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Addressing Psychosocial Needs in Cancer Care – Results from a Continuing Education Course for Oncology Nurses

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The Ontario Cancer Plan III: 2011-2015

Strategic Priority #4: Continue to assess and improve the patient experience. www.cancercare.on.ca

A commitment to every patient:

- To have opportunity to report their symptoms electronically to support communication and the provision of care
- Receive care in a timely manner for physical and emotional scores flagged through symptom screening
- Have access to psychosocial resources, standardized across the province and based on best practices.

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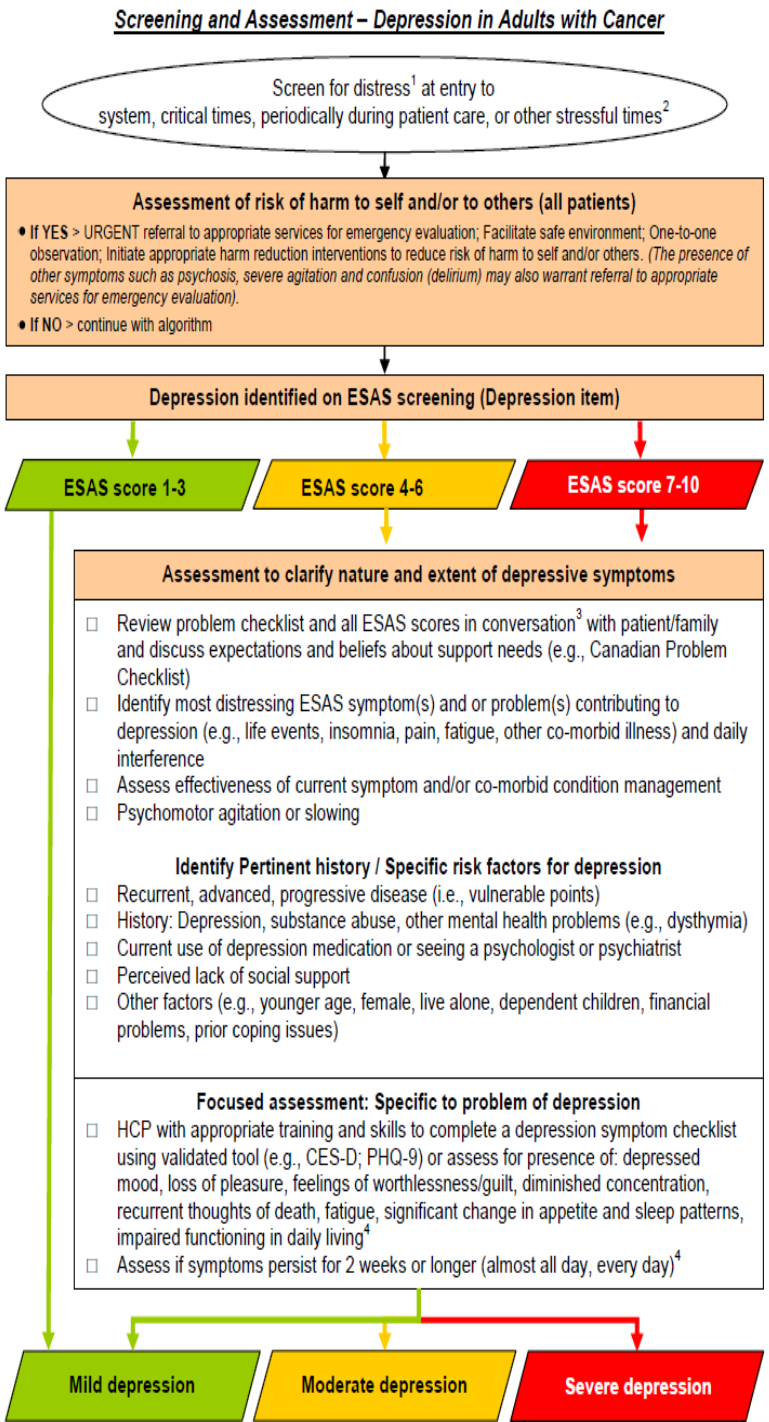
Why Focus on Psychosocial Oncology

- Approximately, 35% of people diagnosed with cancer experience clinically significant distress (Moorey et al., 1994; Zabora et al., 2001)
- Psychosocial interventions increase wellbeing, improve adjustment and coping and reduce distress (Carlson and Bultz, 2003; Cunningham, 2000, Meyer and Mark 1995; Rehse and Pukrop, 2003)
- Ability to screen for psychological distress and provide effective psychosocial intervention to cancer patients and their families is a key quality of “de Souza nurse” - a symbol of excellence in oncology nursing practice (www.desouzanurse.ca)

Symptom Management Algorithms and Guides

- Pain
- Nausea & Vomiting
- Dyspnea
- Delirium
- **Depression**
- **Anxiety**

www.cancercare.on.ca/toolbox/symptools/



Continuing education for nurses on psychosocial aspect of cancer care

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CE is part of a knowledge translation strategy to help clinicians gain knowledge and shift attitudes towards evidence-based psychosocial practice

- Oncology nurses reported that they lack the training and tools to manage psychosocial issues
- Nurses play an important role in assessing and providing first level intervention to patients under psychosocial distress - it is an integral part of “cancer care for the whole patient” (IOM 2007).
- Guidelines (CAPO) and clinical algorithm (CCO) exist and should be translated for front line care.

de Souza psychosocial aspect of cancer care course

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Offered since 2009, currently taught via online + workshop.

1. Online pre-reading, online preworkshop discussion forum on challenging psychosocial cases posted by participants.
2. One day workshop
   - Review of pre-reading & challenging psychosocial issues
   - Didactic Teaching/ Discussion: Intervening in Distress – screening, assessment, intervention using ESAS, distress thermometers, BATHER (case examples)
   - Group case work using CAPO psychosocial guideline and CCO cancer symptom management algorithm
3. Post workshop online discussion forum: post clinical cases applying learning in one's own practice setting.

Evaluation

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1. Baseline demographics
2. Knowledge and confidence in:
   - Supporting patients' informational, supportive needs, and decision making
   - Recognizing the range of psychological responses
   - Addressing fear and losses, grief and bereavement
   - Screening for psychosocial distress
   - Provision of psychosocial care
   - Knowledge on referrals and resources
3. Participants' perspective on the role of oncology nurses in addressing psychosocial needs of patients and their families

Results - demographics

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	2009 (N=68)	2010 (N=51)	2011 (N=62)	2012 (N=50)
Age				
<30	25%	16%	26%	22%
30-39	18%	14%	25%	18%
40-49	27%	39%	23%	22%
>49	30%	30%	26%	38%
RN				
Degree	57%	56%	53%	48%
Diploma	37%	35%	26%	22%
RPN	1%	4%	6%	4%
Other (MN)	5%	5%	15%	26%
# yrs of Oncol exp (mean ± sd)	8.0 (±7.7)	9.0(±7.9)	7.2 (±8,5)	8.7(±7.9)

Main challenges reported at baseline

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Personal

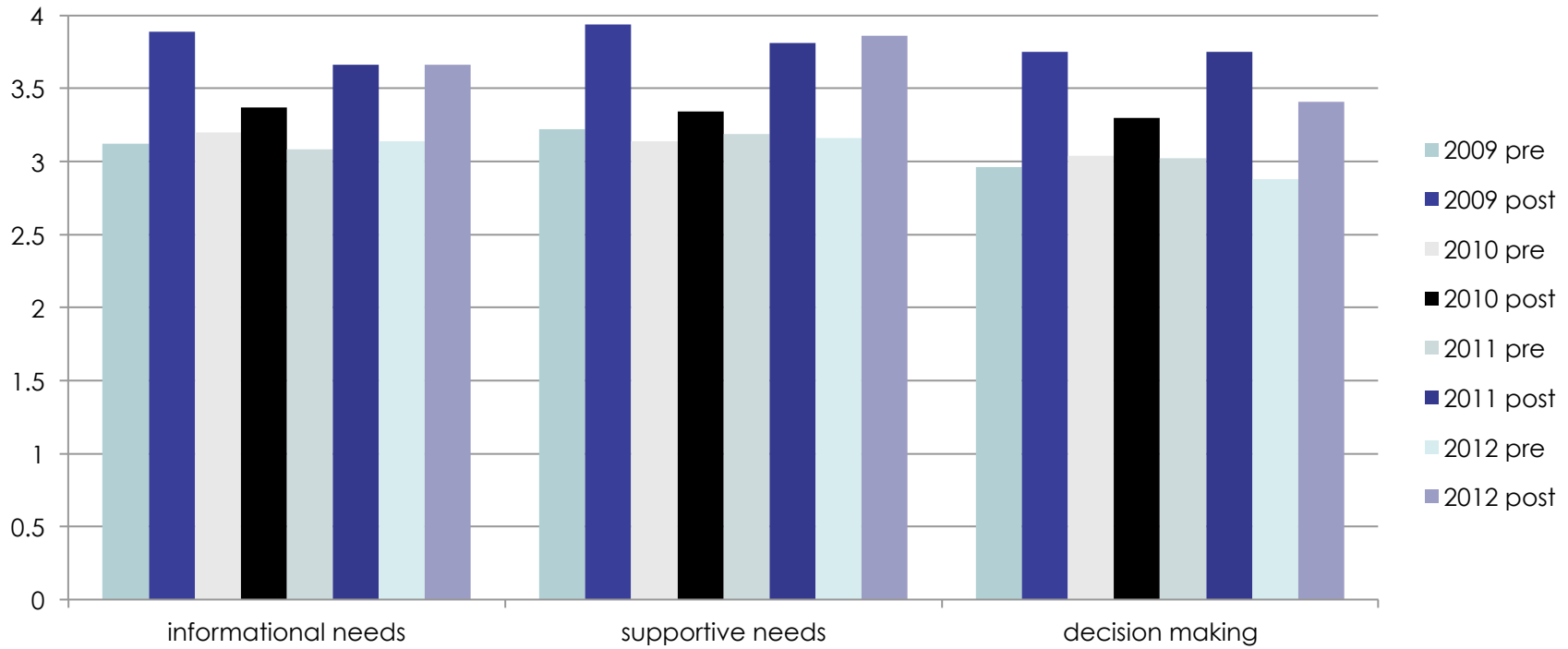
- Finding the time to discuss issues, privacy and not sure how to initiate the conversation
- Report lack of resources and knowledge to help and support patients and family
- Challenged to maintain a sense of wellbeing, feeling overwhelmed if open discussions
- Nurses' own personal experiences, expectations, fears

System

- Access to resources and "know how" of applying guidelines
- Training, educ support to learn and apply effective strategies
- Lack of time due to demands of job
- Is psychosocial care valued?

Results

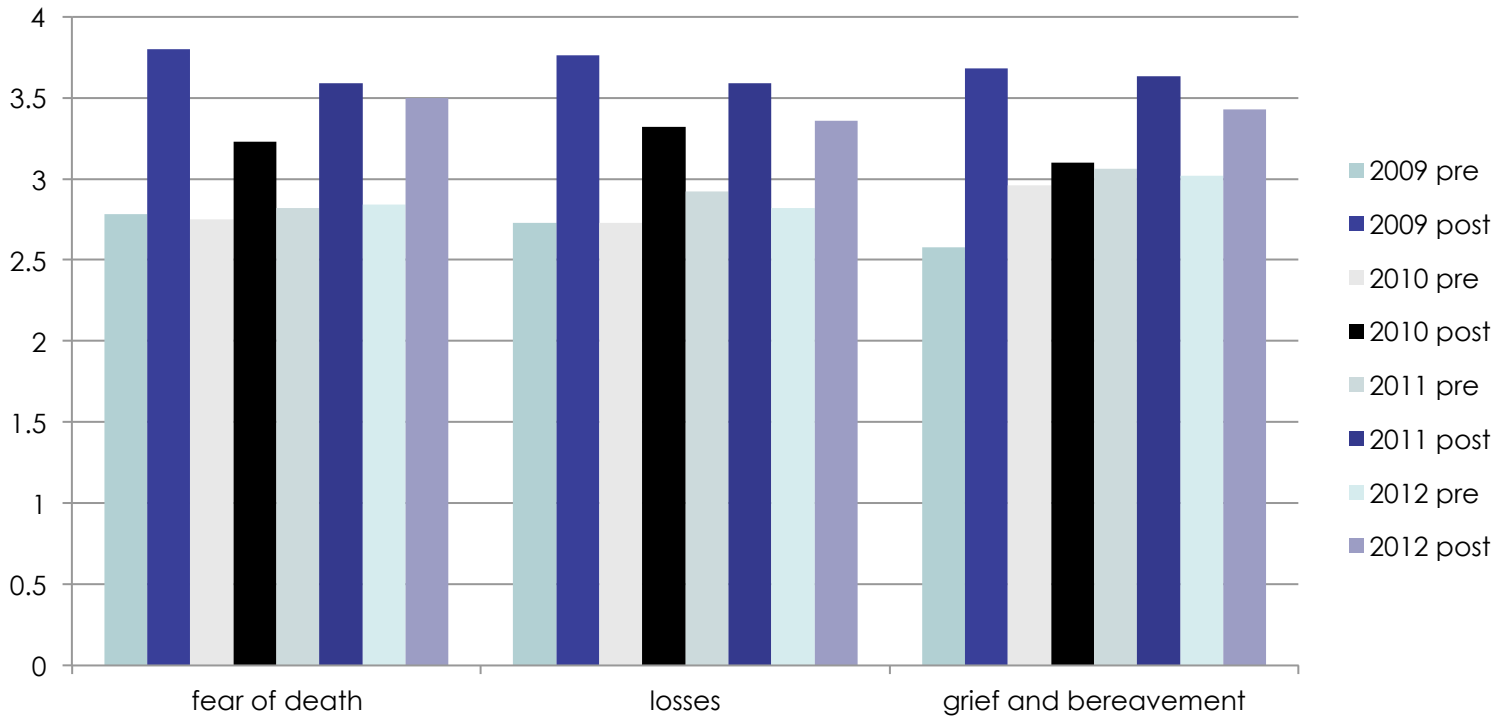
Confidence in addressing information needs, supportive care needs and decision making



After the workshop, the confidence level increased in all areas and such increase across cohorts from 2009-2012.

Results

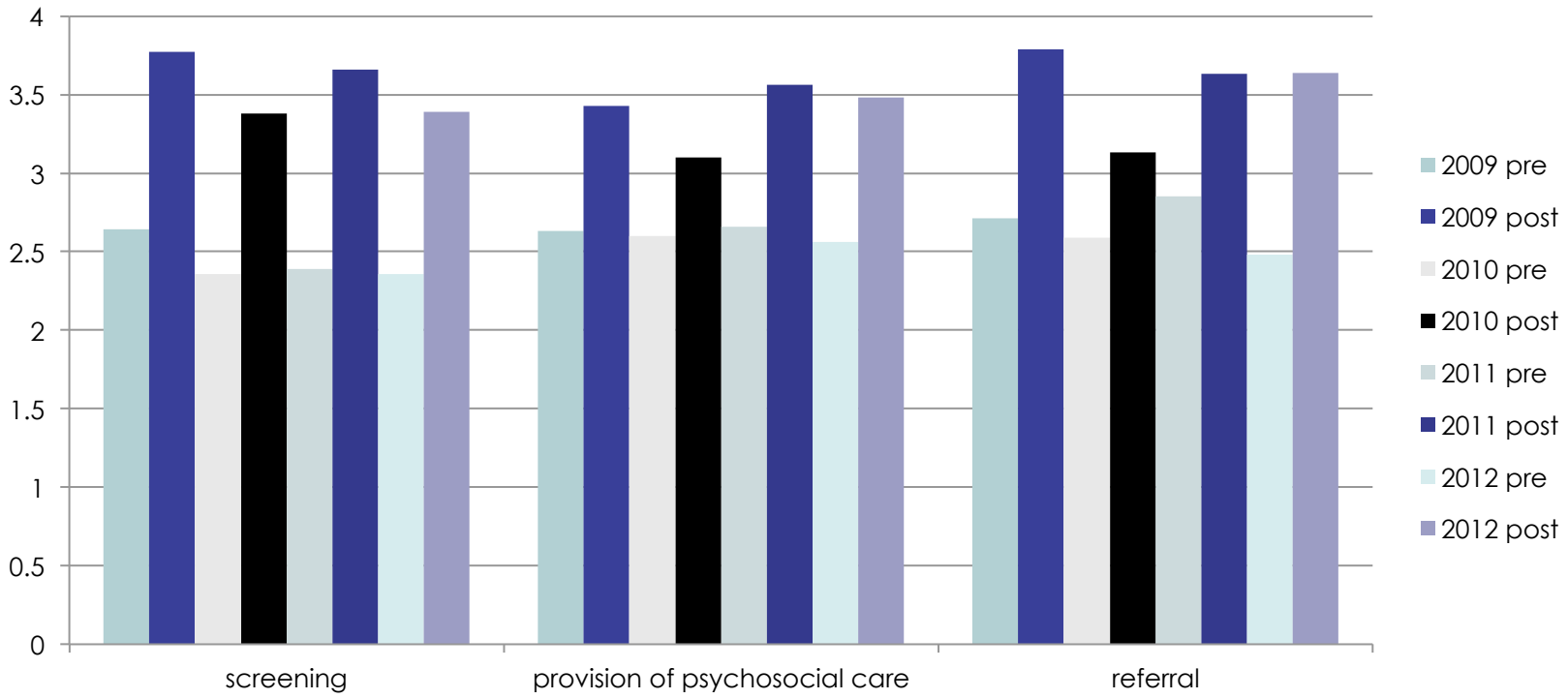
Confidence in addressing fear of death, losses, grief and bereavement



Nurses reported “2.6-3.0” in their confidence level in these 3 areas, lower comparing with their confidence in addressing informational and supportive needs of patients and families. After the workshop, the confidence level increased significantly

Results

Confidence in screening, provision of psychosocial care and referrals



The level of confidence is the lowest in screening, provision of psychosocial care and referrals. Confidence level in these 3 areas also increased significantly post workshop, to levels comparable to others.

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Some of the comments from participants

- *… the knowledge on the prevalence of distress amongst cancer patients.. that no one is perfect in address issues of distress or exploring distress, but that with practice we can become more confident.*
- *…the importance of always listening to the clients and not assuming. Using the tools helps open discussion with the clients. Stress prevention is upmost for clients/family and service providers. Whatever we can do proactively is so beneficial and again it all starts with awareness.*

Conclusion

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- Oncology nurse participants reported an initial lack of confidence in managing psychosocial issues.
- The de Souza psychosocial care course combines online learning with workshop using didactic teaching and case studies helped nurses to improve knowledge, learn new techniques and build confidence.
- Ongoing support has been provided by de Souza faculty, and de Souza eLearning centre to help sustain knowledge and translate it into practice.
- All tips, tools are accessible and free on de Souza web. A link to CAPO guideline and CCO algorithms is added.
- A psychosocial care course to train de Souza expert facilitators will be launched in 2013.