CONFERENCE REPORT

Cancer Nurses Society of Australia 17th Winter Congress
Cancer Nursing: Leading in a Time of Change

24 – 26 July, 2014
Pullman Albert Park, Melbourne.

The Cancer Nurses Society of Australia 17th Winter Conference “Cancer Nursing: Leading in a Time of Change” highlighted the challenges faced by health professionals and health services as a result of the changing landscape of cancer care. These challenges are a result of the increased incidence of cancer, more people living with and beyond cancer, the emergence of new and developing treatments and a changing nursing workforce. Presentations shone a light on the great work being achieved in areas of supportive care, survivorship, evidenced based care and innovative models of care to assist in meeting these challenges. The presentations also exhibited the considerable work that has been achieved in the area of education that provides cancer nurses with the skills and knowledge to implement best practice in cancer care.

This report will provide an overview of the attended workshop and presentations, lessons learnt and a plan for the application of skills and knowledge in my workplace.

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Pre-Congress Workshops

Workshop 3 - Delivering Innovative Cancer Survivorship Care

The Delivering Innovative Cancer Survivorship Care workshop provided the participants with an overview of Survivorship in Australia. It highlighted the common issues faced by cancer survivors. The workshop promoted awareness of the practical tools and resources available to health professionals to improve their knowledge in this area and support them in their provision of survivorship care.

An overview of Cancer Survivorship in Australia was provided by Associate Professor Mei Krishnasamy from Peter MacCallum Cancer Centre utilising a new online evidence-based website www.cancerlearning.gov.au/survivorship. This website was developed by the Australian Cancer Survivorship Centre in collaboration with Queensland University of Technology and the University of Sydney.

Mei discussed the potential issues faced by cancer survivors. While some individuals experience positive psychosocial effects, at least 50% experience some late effects from cancer treatments.

We had the privilege of viewing videos/vignettes of cancer survivors’ stories. This was such a powerful mode of delivery to assist us to understand issues faced in this phase of the care trajectory.

Nicole Kinnane from Australian Cancer Survivorship Centre, Peter MacCallum Cancer Centre provided participants with an overview of skills, tools and resources to assist health professionals to provide survivorship care. Elements covered included:

- Effective communication skills
- A supportive care framework
- Importance of a Multidisciplinary approach
- Survivorship care plans
- Shared Care Models of care
- Promotion of wellness and self-management
- Motivational interviewing. Group work was undertaken in motivational interviewing.

Dr Teresa Wiseman, Lead for Health Service Research, Nursing, Rehabilitation and Quality at The Royal Marsden NHS Foundation Trust, London, UK presented results from a study from UK found 53% of patients surveyed six months after cancer treatment had >1 moderate or severe unmet needs.

Dr Wiseman also presented results from a 2011 NHS Improvement survey looking at the Prostate Cancer experience found 67% of patients had significant side effects that were not addressed.

An overview of the National Cancer Survivorship Initiative (NCSI) was provided by Dr Wiseman. This initiative identified the need to change the focus regarding...
survivorship care. This change should encompass a cultural shift from illness to wellbeing, recovery and health after cancer treatment; individual assessment of needs; provision of information; individualised care planning; promotion of self-management; tailored support; and measurable patient centred outcomes.

Dr Wiseman discussed the Macmillan Consequences of Cancer Treatment Collaborative (CCaT) who have developed interventions and tools to assist in addressing the consequences of cancer and cancer treatment. Tools included a:

- Patient booklet – What to offer after cancer treatment ends: 10 top tips
- Health Professional guide - Recovery Package
- Nurse Competency Framework

The workshop concluded by looking at Survivorship initiatives in Practice within Australia at Barwon Health, Austin Health and Western Health.

Winter Congress Program

International Keynote Speaker

Dr Theresa Wiseman

Dr Theresa Wiseman introduced her Patient Centred Care Project: Using Experienced-Based Co-design (EBCD) to improve breast and lung cancer services. This aim of this project was to design better experiences for patients and health care staff within two large tertiary hospitals in England.

Dr Wiseman provided an overview of the EBCD process which involved engaging staff and patients and gathering their experiences.

Patients and staff identified priorities for service improvement and worked together to make changes within the tumour specific services to improve care.

The two main key messages I took away from this very engaging session was that

1. The use of patient narratives (utilising film) is a very powerful way for Healthcare providers to gain a better understanding of the patient’s experience
2. Healthcare professionals and patients can work together to make meaningful and sustainable changes within service provision

Invited Speakers

Professor Grant A McArthur

Professor McArthur is from the Peter MacCallum Cancer Centre is a Fellow of the Royal Australasian College of Physicians and holds a PhD in Medical Biology.

Professor McArthur provided an overview of Melanoma in Australia.
Professor McArthur went on to state that prevention, education, early detection and a multidisciplinary approach is vital in reducing mortality associated with melanoma.

Professor McArthur discussed the relevant advances in Melanoma treatment which has been born from the increased investment in research in this area. This research has led to a greater understanding of the melanoma genome and uncovered key molecules that control the growth of melanoma and the body's immune response to the disease. This in turn has brought about the development of novel immune and systemic therapies that have shown an improvement in the survival rates for melanoma patients with disseminated or advanced disease. While the efficacy of these new agents has been promising they can generate inflammatory and immune responses that can be life threatening and poses challenges for the patient and their treating team.

**Concurrent Sessions - Oral Presentations**

Presentations highlighted the great work being achieved in areas of supportive care, survivorship, evidenced based care, innovative models of care and education.

*Esther Yeoman* CNC discussed an innovative, structured leadership program that has been implemented at Epworth HealthCare. This program was developed in collaboration with Swinburne University to improve the leadership skills for nurse leaders within an organisation.

*Natalie James*, the National Nurse Lead for a Cancer Nurse Coordinator (CNC) Initiative in New Zealand spoke about the implementation of the CNC role. The focus of this role is to coordinate patient care along the entire cancer pathway to improve outcomes for those affected by cancer in New Zealand. The role of National Nurse Lead was integral in progressing this initiative.

*Esther Yeoman’s presentation* ‘Measuring What Matters: Quantifying the Activity of Radiotherapy Nurses in a patient Centred Model of Care’ utilised a patient management system to track the activity of radiation oncology nurses to gain a better understanding of their role. Understanding their role was vital in determining management strategies to improve practice.

*Margaret Hjorth* from Epworth Healthcare, discussed the development of a guideline to ensure effective symptom management of site specific side effects experienced by persons undergoing radiotherapy. This presentation highlighted how pathways and guidelines can ensure consistency in care ensuring positive outcomes for patients.
Trish Calder, Breast Care Nurse at Epworth Healthcare presented an overview of the design and implementation of a multidisciplinary rehabilitation pilot program. The aim of the project was to improve quality of life, improve function and increase access to support for cancer survivors. The design of this pilot program was well received by research participants.

Leisa Brown, Educator for Central Integrated Regional Cancer Services (CIRCS), Queensland Health presented the Cancer Education Program (Q-CEP). Utilising EdCaN content a comprehensive program has been developed to meet the educational needs of health professionals in Queensland, working in the area of cancer care.

Kim Fualkner from Cancer Institute, NSW showcased the new Radiation Oncology Modules that have been developed to support the information needs of health care professionals. The modules are patient centred and focus on the treatment process, assessment, education, self-care strategies and supportive care management of patients receiving radiotherapy.

Georgina Wiley provided results from a two phase exploratory study looking at psychological distress for both male and female patients attending a day oncology unit. The study identified that men may be reluctant to admit distress is occurring and may be reluctant to seek help. More research is required in this area.

Kathy Schumacher, Nurse Practitioner at Peter MacCallum Cancer Centre discussed the implementation of a Nurse Practitioner led Sexual Health and erectile function Clinic to address the needs of men who have undergone cancer treatment. Sexual function is often not addressed or poorly addressed by health professionals. This presentation highlighted the importance of addressing sexual concerns to improve patient wellbeing.

The conference concluded with a Panel Discussion ‘New and Innovative Models of Care’ facilitated by Raymond Chan. In this session Dr Theresa Wiseman, Associate Professor Gail Garvey and Adjunct Associate Professor Kim Ryan discuss their thoughts on how we as healthcare professional can implement change within our workplaces to address the current challenges and provide best practice to those affected by cancer.

Key tips:
- Identify the gaps within the service
- Consider the following:
  - What do we need to change to better support persons living with and beyond cancer?
  - What will be the consequence of this change be?
  - Who will it affect?
- Involve all stakeholders
- Speak the language of the policy makers
• Ensure projects align with the Health Service’s Strategic Plans
• Gather evidence
• Put out ideas to peers and to the team before commencement
• Be committed
• Be confident that you can achieve your goal
• Be prepared to change and compromise.

Conclusion and Future Plans:

The CNSA 17th Winter Congress was extremely informative, inspiring and thought provoking. The highlights were the presentation by Dr Wiseman on Co-design, the work being achieved in term of survivorship care and the tools that are now available to support the educational needs of health care professionals.

Following the congress:

1. Education session on Survivorship has been booked for October 2014. Nurses in our Oncology Day Unit are well placed to identify and start to address survivorship concerns for patients completing active treatment. Despite previous education provision to the Oncology Nurses, they remain firmly ensconced in the active treatment phase leaving the CCCS to address the survivorship phase of care. Attendance at the ‘Delivering Innovative Cancer Survivorship Care’ workshop has provided me with the tools and resources to promote survivorship care within our unit. In particular, the patient videos will used to promote the importance of survivorship care.

2. I have commenced the evidence–based learning survivorship modules.

3. A plan has been proposed for all nurses working with Radiation Oncology patients to undertake the Radiation Oncology Modules within the next 12 months.

4. In collaboration with the Senior Oncology Nurses a report has now been finalised that proposes significant changes in the current nursing model in Cancer Care Services to ensure persons affected by cancer are supported along the entire care trajectory.

5. A Co-Design Project has been proposed at the Research Group Meeting held in August 2014.