



Sociobehavioural Oncology
CONNECTIONS

The Newsletter of BCCA's Cancer Rehabilitation Network

Spring 2005

Helping Patients Navigate the Cancer System

An Interview with Cathy Parker, Breast Health Navigator, Victoria Breast Health Centre

By Merissa Myles, Sociobehavioural Research Centre



Cathy Parker, Breast Health Navigator, helps patients find the resources they need.

The Canadian Strategy for Cancer Control reported that cancer patients and their families feel that their supportive care needs are not being met. Patient navigation is a method used to improve the continuity of cancer care and meet patient informational and supportive care needs. I interviewed Cathy Parker to find out about this clinical innovation.

Q1: Cathy you have been working at the Victoria Breast Health Centre since September 2001 as a patient navigator. Navigation is a word we hear from health care administrators when they talk about the complexity of the cancer system. Tell me more about your job and clinical background?

I am a registered nurse with a clinical background in surgical nursing, clinical teaching and an interest in women's health. In my role as a breast-cancer patient navigator, I help those newly diagnosed with breast cancer by providing an overview of the breast cancer journey, information on breast cancer and its treatments, connections with community supports, as well as practical and emotional support.

Q2: How many times do you usually see a patient?

The minimum contact I have with a woman is usually 4 contacts, but with that said, some women only talk with me once and others call to talk with me throughout their journey, in which case I could have contact with them up to 20-30 times.

In general, the 4 main contacts are before surgery, after surgery, 2 days post-operative and after the post-operative appointment with the surgeon. These contact points are aimed at high stress periods when women may need information and help through their transition.

Q3: Your work not only affects the experience of patients, but also adds a new element to the cancer care team. How does the navigator work with doctors, nurses and counsellors?

The navigator builds on and works with the relationships that patients have with their health care team. I view the role of the navigator as "squishy foam" between appointments with other health care providers involved in a patient's care. I work with patients to help them prepare for these visits and to debrief them afterwards. This helps to ensure that patients know what to expect in clinical appointments, that they have questions prepared for appointments and understand the next steps in their cancer journey. Navigation is a vital part to ensuring continuity of care and meeting patients supportive care needs.

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Newsletter

Focus

Research in Practice

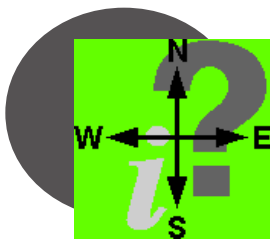
Share information and resources on research and clinical innovations.

Connect researchers, clinicians and administrators from across the country.

Build understanding about the sociobehavioural dimension of cancer.

Inside This Issue

1. Relaxation Resources
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Q4. Your job is quite unique. Have you found other clinicians in Canada that work in similar navigation roles?

I have been in contact with about 25 people doing cancer navigation work in Canada, but I am the only one doing solely breast-cancer navigation in British Columbia. I have found that how a navigator functions is really dependent on the person's skill set, their training and the community where they work. For example, I am a nurse, I work in an urban area, and I only work with breast cancer patients. Being a nurse, I can help people understand the pathology of their disease and understand the treatments they are being offered. Working in an urban centre, I can refer someone who is having significant emotional issues to the counsellors at the cancer centre. If the navigator were a social worker and caring for people diagnosed with all types of cancer, they would refer a patient to informational resources to help understand their disease, but would be able to provide counselling services directly.

Q5: How do patients hear about you?

The majority of patients I see are referred by surgeons. I also receive referrals from hospital pre-admission clinics and a lot of women come to me by word of mouth. They may have heard about me from a sister or friend who had used my services. Some women who come to me later in their journey tell me they wish we had met sooner, so I am currently engaged in a marketing campaign to inform General Practitioners about my service in order to get earlier referrals. People interested in finding out more about my services can contact me by phone at (250) 727-4467 or email cathy.parker@viha.ca or our website at http://www.viha.ca/breast_health/

BCCA Patient Relaxation Resources

Studies in psychoneuroimmunology show that relaxation techniques are helpful in boosting immune response.

Just 20 minutes a day of deep physical and mental relaxation can facilitate the body's receptivity to healing treatments and aid in health maintenance.



BCCA Patient and Family Counselling staff have written and produced relaxation tapes and Cd's for patients and families. Recordings include pieces on autogenics, breathwork, visualization, guided imagery and music.

A complete list of audio tapes and Cds is available by contacting Diana Hass, (604) 877-6000 ex. 2194 or by emailing dhass@bccancer.bc.ca Tapes can be purchased for \$12 and Cd's for \$15.

Team Work

A quarterly column connecting clinicians with the SRC research team.

How can researchers and clinicians work together to improve cross cultural cancer care?

By clearly defining our roles and mutual objectives, researchers and clinicians can work together to produce valid evidence to improve care for all cancer patients and their families.

It is important to build a solid, sustained partnership where both clinicians and researchers can act as a guide to one another. We can do this by recognizing that each member makes a unique contribution to improving knowledge and clinical practice. Together, we need to commit time and energy to develop supportive structures within the Agency that enable our work.

The purpose of cross-cultural research at the SRC-BCCA is to increase our understanding about the way culture affects patients' health behaviours and their experience of cancer so that our interventions are culturally competent.

Clinicians interested in cross cultural research can contact Dr. Maria Cristina Barroetavena at mbarroet@bccancer.bc.ca or call (604)877-6000 ex. 2185



Dr. Maria Cristina Barroetaevna, SRC Researcher, with Elizabeth Stanger, Vancouver Coastal Health Authority's Cultural Diversity and Language Service Co-ordinator, at the 2005 Multicultural Health Fair.

Information Seeking: How does the Internet help young women with breast cancer ?

by Diana Kao, Sociobehavioural Research Centre, BCCA.

The Internet plays an important role in our daily lives, but how it meets the information needs of young women with breast cancer remains unanswered. SRC researcher Dr. Joanne Stephen is investigating how young women with breast cancer use the Internet to get the education and psychological support they need.

“We want to learn from women diagnosed with breast cancer before the age of 45 about their experiences seeking information,” explained Joanne. We know young women tend to be frequent users of the Internet, and their experience of breast cancer and resources are different than older women. In particular, issues such as work, motherhood, relationships and financial stability are of concern.

The objective of this study is to understand (1) the information women seek once they are diagnosed with cancer, (2) how they use the Internet to find health-related information, and (3) whether the information they have access to meet their needs.

Joanne is working in collaboration with the Young and the Breastless, group of young women patient-survivors of breast cancer. The SRC led research team is using the Young and the Breastless web site for both subject recruitment and posting research results.

“The results of this project will be of great value to cancer patients, their caregivers, healthcare professionals and policy makers, as the gap between what young women want and what is available will be identified,” explained Joanne. The research will also help people find and evaluate the information on the Internet, and provide better access to supportive care through telecommunications.



Do you know someone under the age of 45 who has been diagnosed with breast cancer and is interested in reporting their information seeking experience?

Please contact Dr. Joanne Stephen at 604-877-6000 ext. 2187 or by emailing jstephen@bccancer.bc.ca or read more at:

www.theyoungandthebreastless.com

Adjustment to Breast Cancer through Education

Helgeson, V., Cohen, S., Schulz, R., & Yasko, J. conducted a randomized control trial with a sample of 312 women to compare the effectiveness of education based and peer-discussion based group interventions on adjustment to breast cancer.

They found that participants of the education based intervention were more likely to have higher self-esteem, better body image, less uncertainty about their illness, and were more likely to discuss the illness with family members and friends than participants who did not receive the education intervention. They also had greater personal control, less vicarious control and fewer intrusive thoughts about their illness.

Helgeson, V., Cohen, S., Schulz, R., & Yasko, J. (1999) Education and Peer Discussion Group Interventions and Adjustment to Breast Cancer. *Archives of Genetic Psychiatry*, 56, 340-347.

Now Available

Improving Access to Psychosocial/Supportive Care: An Investigation of the Potential of Technology.

A report made to the Canadian Strategy for Cancer Control in 2004 by Doll, R., Stephen, J., and Poon, C. Sociobehavioural Research Centre, BCCA.

This environmental scan surveys the type of technologies used in the Canadian cancer system for psychosocial/ supportive care. Known benefits and readiness for organizational uptake of telecommunications for psychosocial care are reported.

Download a copy by visiting www.bcca.ca/RES/SBR/Resources/Publications.htm or contact Merissa Myles mmyles@bccancer.bc.ca to order a printed report.

Now Available

Sociobehavioural Research Centre 2004 Annual Report

www.bcca.bc.ca/RES/SBR/Resources/Publications.htm

Upcoming Events

Psychosocial Oncology Rounds

Join us from 12:00-1:00pm every 2nd Wednesday for lunch time learning. Videolink to all 4 cancer centres. Location (TBA) dhass@bccancer.bc.ca

Nutrition Oncology Lunch & Learn

Join us from 12:00-1:00pm on the third Wednesday of every month for lunch time learning by teleconference. afinrite@bccancer.bc.ca

Mind/Body Medicine and Spirituality: New Horizons in Cancer Care.

Canadian Association of Psychosocial Oncology Annual Conference April 14th to 16th 2005. Victoria, BC. www.capo.ca

Enlightenment & Empowerment: The Essential Role of Education for Cancer Patients. Conference May 12th to 14th 2005. Calgary, Alberta. <http://www.cbcn.ca/english/news.php?show&1863>

Survivorship: Moving Forward after Treatment.

The Second International Cancer Rehabilitation Conference call for abstracts due April 30th 2005 event March 30th- April 1st 2006. www.interprofessional.ubc.ca

Many Voices, One Vision. BC Hospice Palliative Care Association Annual Conference May 13th to 15th 2005. Vancouver, BC. <http://www.hospicebc.org/>

Kaleidoscope: Dialogue & Diversity in Hospice Palliative Care. Conference of the Canadian Hospice Palliative Care Association. September 25th- 28th, 2005 www.chpca.net/events/conference.htm

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Nutrition Oncology

<http://www.bccancer.bc.ca/HPI/NutritionalCare>

Psychosocial Oncology

<http://www.bccancer.bc.ca/PPI/CancerTreatment/SupportCopingwithCancerIntroduction/>

Cancer Rehabilitation Network

BCCA's Cancer Rehabilitation Network coordinates regional cancer centre activities for patient and family counselling, psychiatry, and nutrition services. The Rehabilitation Network also works with host hospitals to provide speech pathology and physiotherapy services. Community activities with practitioners are provided through the psychosocial oncology and nutrition oncology networks. Translational research is conducted by the Sociobehavioural Research Centre.

Sociobehavioural Research Centre

Working within the Cancer Rehabilitation Network and with community partners, BCCA's Sociobehavioural Research Centre's (SRC) mission is to provide leadership on quality of life issues by generating, disseminating, and facilitating uptake of an evidence-based understanding of cancer patients' physical, psychological, social, cultural, nutritional, informational, spiritual and practical needs.

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More Information

This newsletter is published quarterly. To submit a story idea or to learn more about Cancer Rehabilitation Network's activities please contact:

Merissa Myles
Sociobehavioural Research Centre
BC Cancer Agency
#200-601 West Broadway
Vancouver, BC V5Z 4C2
T: (604) 877-6000 ex. 3274
F: (604) 708-2091
E: mmyles@bccancer.bc.ca
<http://www.bccancer.bc.ca/RES/SBR/>