. Carcinoid syndrome is a group of symptoms caused by a NET releasing a large amount of serotonin and other chemicals into the blood.
    - flushing of the skin, mainly the face and neck.
    - diarrhea
    - wheezing and difficulty breathing
    - fast or irregular heartbeat
    - low blood pressure
9. Carcinoid crisis is a severe case of flushing, low blood pressure, difficulty breathing and an irregular heartbeat. It may be triggered by anesthesia, surgery or other treatments.
10. Treatment varies depending on the stage, if the tumor is functional or not, and the overall condition of the patient.
11. Treatments can include surgery, supportive care with somatostatin analogues (they are mainly used to control symptoms of carcinoid syndrome. Examples of medications used are: octreotide & lanreotide), and targeted therapy such as sunitinib and everolimus.

Canadian Cancer Society. Neuroendocrine Tumors
http://www.cancer.ca/en/cancer-information/cancer-type/neuroendocrine/neuroendocrine-tumours/?region=on

Raphael MD et al. (2017)
Principles of diagnosis and management of neuroendocrine tumors.*CMAJ 13;189 p530-535*