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[John Jambor
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Nursing Practice Committee Updates

Nursing Practice
Committee (NPC)
meetings take place
monthly. Each centre

DIFFICULT CONVERSATIONS

Welcome to the October issue of NURSING MATTERS, a bi-monthly newsletter developed by oncology nurses in BC. Our aim is to help connect oncology nurses across the province and keep you informed of upcoming changes, events, opportunities, resources and research. We would love to hear your ideas and feedback! If you would like to submit an article, please email us at nursinged@bccancer.bc.ca for more information.

This month's issue will focus on difficult conversations – including a new way of approaching difficult conversations and conflict with your colleagues, as well as guides to having those difficult conversations with your patients surrounding their illness. We will be highlighting some fantastic resources and guides available to employees and patients regarding serious illness and advanced care.

Let's start with conflict. Have you ever thought to purposefully integrate conflict into your workplace?

You want me to do what?

Conflict – perhaps the *one* thing that we can all agree on is that we try to avoid it. Even so, conflict is inevitable to some extent when there is disagreement or difference of opinion between your team or organization.

When conflict emerges, you may want to conform, you may want to run in the opposite direction, or perhaps you're on the sidelines having popcorn and watching; either way, we can agree that conflict is not enjoyable. However, conflict *can* be constructive.



They said the same thing, but in very different ways.

The Institute for Healthcare Improvement (IHI) introduces the idea of adding healthy conflict into your joy work. How do we do that? The IHI states that these three actions are crucial to healthy conflict...

has an NPC representative who will be able to provide you with updates and minutes are available to read on the [H:\EVERYONE\nursing\COMMUNICATION\Nursing Practice Committee \(NPC\).](H:\EVERYONE\nursing\COMMUNICATION\Nursing Practice Committee (NPC).)

Communication Updates

[CST](#) – There is a new one-stop shop website for all things CST

[ST Update](#)

Healthy Conflict

1) Support speaking up: There’s a clear relationship between psychological safety and joy in work. If health care providers don’t feel able to voice a counter-opinion or point out problems without fear of appearing silly or disruptive, it’s both demoralizing and a safety problem for patients and providers.
2) Encourage civility and what Edgar Schein would call “humble inquiry”: The more we encourage inquiry-based dialogue, the more likely we are to make our conflicts productive. Use phrases like “Would you help me understand why you’re doing it that way?” or “Can you show me what our guidelines suggest we should do?” Receiving feedback, similarly, can be phrased such as: “Would you tell me a bit more about why you’re raising that concern?” “Would you help me understand why you think this approach isn’t realistic?” Think of all the things you could learn!
3) Strive for understanding: We don’t need to agree with all opinions, but we should do our best to listen so that people feel heard.

Table adapted from IHI (2018)

For more information on integrating conflict into your joy work, visit

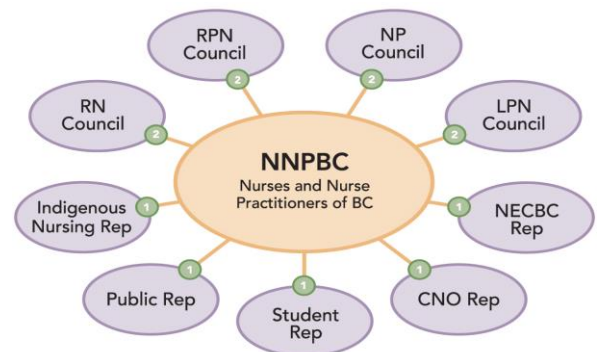
<http://www.ihl.org/communities/blogs/integrate-conflict-into-your-joy-work>

WHAT’S NEW

Nurses and Nurse Practitioners of British Columbia

September 11, 2018 was the official launch date for the newly amalgamated Nurses and Nurse Practitioners of British Columbia (NNPBC). This association has formed from the collaborative efforts of the BC Nurse Practitioner Association (BCNPA), the Association of Registered Psychiatric Nurses of BC (ARPNBC), the Association of Registered Nurses of BC (ARNBC), and the Licensed Practical Nurses Association of BC (LPNABC).

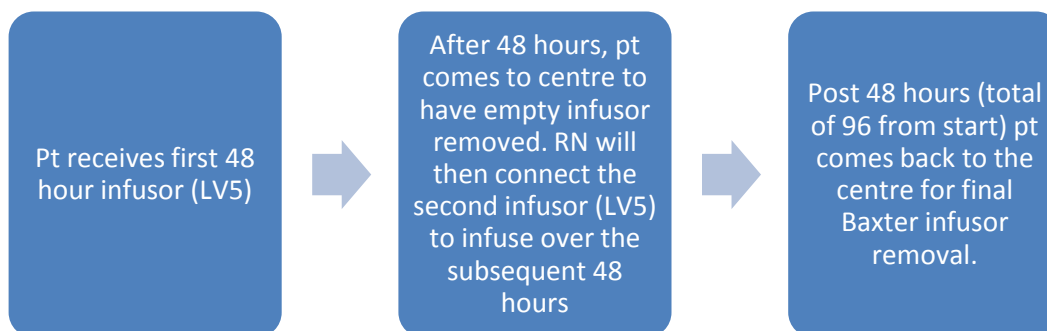
With the shift to one unified professional association, NNPBC aims to advance the voice of all nursing designations to influence health and social policy using the principles of unity, equality, and collaboration. This unified organization demonstrates that it is possible to break down the siloes and hierarchies that exist in nursing, to be effective as a key stakeholder in the healthcare landscape of BC, and to allow all of the individual nursing designations the opportunity to have their particular voice heard. For more information, check out NNPBC.com and get involved with your professional association!



PRACTICE UPDATES

Baxter Infusors

Baxter Corporation, the company that prepares Fluorouracil infusors, will no longer be manufacturing the 96 hour infusor. Instead, all 96 hour infusors (LV2) will now be supplied as two 48-hour infusors (2 x LV5). All centres will be affected by the change on November 1, 2018.



Questions or concerns? Please contact the Clinical Nurse Educator at your centre.

Ergonomic Guidelines for the Administration of Subcutaneous Injections

Post subcutaneous rituximab implementation, some nurses were encountering difficulties with administration. Professional Practice Nursing consulted with PHSA Ergonomics and developed a resource for nurses to refer to when administering any subcutaneous injection. This poster identifies various strategies nurses can use in practice. It also illustrates positions nurses can try and ones they should avoid. See the poster on [the POD](#).

Independent Double Check at the Point of Care (IDC at POC)

IDC at POC prior to the administration of high alert medications is both an Accreditation Canada Standard and best practice. High alert medications include oncology medications, unfractionated heparins, low molecular weight heparin, methadone, and insulin. The



process for administration includes having two nurses independently verify the patient's identity, the medication, the concentration, the rate of infusion, infusion pump programming, and line attachment. The IDC may include use of a barcode. For more information, please connect with your Clinical Nurse Leader or Clinical Nurse Educator at your centre.

EDUCATION AND RESOURCES

Serious Illness Conversation Guide



Having early conversations regarding progression through the illness trajectory has been proven to lessen depression and anxiety, increase quality of life, and improve symptom control. Serious Illness Conversations are not just an end-of-life discussion; rather, it is an ongoing conversation about the patient's hopes, wishes, beliefs, fears, and worries that captures the patient perspective as cancer advances.

BC Cancer now has an online resource, called [Serious Illness Conversation Guide \(SIC\)](#), which aids health care professionals in having meaningful conversations with their patients.

Conversation flow	Patient-tested language
1. Set up the conversation <ul style="list-style-type: none"> Introduce purpose Ask permission 	Set Up <i>"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want – is this okay?"</i>
2. Assess illness understanding & information preferences	Assess <i>"What is your understanding now of where you are with your illness?"</i> <i>"How much information about what is likely to be ahead with your illness would you like from me?"</i>
3. Share prognosis <ul style="list-style-type: none"> Frame with a "wish...worry", "hope...worry" statement Allow silence, explore emotion 	Share Prognosis: <i>"I want to share with you my understanding of where things are with your illness..."</i> Uncertain: <i>"It can be difficult to predict what will happen with your illness. I hope you will continue to live well for a long time but I'm worried that you could get sick quickly, and I think it is important to prepare for that possibility."</i> Time: <i>"I wish we were not in this situation, but I'm worried that time may be short as_ (express as a range e.g. weeks to months, months to a year)."</i> OR Function: <i>"I hope that this is not the case, but I'm worried that this may be as strong as you will feel"</i>
4. Explore key topics <ul style="list-style-type: none"> Goals Fears & worries Sources of strength Critical abilities Trade-offs Family 	Explore <i>"What are your most important goals if your health situation worsens?"</i> <i>"What are your biggest fears and worries about the future with your health?"</i> <i>"What gives you strength as you think about the future with your illness?"</i> <i>"What abilities are so critical to your life that you can't imagine living without them?"</i> <i>"If you become sicker, how much are you willing to go through for the possibility of gaining more time?"</i> <i>"How much does your family know about your priorities and wishes?"</i>
5. Close the conversation <ul style="list-style-type: none"> Summarize what you've heard Make a recommendation; check in with patient Affirm your commitment to the patient 	Close <i>"I've heard you say that _____ is really important to you. Keeping that in mind, and what we know about your illness, I recommend that we _____. This will help us make sure that your treatment plan reflect what's important to you"</i> <i>"How does this plan seem to you?"</i> <i>"I will do everything I can to help you through this."</i>
6. Document your conversation & 7. Communicate with key clinicians	

Other Difficult Conversation/Advanced Care Planning Resources for HCP

- [Cancer and Advance Care Planning: Tips for Oncology Professionals](#) - A useful resource in helping navigate your way through difficult conversations
- [Learning Hub - Introduction to Advance Care Planning](#) – Learn what Advance Care Planning is, when to have the conversation with patients, and what resources are available
- [BC Cancer - Advance Care Planning](#) – Information to help patients make decisions about their future health care
- [Breaking Bad News](#) – Presentation by Dr. Charlie Chen on the art of breaking bad news

Resources for Patients

- [Speak Up Campaign](#) - Includes a Cancer and Advance Care Planning workbook, videos, fact sheets, and conversation starters. Patients are guided step-by-step through the workbook, which they can print, email and distribute to those important to them, so everyone is aware of their wishes at that time
- [My Voice - Advance Care Planning Guide](#) - A planning guide to supplement conversations with patients and their families or health care providers. Case examples help illustrate different scenarios and aspects of Advance Care Planning. Available in English, Punjabi and Chinese

CANO/ACIO Conference

This October 26-29, the [2018 CANO/ACIO conference](#) will unite oncology nurses across Canada in beautiful Prince Edward Island. The mission of the Canadian Association of Nurses in Oncology (CANO) is to advance nursing excellence through practice, education, research and leadership for the benefit of all Canadians. The 30th annual CANO conference will highlight excellence in Oncology Nursing across Canada while maintaining the focus on our patients. CANO/ACIO is passionate about empowering oncology nurses with education and leadership skills that, in turn, will improve our patients' outcomes and experiences.



BC Cancer Summit

The [BC Cancer Summit](#) is November 23-24, 2018 at the Sheraton Wall Centre in Vancouver. This event provides critical education, professional development and unique relationship-building opportunities for oncology professionals from all specialties and disciplines. The theme #80YearsOfCare will reflect on our history and achievements over the past eight decades while providing an overview of the future of cancer care in British Columbia and beyond. The conference program encompasses international, national, provincial and regional developments in research, clinical programs, medical and radiation oncology, technological innovations, and patient engagement, to name a few.

HIGHLIGHTS

Get to Know Your Colleagues



Niki Moghaddam, Clinical Nurse Educator, Vancouver Centre

Niki (Narmin) has joined BC Cancer, Vancouver Centre in September 2018 as a Clinical Nurse Educator. She brings an extensive working knowledge of systemic therapy from her years of experience at one of our CON sites, Burnaby Hospital, as a registered nurse. She is passionate about oncology nursing and prides herself in upholding high standards of practice. She is excited and is looking forward to her new role. Working with oncology patients on a daily basis has taught her to not take life for granted and to find something to enjoy every day! Outside of work she enjoys long walks, and spending time with her family, especially with her two little girls!

FEATURE ARTICLE

Breaking Bad News

Breaking bad news is often the most difficult conversation oncology nurses face in the workplace. Not only is it distressing for patients, it can also be uncomfortable for the nurse delivering the news. In the article "[Breaking bad news: An evidence-based review of communication models for oncology nurses](#)", the authors discuss the SPIKES and PEWTER models of communication that can help support and prepare nurses when having difficult conversations.

"The goal is to become more comfortable and well versed in the delivery and discussion of bad news. The more comfortable a nurse is with breaking bad news, the more likely it is that a better outcome will ensue."

Utilizing models such as SPIKES and PEWTER can help improve communication, enhance coping, and foster the development of a trusting relationship between nurses and patients.

Bumb, M., Keefe, J., Miller, L., & Overcash, J. (2017). Breaking bad news: An evidence-based review of communication models for oncology nurses. *Clinical Journal of Oncology Nursing*, 21(5), 573-580. Retrieved from <https://cjon.ons.org/cjon/21/5/breaking-bad-news-evidence-based-review-communication-models-oncology-nurses>

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