The Care about Cancer conference was held from June 16 to 18, 2011 at the Shaw Conference Centre in Edmonton, Alberta.

This conference, hosted by Alberta Health Services, was an interdisciplinary event marketed towards healthcare professionals, patients and families. This educational event incorporated presentations, discussions and workshops addressing all aspects of cancer control.

The theme of this conference, interdisciplinary and integrated practice, offered something for everyone. The significance of this conference cannot be overstated. The first of its kind, this conference welcomed researchers, healthcare providers, cancer patients, survivors, and family caregivers providing them with the opportunity to share different perspectives on cancer care as equals.

Conference Objectives

- To present, share and discuss research findings related to the complexity of care for cancer patients;
- To present, share and discuss development, implementation or evaluation of programs designed to improve integration of cancer care services;
- To maintain and improve linkages across the multiple facets of cancer control including prevention, screening, research, clinical care, and patient support with a patient-centred focus; and
- Provide an opportunity for patients and families to learn from and interact with the research and clinical teams who provide care for them or family members.

OAPN-Affiliated Presentation

In collaboration with Paul Grundy (MD, FRCP) and Linda Watson (RN, Ph.D.(C)) OAPN’s Director Dr. Denise Bryant-Lukosius presented a dynamic workshop at the Care about Cancer conference entitled Oncology Advanced Practice Nursing (APN) Roles: An Interactive Workshop on Strategies for Role Expansion, Role Implementation, and Role Evaluation.

This interactive workshop focused on four key objectives:

1. To provide an opportunity for oncology and palliative care APNs in Alberta to network and collaborate;
Interactive Workshop continued

2. To highlight what is known about APN outcomes and key models to consider when developing effective APN services;
3. To introduce participants to the application of basic concepts and principles related to designing, implementing and evaluating APN roles; and
4. To generate strategies for how one, as a collective group, can promote the integration of APN roles in the Alberta cancer control system.

The all day workshop attracted a diverse set of participants including: registered nurses, nurse practitioners, clinical nurse specialists, nurse managers, professors, clinical educators, researchers, senior practice consultants and nursing students. Participants were introduced to the PEPPA framework, engaged in small group work, case scenarios, large group discussion, and provided the opportunity for knowledge translation/sharing. The future healthcare needs of Albertans, data demonstrating the strong positive impact of APN care, the barriers to APN role implementation, and strategies for promoting the integration of APN roles within Alberta’s cancer control system were also highlights of the workshop.

Workshop Participant Feedback
The workshop was a wonderful success! Participants were engaging and group discussions were consistently lively and informative. Here is a sample of what participants had to say about their workshop experience:

“It was encouraging to see a collective group of APNs, administrator, educators in the room who invested time in increasing understanding of APN role and work.”

“I thoroughly enjoyed it. I felt it was very well received. I felt I was with my “own kind””

“Fantastic workshop - great opportunity to network and discuss issues. Very much appreciated!”

For more information on this workshop and to find out how you can participate in upcoming OAPN events contact Saadia Israr, Program Coordinator at OAPN@jcc.hhsc.ca

Did You Know...?

- Traces of the Clinical Nurse Specialist (CNS) and the Nurse Practitioner (NP) role extend back to the 1800s.
- The CNS role was initially focused on the management of psychiatric patients with the aim of maintaining social control.
- The NP role caught the spotlight in World War II when physicians were unable to take care of all the wounded. During this time the nurses were given privileges to go beyond caring to the role of curing.
- During the 1960’s, the APN roles took a more modern turn with the implementation of managed care.
- Currently, about 40 countries have introduced APN roles with at least 13 different role titles.
An Interview with Dr. Paul Grundy (Senior Medical Director of Cancer Care) and Linda Watson (Leader, Interdisciplinary Practice) at Alberta Health Services

How can the Advanced Practice Nursing (APN) role be more efficiently utilized to increase the effectiveness of health human resource planning?

There are two ways to answer this question. One way would be to identify the specific roles that APNs could fill within cancer care that would improve the effectiveness of our healthcare delivery and planning. The other way to address the question is looking at how the APN role can be more efficiently utilized. Currently, the APNs in Alberta have been hired to fit a specific clinical scenario and have been brought in to fill a gap identified within the medical model of care delivery. What we haven’t really done is to sit with a group of APNs and oncologists and talk about all the goals for our patients and the aspects of care that we would like to provide, who can provide those, and in what settings. The whole point of approaching it from a medical model is that even physicians who work with APNs often don’t fully understand the potential scope of their role, and the only way we will move forward is by bringing nurses and physicians together and have a shared perspective in the planning.

The APN role expansion, implementation and evaluation workshop was very helpful because it assisted the APNs to start to think about how do we assess and advocate for our role, and it clipped them to participate in the kind of the process that I am talking about.

What gaps in cancer care delivery can the APN role fill?

I think where APNs will help us is in strategizing and planning, thinking about how we deliver more comprehensive, better care. One of our big challenges is the patient transition back from the cancer centre to primary care, but what is primary care, who should be delivering it, is it primary care physicians or is it APNs or some combination of the two? APNs can help us think strategically about how to deliver better care and then there will be parts of that spectrum where they could more effectively be the ones who deliver the care.

How can the APN role be more efficiently utilized to increase the effectiveness of health human resource planning?

A fully utilized APN role has much to offer the health human resources within cancer care. Due to growing incidence and prevalence, there is a pressing need to reconfigure how cancer care is delivered, maximizing the full contributions of all team members. Through examining how cancer care teams currently function, and assessing the current gaps in service and knowledge, the APN role can be integrated and expanded to augment team collaboration and quality care delivery. The APN role is well suited to symptom management, palliative and quality of life interventions, survivorship care and chronic stable patients.

How do you suggest we further integrate the APN role within Alberta’s cancer control system, and across Canada?

Broad education initiatives around the APN role are required, so that team members and administrators understand the potential of the role. A purposeful focus on the professional development of the APN’s as whole is essential as they are often new to the role. Advanced Practice Nurses also need strong leadership skills to support practice change. We must systematically assess needs and design the roles to meet those needs.

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Designing Innovative Cancer Services: Responding to the Unmet Supportive Care Needs of Patients with Newly Diagnosed Advanced Colon Cancer

Suganya Vadivelu, RN, BScN, CON(C), PGDHM, MScN(student); Denise Bryant-Lukosius, RN, PhD, CON(C); Carolyn Ingram, RN, DNSc, CON(C); and Ann Mohide, RN, MSc.

THE ISSUE
Colorectal cancer (CRC) is the fourth most common cancer and the second leading cause of cancer death among Canadians. Fifty nine percent of Ontarians with CRC are diagnosed with advanced stage colon cancer. Many patients with a new diagnosis of cancer are ‘lost in transition’ due to a fragmented healthcare system. Little is known about the types of supportive care needs (SCN) patients with advanced stage colon cancer experience during the diagnostic phase or how well these needs are met.

THE PURPOSE
To identify and describe the met and priority unmet SCN of patients with newly diagnosed advanced (stage III or IV) colon cancer.

WHAT DID WE DO?
A descriptive cross-sectional survey was conducted. Over the course of a year, all newly diagnosed patients with colon cancer at the Juravinski Cancer Centre were screened for eligibility. Sixty-two of 80 eligible patients completed a self-report questionnaire prior to starting treatment (response rate=77.5%). The questionnaire included the SCN Survey short form, Functional Assessment of Cancer Therapy-Colorectal subscale and the Health Service Utilization Questionnaire.

WHAT DID WE FIND?
- ‘Fear about the cancer spreading’ was the most prevalent unmet SCN (n=52/62 or 84%).
- Unmet SCN experienced by 65% or more of participants related to lack of control about treatment outcomes, the uncertain future and concerns about family member well-being. Patients also rated these needs as most severe.
- The two most severe CRC specific concerns were related to ‘body appearance’ (Mean=1.74) and ‘bowel control’ (Mean=2.25).
- Priority unmet needs most frequently identified by participants were related to uncertainty about the future (43.5%), fatigue (24.2%) and information (22.6%). A significant association was noted between priority unmet needs (uncertain future, fatigue, appetite and family coping) and patient gender, education level and home support.
- Few patients used existing healthcare services that are relevant to their priority unmet needs. About 92% of participants had visited a ‘family-physician or physician specialist’ and more than 50% of them had accessed the Emergency Department in the past 6 months. Only 14% of the participants reported seeing a social worker within the past 6 months. Less than 12% of participants had used existing supportive care services in the community.

HOW WILL THIS RESEARCH HELP?
This study highlights the need for new models of supportive care for patients with colon cancer during the diagnostic period. One potential model is the use of a specialized and/or advanced oncology nursing role to assess, manage and coordinate the care necessary to meet individualized patient needs. Nurses can play an important role to increase patient awareness, referral to and use of existing community supportive care services. Intensive and targeted interventions may be required to address more severe needs and patients with less education and/or fewer social supports.

RECOMMENDATION
Further research is required to develop and evaluate the impact of innovative nursing interventions and needs-driven supportive care services for patients with colon cancer during the diagnostic phase.
Advanced Practice Nurses:
A Predictor of Quality Care Provided to Patients

Canadian health policy makers are continually looking for ways to improve patient outcomes, increase efficiency and contain costs within Canada’s healthcare system. The expansion of advanced practice nursing (APN) roles within Canada and the utilization of APNs within their full scope of practice have shown to be a promising option towards reaching such goals. As the demand for healthcare services continues to grow, the need to develop and support innovative APN roles has become apparent. As leaders within the nursing profession, nurse practitioners, clinical nurse specialists and APNs have demonstrated their value within the healthcare system as being one of the only predictors of quality care provided to patients.

A study published by Russell et al. in 2009 compared the structures and processes of care within four primary healthcare delivery models in Ontario: fee for service, family health networks, health service organizations and community health centers. Cross-sectional survey data was collected from 137 practices and 363 health clinicians. Forty six clinicians and 22 patients were interviewed and 4,108 patient chart abstractions were included in the data analysis of this study. It was shown that “across the whole sample and independent of delivery of care model, high-quality chronic disease management was associated with the presence of nurse practitioner”. In this study, nurse practitioner care was associated with a 10% increase in absolute disease management scores. Nurse practitioners were shown to contribute to high quality chronic disease management through consultation-based primary care, patient education, chronic disease clinics and participation in collaborative interprofessional patient centered care.

In 2010 England’s Department of Health published the National Cancer Patient Experience Survey Programme - 2010 National Survey Report. This report demonstrated the profound positive impact clinical nurse specialists (CNSs) had on patient’s overall cancer care experience. Respondents aged 16 years of age or older with a history of any type of cancer was eligible to participate. With a 67% response rate, data was drawn from 67,713 completed patient surveys. This comprehensive survey included 74 questions which addressed the following topics: demographics, overall care, outpatient appointments, hospital care, home support, information sharing, hospital doctors, ward nursing, clinical nurse specialist care, diagnostics tests and general practitioner care. Analysis showed significant difference between patients who had a CNS and those who did not on every question in the survey. In each case, patients with a CNS were shown to be significantly more positive about their care and treatment. Specifically, pronounced differences were found between patients with a CNS and those without one with respect to the following categories: verbal and written information, involvement, information on financial support and prescriptions, discharge information and post discharge care and emotional support. These findings clearly demonstrate the vital role CNSs play in achieving positive patient experiences in receiving cancer care.

These studies add to the growing literature supporting the value of APNs within diverse patient populations and healthcare settings. As the demand for complex healthcare services continues to grow, the expansion of clinical nurse specialists, nurse practitioners within Canada appears to be a promising and practical solution. Further studies addressing how to develop and implement teams of healthcare professionals that include APN roles within primary care, hospital, long-term care, community and home settings are a necessary next step.

References
Research Review: Nurse-led vs. Conventional Physician-led Follow-up for Patients with Cancer: Systematic Review


Purpose: This systematic review evaluated the effectiveness and cost effectiveness of nurse-led follow-up care compared with routine hospital/physician-led follow-up care for patients diagnosed with cancer.

Design: A systematic review was conducted which compared nurse and physician-led follow-up care after any type of cancer treatment.

Results: No significant differences were observed between nurse and physician-led follow-up care in the main outcome variables of survival, recurrence rate or psychological morbidity.

Conclusion: Nurse-led follow-up care appears to be a promising and practical alternative to conventional follow-up care. Further research and evaluation of nurse-led follow-up care is necessary to determine the value of expanding such services within the outpatient oncology setting.

COMMENTARY

1) Are the results of the systematic review valid?
Yes. Four relevant randomized control trials (RCTs) were analyzed in detail. Data were retrieved from 19 online databases, trial registries and conference proceedings. Reference lists of key articles were also reviewed.

2) What were the results?
Health-related quality of life was determined to be greater with nurse-led follow-up care in one of four studies, and patient satisfaction was greater with nurse-led follow-up care in 50% of the studies. Lung cancer patients were more likely to die at home and more satisfied with nurse-led follow-up care. Breast cancer patients found patient initiated nurse-led follow-up care convenient but were more reassured by conventional hospital follow-up care. A single study found nurse-led follow-up care to be more cost effective than physician-led follow-up care but no statistical comparison was reported.

3) Limitations:
- Authors were unable to complete an assessment for publication bias.
- Adequate description of the nursing roles involved in the studies was not provided.
- Overall quality of the studies included in this review was determined to be low.
- The combined sample size of the four RCTs analyzed may be too small to draw generalizable conclusions applicable to patient cancer care.
- Study results were inconsistent.

4) Strengths:
- A thorough literature search was completed to identify relevant RCT’s.
- Diligent re-scanning was completed after the initial database search to ensure all relevant studies were captured.

5) Implications for Practice:
This review identifies the need for further research evaluating patient outcomes and the cost-effectiveness of nurse-led follow-up care. Future studies addressing nurse-led care need to provide a detailed description of the intervention provided and the type of nursing role involved. Such descriptions will allow researchers, managers, and nurses to assess generalizability to various levels of nursing practice. Nurses have been shown to be well suited to address patient’s social and psychological outpatient needs. Nurses are trained to provide patient education, answer questions, discuss/explain complications, provide support, and assist patients with accessing community resources. Expanding nurse-led follow-up care within the cancer patient population could potentially decrease the financial and healthcare provider resource burden currently involved with routine hospital based follow-up care.

Lindsay Yuille, BScN
OAPN Research Seminar Series

**Purpose:** The Research Seminar Series provides a platform to present and discuss APN related research in progress or completed research, explore new areas of research, develop and share research ideas and to foster collaboration and networking among oncology APN and interdisciplinary researchers.

**Target Participants:** The Research Seminar Series is open to national and international participants of all disciplines interested in research relevant to the delivery of nursing and advanced nursing services in cancer control.

**Format:** Online via webinar and teleconference.

**Topic:**
On June 23, 2011, Ruth Kleinpell (PhD, RN, FAAN, FCCM) presented on the topic of ‘Assessing Outcomes of APN Practice’. Dr. Kleinpell’s presentation examined the following issues:

- The impact of advance practice nurses (APN) on clients, healthcare and cost of care.
- Different measures/methods used to determine the outcome of APN practice.
- Recent research outlining the effect of APN care on patient outcomes.
- The importance of demonstrating/measuring the impact of APN care.

**Participants:** A diverse group of over 100 participants attended this seminar. Advanced practice nurses, senior researchers, decision makers and national and international students joined the stimulating discussion.

**Participant Feedback:** Participants were eager to share their thoughts on Dr. Kleinpell’s webinar presentation. Here is what one participant had to say:

“I found the organization and format for this seminar well done for discussion and exchange … very important format that should be promoted more across Canada as a feasible approach to disseminating research results.”

**Seminar Archive:** Dr. Kleinpell’s presentation can be accessed at:

**Upcoming Seminar:**

**Topic:** Measuring APN workload and activities

**Presenter:** Esther Green (Provincial Head of Nursing and Psychosocial Oncology - Cancer Care Ontario) and Denise Bryant-Lukosius (Associate Professor, School of Nursing and Dept of Oncology, McMaster University; Director, OAPN)

**Date:** October, 26, 2011

**Time:** 12:00 - 13:15 PM EST

News and Events

Oncology Nursing e-Mentorship Upcoming Events

Mentorship Training Workshop — Kingston, Ontario — October 19, 2011

Career Directions Workshop — Sudbury, Ontario — October 27, 2011

Résumé Writing for Nurses Workshop — Hamilton, Ontario — December 2, 2011

For more information on any of these events please contact: onment@mcmaster.ca

Upcoming Conference

Prague, Czech Republic
http://www.isncc.org/conference/17th_ICCN/

CANO/ACIO Advanced Practice Nursing - Special Interest Group (APN-SIG)

Canada has experienced a significant influx of advanced practice nursing roles in cancer control over the last 5 years. However, most advanced practice nurses continue to experience limited access to professional and role development support. The inter-provincial collaboration and peer support developed through the APN-SIG network provides opportunities for cohesive, coordinated work by oncology advanced practice nurses.

The SIG aims to:

- Identify issues and trends affecting oncology advanced practice nurses;
- Create a forum for the exchange of ideas, knowledge and skills relevant to oncology advanced practice nursing;
- Promote collaboration between oncology advanced practice nurses across Canada in direct clinical care, education, research, organizational leadership, and professional and scholarly development; and
- Strengthen the network of oncology advanced practice nurses nationally.

To join the APN-SIG, please contact Lorraine Martelli-Reid at:
lorraine.martelli-reid@jcc.hhsc.ca

Nadieh Hajir-Amiri, BSc (Hons), BScN
Research Associate

Nadieh recently graduated from the accelerated nursing program at McMaster University. She also has a Biochemistry and Biomedical Science degree from McMaster. Nadieh is currently working in the acute medicine unit at the Hamilton General Hospital and is interested in gaining critical care experience at the Emergency Department in the near future. Nadieh is looking forward to further developing her knowledge of nursing research. Her research interest focus on facilitating changes in practice and healthcare system.
In 2001, Dr. Alba DiCenso was awarded the CHSRF/CIHR Chair in Advanced Practice Nursing (APN), valued at $3.2 million, for a period of 10 years. This funding enabled Dr. DiCenso to train and mentor over 28 graduate and post-graduate nursing students, as well as junior nursing faculty with a focus on APNs.

The summer of 2011 signified an end to the Chair Program’s 10 year journey. This journey has seen an exemplary graduate education at a masters, doctoral and post-doctoral level develop and flourish. Moreover several collaborative partnerships were made with interprofessional researchers and senior decision-makers, high-quality rigorous research was conducted, key resources for healthcare providers and researchers were developed, and a leading-edge knowledge translation platform was established to name a few.

OAPN’s team would like to congratulate Alba and the Chair Program team on the outstanding work and commitment throughout the years. The high caliber of work conducted by the Chair Program has set the bar for innovation and critical thinking for years to come.

Building on a strong research base and resources established by the Chair Program, the development of a new program of research on Advanced Practice Nursing is currently in-progress. Several stakeholder and planning meetings will be taking place in the Fall of 2011 to develop the new Program’s goals and objectives. This transition is supported by the School of Nursing at McMaster.

In closing, every end is a new beginning. As the Chair Program comes to an end, the transition to a dedicated national APN Research Program creates new opportunities and provides an avenue to continue to deliver rich and innovative solutions to improve patient, provider and health system outcomes.

To follow the transition of the Program, please visit

http://www.apnnursingchair.mcmaster.ca/index.html

OAPN Website

The OAPN website (http://oapn.mcmaster.ca) provides timely and up-to-date information on APN research, evidence-based resources, upcoming events and opportunities at OAPN.

Recent additions to the website include:

- A tab on OAPN presentations that features recently conducted presentations by the Centre;
- A number of updates to the resources (best practice guidelines, links to evidence-informed practice) for oncology APNs.


This article features information on high-quality, pre-appraised resources that support evidence-informed decision-making. You may find the following two resources helpful in your day-to-day practice.

health-evidence.ca

The health-evidence.ca website was developed to facilitate the adoption and implementation of effective policies, programs and interventions at the local and regional public health decision-making levels across Canada.

As an evidence-informed research and information support tool, the health-evidence.ca website aims to support evidence-informed decision making (EIDM) in public health organizations across Canada by providing:

- Access to current review-level research evidence,
- Organizational assessments of ‘readiness for use’ of new research,
- Customized knowledge broker consultation and support for users/groups interested in incorporating EIDM into routine organizational practices,
- Professional development and education related to EIDM, and
- Tools to guide and support all stages of the EIDM process.

Anyone can become a registered user with health-evidence.ca and access to the website is free. Users can tailor the information they receive to their particular areas of interest. Each review included on the health-evidence.ca website is assessed for methodological rigour by two independent reviewers and a rating is clearly indicated with each review. Registered users can choose to sort search results by review quality - making the process of finding high quality current health evidence effective and time efficient.

For more information, please visit: http://health-evidence.ca/

UpToDate

UpToDate is a clinical decision support system that helps doctors, nurses, clinicians and other allied health professionals provide safe and current patient care. The UpToDate website answers clinical questions quickly and accurately at the point of care which in turn can save time and improve patient outcomes.

UpToDate is user-friendly and covers over 8,500 topics in 17 different medical specialties (including oncology). The information provided by the UpToDate website is compiled by a team of 4,400 expert clinicians who contribute as authors, editors and peer reviewers. The team’s reviews systematically cover major aspects of specific medical conditions, symptoms, tests, diagnosis, and current treatment options.

Treatment recommendations generated on the UpToDate website are based on best medical evidence. Recommendations are kept current, as an updated version of UpToDate is released every four months. Treatment recommendations included on the website are also graded to assist users in determining their strength and quality of evidence in an efficient manner.

For more information, please visit: www.uptodate.com
The development of the Canadian Centre of Excellence in Oncology Advanced Practice Nursing (OAPN) is made possible through the generous financial support of Amgen Canada Inc.

OAPN Office
699 Concession Street
Room 4-223
Hamilton, Ontario
L8V 5C2
Tel: 905-387-9711 ext. 67701
Fax: 905-575-6345

Email: oapn@jcc.hhsc.ca

Web site: http://oapn.mcmaster.ca