Education

A DECISION TREE FOR ANEMIA INTERVENTION: NURSES ARE KEY TO IMPROVING CLINICAL PRACTICE Maureen Buckner RN MSN CNP AOCN®, Arthur G. James Cancer Hospital & Richard J. Solove Research Institute, Columbus OH, Melissa Nelson RNC, Arthur G. James Cancer Hospital & Richard J. Solove Research Institute, Columbus OH

Anemia is a common complication for patients undergoing chemotherapy. Anemia-directed interventions are useful if routinely implemented; however, new and emerging data on erythropoietic therapies represent challenges for oncology clinics and drive the need to update their evidence-based anemia-treatment guidelines. As primary supportive care providers, nurses are ideally situated to evaluate new guidelines and associated patient outcomes. Here we describe one center’s pharmacist-led project where nurses were key to implementing new anemia guidelines in the clinic and educating staff. The purpose of this initiative was to evaluate an educational tool for staff describing new guidelines for the treatment of chemotherapy-induced anemia at Ohio State University Medical Center by measuring treatment and practice efficiency. In addition, the authors sought to evaluate a reminder/educational tool for patients as measured treatment compliance. A multidisciplinary team reviewed the literature and National Comprehensive Cancer Network guidelines on treatment of anemia before drafting guidelines specific to our clinic and study objectives. Data supported using darbepoetin alfa every 2 weeks (Q2W), or every 3 weeks (Q3W) with earlier intervention. In the new guidelines, hemoglobin <11g/dL vs <10g/dL was the new threshold for starting on-time. Recommended darbepoetin alfa dosing was 200 mcg Q2W SC or 300 mcg Q3W titrated to maintain hemoglobin levels between 11 and 12 g/dL. Physicians, nurses, and pharmacists were instructed on the efficacy and indications for each administration. To help, a dosing guideline decision-tree pocket card for staff and a treatment-reminder card for patients and caregivers were developed. The decision-tree and treatment-reminder cards will be presented. Final results (in progress) will focus on physician/nurse-practitioner compliance to the new anemia guidelines and patient compliance to treatment visits from December 2004 (guideline implementation date) to December 2005. Preliminary results indicate that the treatment-reminder cards helped to minimize the number of missed appointments. Oncology nurses and pharmacists partnered to develop and implement new anemia therapy guidelines. Nurses played an essential role in guideline implementation and education of clinic staff. Our decision-tree pocket card helped increase familiarity with new guidelines and paved the path to physician acceptance. These guidelines were easy to understand and have empowered nurses to become more active providers of supportive care.

DEVELOPMENT PROCESS AND EVALUATION OF A RADIATION THERAPY PATIENT EDUCATION TOOL Julie Earle RN, BSN, RT (T) OCN®, Mayo Clinic, Rochester MN, Mary Burk RN, RT (T), Mayo Clinic, Rochester MN

A cancer diagnosis can be a frightening experience for patients and family. The prospect of receiving radiation can also be frightening, not knowing what to expect and trying to visualize the process on the basis of verbal information. Providing useful visual educational materials may help to reduce anxiety and provide information needed to be well prepared and informed. Anecdotal patient reports and observed anxiety in patients scheduled to have radiation treatment planning, especially those needing immobilization devices for head and neck, or brain radiation treatment, prompted a search of available resources. A minimal amount of information (either in print or video) on the procedure of simulation and construction of immobilization devices was found. The purpose of developing the brochure is to provide useful information in a format that is easily understood. A follow up patient survey was developed and will be completed. The purpose is to gather information on the satisfaction of the patient on the timeliness and content of the booklet. The process of the development from inception to completion will be outlined in the poster as well as the evaluation of the patient satisfaction survey. A convenience sample of 30 patients having completed simulation and in the first to second week of radiation treatments will be asked to
complete the survey at the time of their nursing educational visit. Patients that have received the brochure would be asked to provide verbal consent to complete a brief, seven-item questionnaire. Questionnaires will be compiled and evaluated for trends and percentages on responses. The goal of the survey is to provide insight into the completeness of or need for additional information, based on the trends and percentages of the answers provided by patients to the questions. The process for development of the booklet provides oncology nurses information to assist in the development of patient education materials. The survey results provide a means to evaluate the effectiveness of the booklet in providing pertinent and timely patient information. Evaluation of the results will drive changes in the delivery or content of the information.

ONCOLOGY NURSING COMPETENCY PROJECT (ONC PROJECT): STANDARDIZING PRACTICE IN A UNIVERSITY-AFFILIATED MEDICAL CENTER WITH A COMPREHENSIVE CANCER PROGRAM  Maria Slezak RN BSN OCN®, UCSD Medical Center-Moores UCSD Cancer Center, La Jolla, CA CA, Marlon Saria MSN, RN, AOCN®, UCSD Medical Center, San Diego CA

The inconsistencies in practice amongst the various departments within oncology became evidently clear when a group of oncology nurse-leaders representing the different departments and divisions within oncology convened in January 2005. "Requirements for Improvement" findings from the recently concluded Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey were discussed. Two of the findings relate to the oncology department, specifically to oncology nursing practice: the sporadic documentation of patient education in the ambulatory care clinics and incomplete performance evaluation and competence validation. A consensus was reached to further discuss approaches to standardizing oncology nursing practice within the institution. The aim of the competency project was threefold: standardize nursing practice between oncology subspecialties, provide a non-threatening environment for competency evaluation and continuing education, and to design a structured method to validate ongoing nursing competency evaluation. All oncology nurses, regardless of job titles and descriptions, were required to attend a 4-hour competency evaluation and update session. The session topics were identified through expert consensus and job analysis. Nearly all of the competencies had a psychomotor and cognitive focus, with the exception of a video presentation that underscored the affective domain of nursing care. The sessions take into account adult learning principles and use a variety of instructional methods including a self-learning module with a post-test, lecture-discussions, demonstration/coaching, simulated clinical practicum, case studies, and video presentations. Ninety-five percent (N=118) of the oncology nursing staff attended the comprehensive oncology competency evaluation sessions scheduled over 4 days. Our project showed that standardizing the competency validation process can be an effective approach in the standardization oncology nursing practice. Competence for professional practice evolves with society and the system in which professionals practice (Utley-Smith, 2004). There is a lack of consistency in the practice of competency validation and documentation from institution to institution and between different departments in the same institution. The oncology nurse-leaders established that the initial goals for this project were met and thus considered it a success, taking into account that this was a first attempt at standardizing the competency validation process for oncology nursing practice.

BUILDING A COLLABORATIVE NURSING PRACTICE TO PROMOTE PATIENT EDUCATION: AN INPATIENT AND OUTPATIENT PARTNERSHIP  Kristin Negley MS, RN, AOCNS, Mayo Clinic, Rochester MN, Sheryl Ness MA, RN, Mayo Clinic, Rochester MN, Janine Kokal MS, RN, Mayo Clinic, Rochester MN, Kelli Fee-Schroeder BSN, RN, Mayo Clinic, Roc MN, Jeanne Voll MS, RN, Mayo Clinic, Rochester MN, Chris Hunter AD, RN, Mayo Clinic, Rochester MN, Kristi Klein BSN, RN, Mayo Clinic, Rochester MN
Oncology nursing staff, in a large midwestern medical facility, identified that patient education for oncology patients can be incomplete or duplicative between the inpatient & outpatient practices. Although excellent patient education is provided in both settings, the messages taught are unknown between practice areas without extensive chart review. Developing a formal partnership that promotes communication and consistent information and education helps to assure standards of care are congruent between these two settings. The purpose of this project was to build a collaborative nursing practice between inpatient and outpatient practice settings that promotes a seamless, integrated process of meeting the educational needs of oncology patients and families, along with providing a unique opportunity to enhance oncology nurse’s professional development. Two inpatient nurses, partnered with oncology nurse educators, worked one day every two weeks for three months in an outpatient Cancer Education Center interacting with cancer patients and families, teaching classes, and working on specific projects. In addition to promoting available educational materials, the nurse educators focused on professional development skills such as learning theories and education competencies, formal presentations, teaching strategies, and individual and group patient education interactions. The inpatient nurses provided the unique clinical knowledge and expertise of bedside nursing to the outpatient education practice. An extensive evaluation, utilizing Kirkpatrick’s four levels of evaluation, was conducted to assess collaborative practice, staff development, and nursing job satisfaction. Evaluation was completed by written assessment and oral interviews pre and post project with nurse participants, nurse educators, and nurse managers (post only). Participants were also asked to keep anecdotal comments of patient encounters. The evaluation showed positive results with themes including: increased collaboration and communication between practices; increased awareness and application of educational materials; enhancement of professional development skills; and the provision of seamless, integrated care. This collaboration project has started a direct communication process between the Cancer Education Program and the inpatient oncology nurses with future projects in process. Collaboration between nurses is important but infrequently documented in literature. This project, though small scale, resulted in nursing collaboration with high impact outcomes of positively affecting nursing knowledge and patient care.