

NURSING MATTERS

Taking nursing to the next level. Together

November 1, 2014

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Upcoming Events

Sept 2 – Nov 12: Canadian Nurses Association Oncology Certification exam registration is now open. Exam date is April 18, 2015

To support RNs registered for the Canadian Nurses Association Oncology Certification exam, Professional Practice Nursing will be facilitating a virtual study group via the PHSA Learning Hub starting in January 2015

Nov 12 Webinar: Improving Innovative Care for the Transformation of Psychosocial Nursing for Young Adults with Cancer
<http://www.canco-acio.ca/webinars>

Nov 6 Presentation: UBC' Marian Woodward Lecture- Nursing's role in changing care practices and outcomes in the context of health care system transformation

WELCOME

We would appreciate your comments and suggestions for future editions of this newsletter. You can contact us via email at

nursinged@bccancer.bc.ca

Getting to know your provincial nursing colleagues



Colleen Sherriff, a Registered Nurse at the Fraser Valley Centre, was motivated to join BCCA after a personal experience with cancer involving her friend. Colleen graduated from Douglas College in 1993, and has worked the majority of her career at the BCCA. She has practiced in a variety of clinical settings including the inpatient unit, bone marrow

transplant unit, ambulatory chemotherapy unit, and the locally advanced breast cancer clinic. Her inspiration as an oncology nurse comes directly from the care and support she has seen family members provide to loved ones at various points during the cancer journey. She still vividly remembers a patient she cared for 19 years ago when she learned about the impact a nurse can have, not only on patients, but the family surrounding them. Skills and oncology knowledge are essential, but that may not be what patients remember about us at the end of the day. Listening to their story, offering support and "caring" are what set us apart as nurses. Since working as an oncology nurse, one of the biggest lessons she has learned is to live life while you have it! Don't wait until a serious threat to your health to check off those "bucket list" dreams.



Maxine Alford, the Director of Professional Practice Nursing, began her education near Drumhellar (the dinosaur capital of Canada); spending the first six years of her education in a one room school house. Her nursing education within Canada and her Doctoral training in nursing education and organizational studies in Britain have helped her to

maintain a focus on patients and their families across all sectors of health care. Maxine, and the Professional Practice Nursing team (PPN), are a provincial resource servicing nurses and inter-professional teams across the domains of clinical practice, education, leadership and scholarship. PPN provides support to nurses to adhere to regulatory, professional and agency standards. PPN works closely with the Safety, Quality and Supportive Care executives which enable us to focus on optimizing patient experiences and maximizing patient safety. Recently PPN co-lead the integration of nurse practitioners across provincial BCCA sites. As

<http://www.nursing.ubc.ca/Research/MarionWoodwardLecture.aspx>

Nov 26 Webinar: The 50 Shades of Sexuality in Oncology <http://www.cano-acio.ca/webinars>

Nov 24 and Dec 1 workshop: EPEC™-O Education in Palliative and End of Life Care for Oncology. One day workshops offered on Nov 24 in Kelowna or Dec 1 in Vancouver. Registration on the PHSA learning HUB-space is limited

January – March 2015 Workshop: Educator Pathway workshop for Preceptors http://pod/education/professional-practice/education/Documents/Curriculum_Outline_Dec7_2010.pdf

Nursing Practice Committee Updates

Nursing Practice Committee (NPC) meetings take place monthly. Each centre has a 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)). This section will highlight some of the practice changes.

Recently updated Nursing Practice Reference(s)

- B-60- Blood Products, Administration of
- P-35- Paracentesis, Abdominal
- P-45- Parenteral Nutrition: Administration of
- R-130- Respiratory Therapy: Helio (Helium-Oxygen) Delivery
- R-160- Respiratory Therapy:

a Registered Nurse, Maxine recognizes that education is a privilege and you have a responsibility to use your nursing education to serve others. Maxine's motto is-to be humble, and know that you can learn something from everyone you connect with if you remain open minded.

WHAT'S NEW

There is more to being a preceptor than years or types of oncology experience.....

As RNs we are often asked to be preceptors for students and other staff members. To help address the learning needs of RNs who take on the role of a preceptor, PHSA has developed a three part Educator Pathways series. Level One provides you with resources to help develop preceptor knowledge and skills - to facilitate a positive experience for both you and the preceptee.

The dates for the next Level One Educator Pathway are: January 21, January 28, February 18 and March 18, 2015. You are required to commit to attend 4 full day sessions in the Vancouver area in order to successfully complete Level One.

There is an application process and leader/management endorsement is required. Further details can be found at http://pod/education/professional-practice/education/Documents/Curriculum_Outline_Dec7_2010.pdf or contact an Education Resource Nurse via the Education email nursinged@bccancer.bc.ca for more information.

Changes in Symptom Management Guidelines – addressing warfarin usage

The BCCA Symptom Management Guidelines, anorexia, diarrhea and nausea and vomiting, have been updated to include information on warfarin. In cases of dietary insufficiency, patients on warfarin are at increased risk of bleeding from a prolonged INR. This can be due to insufficient intake of vitamin K as in the case of anorexia/cachexia, or absorption problems which could occur in nausea and vomiting and diarrhea. Steps to ensure patient safety include increased monitoring of INR, and assessing medication/bleeding history. The changes will be highlighted for a period of two months. You can review the guideline and N to V assessment tool changes at the following location

<http://www.bccancer.bc.ca/HPI/Nursing/References/SystemManagementGuidelines/default.htm>

CANO-ACIO Conference

Nurses from all six provincial BCCA centres will be presenting at this year's CANO-ACIO conference being held in Quebec City October 26-29, 2014. In this issue we are pleased to highlight the work from two BCCA presentations at the conference.

A group of systemic therapy nurses at the Fraser Valley Centre, **Shelley Dick, Yvonne Miller & Sarah Bouchard**, will be sharing the results of their project. As clinical nurses they recognized the need to creatively respond to the ongoing challenges of increased number of patients and patient complexities within the chemotherapy delivery areas. Their project aimed to develop early intentional partnerships with oncologist, nurses and patients in order to improve pre-chemotherapy assessment. The results suggest that a more pro-active approach to chemotherapy assessment has the potential to increase patient engagement, while at the same time decreasing assessment time in the chemotherapy delivery area, and lessening chemotherapy related side effects. Congratulations to this year's presenters and we encourage

Nasopharyngeal
Airway- Insertion and
Maintenance of

Surgical Suite NPR's

- A-99 – Assisting with General and Regional Anaesthesia
- B-140 – Bronchoscopy Procedure in the O.R.
- E-100 – Endoscopic (GI) Procedures in the O.R.
- E-45 – Electrosurgical Unit, Use Of
- S-128 – Surgical procedure: Harvested Bone Marrow, Measuring Of
- S-140 – Surgical procedure – Fiberoptic Light sources

Nursing Practice Reps

Allison Budgell – CSI

Chris Lepore – FVC

Keith Gingerich – VC 5th fl

Trevor Howard – VC ACU

Jennifer Larssen - AC

Michele Lafreniere – VIC

Jennifer Sweet - CN

other nurses to consider becoming involved in future nursing initiative at BCCA.

Crystele Montpetit, a radiation therapy nurse at the Fraser Valley Centre, recognized that patients receiving radiation to the breast often suffer from painful, moist desquamation of the axilla and the inframammary fold; increasing difficulty in daily activities and with wearing undergarments. Her clinical experience with *InterDry*- AG - a textile dressing with an antimicrobial complex that wicks away excess moisture, and reduces friction, itching, and burning, shows highly beneficial properties. The lack of current published evidence on the usage of InterDry Ag for radiation skin reactions prompted Crystele to lead a preliminary evaluation study with 20 participants. In this study, Nurse's utilized a skin assessment tool to evaluate the effect of the dressing every five days. Based on the results of this assessment and the patient's feedback, a personalized skin care regime was developed. An unexpected, yet positive outcome of this study has been the emotional support these participants received during their skin assessments. Through the assessments, a therapeutic relationship developed between the nurse and the patient which increased engagement and supported these women during their cancer journey.

EDUCATION & SUPPORT

Chemotherapy Continuing Competency Support

Chemotherapy administration is complex and provided by Registered Nurses with standardized, evidenced-based knowledge, skill and judgment. CANO/ACIO recommends that all nurses providing care for person's receiving cancer chemotherapy engage in an initial competency program and yearly competency maintenance process that meets set national standards. The British Columbia Chemotherapy Competency Maintenance Course is developed by de Souza Institute based on a similar course offered in Ontario, with input from educators in BC Cancer Agency. Nurses who have certified through BC Cancer Agency's Chemotherapy and Biotherapy Education Program are eligible to take the course.

This self-directed course is offered online over a two month period. The course includes three core maintenance components: chemotherapy and biotherapy competency review, a self-assessment reflective practice tool, and a written final exam. The following topics are covered: assessment, order verification process, administration and documentation, venous access, safe handling, adverse events, toxicities and symptom management, cancer and aging, and oral chemotherapy. Furthermore, updates on new evidence and new therapies are highlighted.

The maintenance course was first offered in July 2014 and thirteen nurses from: BCCA; Interior health; Island Health; Northern Health; and Vancouver Coastal Health, registered.

Among the participants, the average years in oncology nursing practice was 8.5 years. Eighty-four percent (11/13) of nurses successfully completed all course requirements. Results from the post course evaluation showed high level of satisfaction. For further information please contact Jiahui Wong, PhD (Manager, Curriculum and Program Evaluation at de Souza Institute) at jiahui.wong@desouzainstitute.com

*Interested in other educational opportunities? Check out the index of
education resources on our website*

CLWK website – Skin and Wound Care Resources

Interested in learning more about: how wounds heal, wound assessment, and wound cleansing? If so, information can be found on the Connecting Learners with Knowledge (CLWK) website. This website has been developed in partnerships with BC health authorities and is supported by the BC Provincial Skin and Wound Care Committees. The website has easily accessible guidelines, product information sheets and e-learning modules for wound care. To find these and other resources check out the www.clwk.ca

Common Cancer Sites Resource – Prostate Cancer



Professional Practice Nursing have recently released the latest in the series *The Common Cancer Sites: Basics and Nursing Management Learning Guide - Prostate Cancer*. If you are interested in professional development in this area, or any of the other Common Cancer Sites, you can access the learning guides by contacting- Professional Practice Nursing Administrative Coordinator Isabel Lundie by emailing ilundie@bccancer.bc.ca

FOCUS ON INFECTION CONTROL

Shingles – Contact or Airborne and Contact Precautions- a BCCA dilemma....

Shingles occurs commonly in the BCCA patient population due to a number of factors including: age, use of steroids, use of chemotherapy, and the nature of certain malignancies. Patients with Shingles who are immune compromised are at risk for spreading shingles via the airborne route. A patient's level of immune compromise is a complicated clinical decision based on each individual patient's risk factors. Infection Control measures rely on the clinician to recognize the risk to other patients and apply appropriate clinical decision making in order to minimize exposure risk to other patients.

Patients placed on incorrect isolation, or not isolated at all, present a significant risk to other non-immune patients requiring lengthy and expensive follow-ups and create extensive operational challenges for BCCA clinics.

The moment shingles is suspected it is imperative that the affected patient is given a mask, asked to clean his/her hands and placed in a private room with the door closed. The patient's immune status must be determined as soon as possible. Contact IPAC for help with the decision making process. Remember that AIRBORNE and CONTACT PRECAUTIONS are required for immunocompromised patients with shingles, or patients whose lesions cannot be covered.

It is important for every nurse to be familiar with the Shingles policy in the BCCA Infection Prevention and Control Manual and the differences in managing shingles in an immunocompromised versus immuneocompetent patient presenting to his/her centre.

You can access the infection control prevention and manual through

FEATURE ARTICLE

Recognizing the Evidence and Changing Practice on Injection Sites

Despite evidence to inform best practice on intramuscular injections, “Nurses in clinical practice continue to use and instruct student nurses in the use of the dorsogluteal injection site” (Cocoman & Murray, 2010). The following article presents evidence to support practice change and decision making in the area of intramuscular injections

Cocoman, A. & Murray, J. (2010). Recognizing the Evidence and Changing Practice on Injection Sites. *British Journal of Nursing*, 19(18), 1170-1174

<http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2010831580&site=ehost-live>

We welcome your comments, suggestions and feedback about this resource and how we can make it even more helpful to you
nursinged@bccancer.bc.ca

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