

## Linking the BC Psychosocial Community Oncology Network

This newsletter is published by the BCCA Provincial Psychosocial Oncology Program for health care professionals in communities throughout British Columbia and the Yukon.



Summer 2018

### What's New?

#### **NEW** Provincial Lead, Counselling Psychosocial Oncology at BC Cancer



As most of you may know Heather Rennie is the new Provincial Lead, Counselling, Psychosocial Oncology at BC Cancer.

Heather has worked at BC Cancer for the past thirteen years. For the last three years, she has been the Clinical Coordinator within the Provincial Psychosocial Oncology team. She has worked both as a front line counsellor, and as a Professional Practice Leader for the Surrey and Abbotsford Cancer Centres. She was the first Professional Practice Leader for Patient and Family Counselling Services (PFCS) for the Abbotsford Cancer Center when it opened, and helped to set up many of the processes that are still in place today.

Heather brings both a clinical and research background to her new role. She has a Master's degree in Applied Social Psychology – a research degree, and Master's degree in Family Relations and Human Development, a clinical degree with a specialization in Marriage and Family Therapy. She is a registered Marriage and Family Therapist, and a clinical member in good standing with the Canadian Association of Marriage and Family Therapy (CAMFT).

One of her professional highlights is work that she has done with Cancer Chat Canada, a National initiative of professionally led support groups for cancer patients and their family members. This program was originally developed and hosted by BC Cancer. Heather had the

opportunity to lead this program for two years, and helped to successfully transfer it to another national partner (deSouza Institute). She is passionate about developing creative ways to provide patients and family members across British Columbia access to provincial groups and resources.

On a National front, she co-chaired the Canadian Association of Psychosocial Oncology (CAPO) conference that was hosted in Vancouver in 2017. She also served on the CAPO Board for the past two years. Heather looks forward to the exciting possibilities of this role in the years ahead.



#### **Nancy Payeur, Practice Leader for PFC in Victoria Retiring in June**

By Heather Rennie

Nancy Payeur, my dear colleague and friend, is retiring after almost eleven years of dedicated service.

Nancy came to the BC Cancer after years working in Social Services agencies and in Employee and Family Assistance. During her tenure here she has been the Professional Practice Leader for Patient and Family Counselling Services (PFCS) for the BC Cancer- Victoria Centre. She has led her team very capably through many transitions and in her words her team been “early adopters” of various initiatives. This includes participating in training to develop and offer Cancer Transitions- a post-treatment wellness program- for many years. To make this program sustainable, Nancy partnered with a local YMCA to host this program in the community.

Nancy and her team have developed and offer a PFC Education Series for patients and family members. Nancy describes her team as: “small but mighty”. “We continue to be seen as professional, responsive and helpful by our BC Cancer colleagues from many disciplines. That makes me happy. The team is strong, experienced and functioning well...I know the program is in good hands at every level... I am proud to lead a team that adopts, adapts and contributes to our center and our clients”.

Nancy is not only a gifted leader, but she is also an experienced and skilled counsellor. This work is near and dear to her heart. She writes: “I’ve found the clinical work meaningful. I hope that my work helped some of our patients and their families. Our clients are – the vast majority of the time - so appreciative of our services and show much grace in their difficult journeys through cancer care. I’m very appreciative to have had the opportunity to listen and learn – maybe even become a (little) better human being as a result. They put everything in perspective. “

She also is trained and has facilitated many groups on Cancer Chat Canada – an online program of support groups hosted by the deSouza Institute.

She has been involved in research initiatives with a multidisciplinary team – particularly research on survivorship issues.

On a personal note, I will miss Nancy’s warmth, compassion, sense of humour and down to earth common sense. Her wit and humour have graced us all in our monthly Practice Leader meetings. I will also miss her encouragement and her acknowledgement of the importance of the provincial role.

When I asked her about her plans for retirement, Nancy spoke of some upcoming travel plans. She also said that she will give herself the gift of time to find her way in this next chapter of her life. I wish her all the best.

Some Comments from Nancy’s team:

- Nancy is a skilled presenter who is comfortable with groups; having the ability to talk to groups with

*confidence and knowledge. Would it surprise anyone to know that at one time Nancy performed on stage?!*

- Nancy has a good sense of humour and outgoing personality which has provided a balance for a team of introverts.
- In fact, we often hear laughter coming from Nancy’s office during her counselling sessions with patients and their families.
- Nancy has shown eloquence in representing and promoting PFC services, both internally and externally.
- Nancy has an “open door policy” which has made connecting with her easy.
- Nancy has encouraged exploration, experimentation and development – this attitude led to the development of VIC – PFC’s Patient Education Series.
- Nancy has introduced wonderful traditions that support a feeling of “team”, such as the Christmas party’s “tacky gift exchange” and an annual team birthday dinner.



Pictured above:

Left—3 photos of PFC team over the years; Bottom left- goodbye dinner with some of the Practice Leaders from the BC Cancer Provincial Psychosocial Oncology Program; Top right—Nancy and her husband Keith together, as they are, a team; Middle right- Nancy on her scooter, which is part of her retirement plans; Bottom right—Nancy receiving her 10 year pin.

## Spiritual Health in Oncology- Update

Jenna Jordison, our new Spiritual Health Practitioner, began work at the Vancouver Cancer Centre in mid-January. Her position is funded by a two-year Foundation Innovation Grant. Jenna offers clinical service to inpatients and outpatients at the Vancouver Centre two days a week. She works an additional day per week for project-related work to develop a Spiritual Health model of care for cancer patients throughout the province. To date, she has been getting oriented, educating staff about Spiritual Health, being a guest presenter at patient groups and starting to offer direct spiritual care to patients, families and even staff. This is a unique role- Jenna is able to support staff members struggling with moral distress and the impact of this work.

Since this position, as it is currently imagined is a new one, many patients and staff may not understand that this service is about upholding people's spiritual values whether they are religious or not. Jenna works within each person's belief system however defined. She supports people in meeting spiritual and existential needs that may naturally arise in the cancer journey. These may include issues around meaning, purpose, connection with life, belonging, and restoring relationship. Patients can be self-referred, or referred by other health care professionals. Please refer patients to PFCS- Vancouver.

One challenge Jenna is encountering is finding ways to inform outpatients of this service at points when they are more likely to be open to this support. Since most cancer patients in the province are outpatients, the model of care will need to involve systems of referrals that reach outpatients.

Jenna is excited that the Spiritual Health Advisory Committee, comprised of diverse stakeholders in the province from the community and from oncology, met for the first time May 7<sup>th</sup> to guide the model of care development.

## NEW Supportive Care Patient Newsletter

By Shelley Pennington

**BC CANCER**  
Provincial Health Services Authority

**SUPPORTIVE CARE**  
Patient Newsletter

Issue number 1, Spring 2018 | www.bccancer.ca

### Cancer + Exercise

Regular exercise is safe and recommended before, during and after cancer treatments and can help you to reduce treatment side effects and improve functioning.

cancer treatment (namely chemotherapy, radiation and hormonal therapy) can help to reduce fatigue, as well as improve mood and feelings of anxiety. Exercise following treatment has these same benefits and plays an important role in improving overall health and well being.

and to include two sessions per week of strength training. If you have any questions about if this recommendation is right for you, please contact the Qualified Exercise Professional at HealthLinkBC at 8-1-1.

**Tips on getting started**

Sarah Wedler, Certified Exercise Physiologist (CSEP-CFP)

One of the hardest parts of exercise is understanding how to get started. These tips should help you to safely become more physically active.

**#1: Start slowly.** If you are not currently exercising regularly, start with something that you know you can easily do. Walking can be a great way to start. Try walking for 10 – 20 minutes on 3 days per week to start.

**#2: Gradually build exercise time and intensity.** It will take time for your body to adjust to exercise, so it is important that you approach this gradually. Increase exercise time and intensity slowly by making each week slightly harder (adding 10 – 20 minutes per week or increase the intensity by walking faster). Only increase if you have a good response to the previous session.

**#3: Be consistent.** For the greatest health benefits, it is recommended that you try to exercise most days of the week. This is especially important if you continued on back

**Exercise Benefits & Recommendations**

Dr. Kristin Campbell, Physical Therapist and Associate Professor, Dept. of Physical Therapy, University of British Columbia

There is now research to show that exercise during

The current exercise guidelines for cancer survivors provide guidance on how to achieve these benefits. While your doctor or surgeon may not want you to do certain movements after surgery or other treatments, the first goal is to avoid inactivity. The second goal is to aim to build up to 150 minutes per week of aerobic activity such as brisk walking 30 minutes per day, five days per week.

**BC Cancer Supportive Care Study**

"Our aim is to ensure that patients get the right care, at the right time, by the right team and in the right place" says Sara Caravan, Provincial Director, Professional Practice, Supportive Cancer Care

Recently BC Cancer changed to a "previously planned and regularly delivered" service model. This change provides an opportunity for enhancing the cancer care services to be integrated under one professional practice umbrella for planning, evaluation, and quality improvement purposes.

The goal of the study is learn what opportunities exist to enhance the patient experience while meeting the physical, emotional, and spiritual needs of patients. We believe that making a profound difference in the lives of others is our legacy.

Supportive Care describes all the health care services cancer patients and their families need beyond anticancer medical, surgical, and radiation interventions. It is defined as the provision of the necessary services for those living with or affected by cancer to meet all of their needs (physical, emotional, social, psychological, cultural, informational, spiritual and practical). (M. I. Fisch, 2008)

Last year we piloted several editions of the Cancer Care Patient Newsletter with great success. Past editions can be found on the BC Cancer website. The title has been changed to "Supportive Care Patient Newsletter" to broaden the scope. Each of the different supportive care disciplines will be taking responsibility for developing the content of upcoming newsletters. We will focus on different cancer care topics each Spring, Fall and Winter. The Spring Edition focuses on *Cancer & Exercise*. We would greatly appreciate your help in making patients aware of the Supportive Care Patient Newsletter. Here are some ways you can help.

1. Print copies for your patient wait areas. If you are able to make color copies, it will look as shown here.
2. If you send information out to patient distribution lists or to cancer care professionals please feel free to insert this web link [to a free online copy.](http://www.bccancer.bc.ca/coping-and-support-site/Documents/2018Spring_SupportiveCarePatientNewsletter_Apr25.pdf)

[http://www.bccancer.bc.ca/coping-and-support-site/Documents/2018Spring\\_SupportiveCarePatientNewsletter\\_Apr25.pdf](http://www.bccancer.bc.ca/coping-and-support-site/Documents/2018Spring_SupportiveCarePatientNewsletter_Apr25.pdf)

## Early Palliative Integration into Cancer Care

By Sara Camano

BC Cancer is undertaking a pilot project that aims to integrate an early palliative approach to care for patients with incurable cancer. This project is funded by the Canadian Partnership Against Cancer (CPAC), an independent organization funded by the federal government to accelerate action on cancer control for all Canadians.

The goals of the project include:

- **Improving patient-centered care** by enhancing quality of life for patients, family members, and other caregivers. For example, patients will be cared for at the right time by the right profession/service. Patient care is expected to improve particularly with physical, psychological, spiritual, emotional, informational and practical care; and,
- **Improving health care provider skills and confidence** through education.

An American Society for Clinical Oncology (ASCO) Guideline recommends that patients with advanced cancer receive palliative care early, concurrent with cancer treatment. Numerous studies have also found a connection between early introduction of palliative care to cost savings related to reduction in aggressive care, as well as to improved patient and caregiver satisfaction. A 'palliative approach' refers to the adaptation and integration of the principles of palliative care into contexts of care that do not provide specialized palliative care. This approach is shown to improve patient outcomes.

The pilot is expected to start at the Prince George and Vancouver centres, with expansion to the other centers in the spring of 2019. There will also be staff education about this approach at all centres.

## Sad News - Preston Guno

Preston Guno sadly died on April 12, 2018.

In his role at BC Cancer as Director of Indigenous Cancer Care, Preston worked diligently to advance the health and wellness of all Indigenous people in BC. He promoted cultural safety in cancer care service delivery by leading various successful initiatives that have been well received by communities, patients and families, and BC Cancer staff. In May, 2017 he delivered the opening keynote address at the Canadian Association of Psychosocial Oncology (CAPO) Annual Conference in Vancouver.



Many of us have been greatly touched by his work and he leaves us with a legacy of respect, understanding and compassion for our continued care and work with the Indigenous Peoples of British Columbia.

## Update from Psychiatry



Interest in Meaning Centered Psychotherapy is growing at BC Cancer. Seen here (left to right) Dr. Saleh Aldahash, Sydney Foran, and Dr. Alan Bates have begun co-facilitating Meaning Centered Group Psychotherapy at Vancouver Centre, and Dr. Christian Wiens (Victoria Centre) recently attended Meaning Centered Psychotherapy training in New York. Counselors and psychiatrists at other centres have been learning more about Meaning Centered Psychotherapy as well and are applying some of the core principles in day-to-day work with patients. Meaning Centered Psychotherapy was developed by Dr. Bill Breitbart and colleagues at Memorial Sloan Kettering Cancer Center in New York and is designed to help patients with advanced-stage cancer

connect with sources of meaning. It builds on the work of Viktor Frankl, whose book, *Man's Search for Meaning*, has aided many in understanding the human ability to find meaning even under very difficult circumstances. Core concepts of Meaning Centered Psychotherapy include:

- 1) **Life has Meaning:** The possibility to create or experience meaning exists throughout our lives, even up to the last moments of life. If we feel life is meaningless, it is not because there is no meaning in our lives, it is because we have become disconnected from meaning.
- 2) **The Will to Meaning:** The need to find meaning in human existence is a basic primary motivating force shaping human behaviour.
- 3) **Freedom of Will:** We have the freedom to find meaning in our existence and to choose our attitude towards suffering and limitations.

Anyone wanting to know more about Meaning Centered Psychotherapy can refer to the available manuals and textbook and/or contact Dr. Alan Bates to learn more about what is happening here in BC.

### Update from Vancouver



Renee Wishart joined the Vancouver Patient and Family Counselling Team as a full-time counsellor. Renee has a Master's Degree in Social Work from Hunter College School of

Social Work in New York. She has worked as a casual counsellor at BC Cancer- Vancouver since June, 2017. She has a strong clinical background in individual and family therapy, most recently employed as a therapist at Jericho Counselling Services. She has worked as a field counsellor and provided intensive case management support in the family court system in New York. She has had experience in health care working with HIV/AIDS and in an Emergency Department.

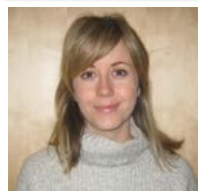
### Vocational Rehabilitation Counselling

The following three types of Work Focused Seminars tailored for Cancer Patients are being held at the

Vancouver Centre in the Fall. To register patients need to call 604-877-6000.ext 672194.

- The Job Search Group (one session)
- Looking for Work Using Social Media –a two part seminar
- Returning to Former Workplace –a two part seminar

### Update from Victoria



Laura Daly, MA, CCC is a new counsellor at Victoria Centre. Some of you may recall that Laura worked with us previously, completing her student practicum. Laura has gone on to gain additional psychosocial

oncology experience, including work with Victoria and Surrey Centres. More recently, she has been working within PHSA, at Women & Children's Hospital, in the Complex Chronic Diseases program. Laura brings strong clinical assessment and counselling skills to the team, including an interest in helping patients develop non-pharmaceutical approaches to chronic pain management. Laura is trained in Mindfulness Based Stress Reduction (MBSR) and will be offering a 3-part course (Patient Education series) – "Mindfulness: Skills to Enhance Wellbeing" – June 13, 20 & 27<sup>th</sup>

Marita Poll developed and co- led the **first online "Fear of Cancer Recurrence" group** offered via Cancer Chat Canada. She co-facilitated with Grant Rathwell, Clinical Oncology Social Worker with the Allan Blair Cancer Centre in Regina, Saskatchewan.

The **Head & Neck Support Group** has now been offered at Victoria Centre for the past 18 months. This group has consistent good attendance and is highly valued by participants, including oral cancer patients and their family members, as well as by our Nutrition and Speech Language (SLP) colleagues. It has become a part of our on-going group offerings. Helen Wong will take over facilitating this group once Nancy retires.

### Update from Surrey

The Patient & Family Counselling Program continues to offer our **Stress Management Program**. This program is

offered weekly for 4 sessions. It is part psycho-educational to teach skills such as abdominal breathing, mindfulness meditation, new ways of thinking and self-compassion; the other half of the group the patients are guided through meditation exercises. Registration is required. Call: 604-930-4055 x 654503.

Surrey Centre has been offering **counselling in the Punjabi** language to patients and/or their families, who prefer to receive counselling in Punjabi.

We offer **the Memory Attention and Adaptation Training Program** for patients experiencing longer-term cognitive effects of cancer treatment. Registration is required. Call: 604-930-4055 x 654503.

## Update from Kelowna



By Terry Heidt, MSc, BHK, BCAK, Exercise Therapist and Clinical Director at InspireHealth in Kelowna

It's a pleasure to facilitate the new weekly exercise class at the Kelowna Centre. It has been well received by patients. Exercise is something that they can do to manage side effects and receive a myriad of other health benefits. It is something that they have control over. This can be very powerful during a time when control of everyday life seems to be lost or reduced. Every class, patients come up to me and say how much better they feel or how much more strength they have since they started the class. It is a safe, supervised, and accepting environment that incorporates all components of health-related fitness. A little bit of movement goes a long way. This group is open to all BC Cancer patients at Kelowna- register at Patient and Family Counselling.

### Other Related Duties

David Greenshields, Practice Leader for PFC, seen here in flipping burgers at the Kelowna Centre's staff BBQ.



## Update from the community

### Update from the Canadian Cancer Society



#### Talk to an information specialist

Call toll-free at 1-888-939-3333 (TTY 1-886-786-3934).

Read more: <http://www.cancer.ca/en/support-and-services/support-services/talk-to-an-information-specialist/?region=bc>

#### Use your cancer experience to help others

To learn about peer support volunteers go to -

<http://www.cancer.ca/en/get-involved/volunteering/ways-to-volunteer/use-your-cancer-experience-to-help-others/?region=bc>

## Educational Opportunities:

### Psychosocial Oncology Rounds

These rounds will be offered in June but not in the summer. In the Fall these rounds will be incorporated into Supportive Cancer Care Rounds and occur on Wednesdays. More details to follow.

JUNE 21, noon -1pm

### Introducing New Provincial Initiatives

*Presented by a panel of presenters moderated by Heather Rennie, Provincial Lead, Counselling, Psychosocial Oncology*

- Sara Camano will speak about the Supportive Care Study and other provincial initiatives.
- Avril Ullett will speak about the LEAF Clinic (Late Effects Assessment and Follow-up) and the AYA Program (Adolescent and Young Adult) .
- Jenna Jordison will speak about the new Spiritual Health position.

- Laura Nordin will speak about her role as Indigenous Cancer Care Counsellor in the Centre for the North-Prince George.

**NEW** eLearning Course Launched on PHSA Learning Hub course entitled:  
**Resiliency & Self Care for People Working in Oncology**

This course looks at the potential impact of working in oncology on your health and well-being. It aims to challenge the organization and professional culture of stoicism and “looking like we have it all together” by encouraging honesty, self-awareness and self-compassion.

This course offers you a chance to reflect on a number of proven effective personal and professional strategies that you may want to incorporate into your practice.

The last module includes some cancer- specific case examples and encourages you to reflect upon how you respond to typically high stress situations including:

- Processing a difficult session
- Preparing for a crisis call
- Getting bad news about a patient

Did you know that -

*‘40-85% of helping Professionals who work closely with clients who are experiencing trauma have experienced compassion fatigue or high rates of traumatic stress symptoms’*

(Mathiew 2012).

To access this course, go to the PHSA Learning Hub and search ‘Resiliency & Self Care for People Working in Oncology.’ You will need a Learning Hub profile. Registration is free. If you have any questions, contact [eshearer@bccancer.ca](mailto:eshearer@bccancer.ca).

**IPODE Continuing Education Courses**

Register for courses online at [www.ipode.ca](http://www.ipode.ca).  
For more information contact Natasha Boutilier:  
[Natasha.Boutilier@cdha.nshealth.ca](mailto:Natasha.Boutilier@cdha.nshealth.ca)  
or 902-473-6618

**Highlights from CAPO 2017**

The Canadian Association of Psychosocial Oncology 2018 Conference was held in Toronto-May 30, 32 and June 1 with the theme of “Tailored and Targeted Interventions”. Four staff members from BC Cancer Psychosocial Oncology program attended. Following are their presentations and reflections on their learning.



Canadian Association of Psychosocial Oncology  
Association Canadienne d'Oncologie Psychosociale

**Reflections**

**Dr. Alan Bates, Psychiatry Lead**

BC Cancer was again well-represented at the Canadian Association of Psychosocial Oncology (CAPO) conference, this year in Toronto from May 30 to June 1. Alan Bates and Heather Rennie participated on the CAPO Board throughout the year and led the adjudication of CAPO awards.

Elaine Shearer presented about using a clinical competency framework to tailor a psychosocial oncology professional development education plan, work that she has collaborated upon with Heather Rennie and Gina MacKenzie.

Bronwyn Barrett represented BC Cancer’s Late Effects, Assessment and Follow-up (LEAF) Clinic including co-authors Sharon Paulse, Karen Goddard, and Avril Ullett, in presenting about tailoring support group strategies with adult childhood cancer survivors in BC.

Marita Poll highlighted her work with Heather Rennie in collaborating with therapists from other institutions to

use an online educational support group to address fear of cancer recurrence in cancer patients post-treatment.

A review of BC Cancer data showing the association between social isolation and poor survival, a collaboration including Heather Rennie, Gina MacKenzie, Bonnie Leung, Cheryl Ho, Jonn Wu and other BC Cancer oncologists, was also presented by Alan Bates.

Next year, CAPO will be joining forces with International Psycho-Oncology Society (IPOS) for a special joint meeting in Banff and great work from BC Cancer will surely be on display again.

## Reflections

**Bronwyn Barrett**, Counsellor, Late Effects Assessment and Follow-up (LEAF Clinic) for Adult Survivors of Childhood Cancer

I attended my very first CAPO conference this year in Toronto. It was a wonderful experience and good to meet folks from across Canada and learn about their work in psychosocial oncology. I attended several sessions which focused on survivorship, and how to re-frame patient care to look at long term/long life survivors. One of the first keynote speakers was a very brave young woman who reminded us to keep the person at the centre of the treatment model. She emphasised how treatment decisions are extremely complex for patients, even if as health care providers we see these options as black and white. This young woman spoke about living with untreatable cancer, but spoke eloquently about how she has to “keep on living” while living with uncertainty.

Another excellent keynote presentation looked at palliative care in the era of MAiD: medical assistance in dying. Dr. Madeline Li gave an overview of the criteria and eligibility for MAiD. Dr. Sandy Buchman spoke from his own experience as a palliative care physician being challenged to look at patient suffering, and how MAiD needs to be integrated into comprehensive palliative and end of life care. Dr. Buchman challenged us to think about palliative care as a way to “end intolerable suffering”. He calls on palliative care to integrate MAiD, and not see it as completely distinct. Dr. Buchman

asserted that in his work with palliative care patients, simply offering the option of MAiD can be therapeutic, even if the palliative patient decides not to consent to MAiD (if eligible). He found that in supporting patients who consider MAiD, many declare that even having the option “helped them live”.

Kimberley Thibodeau, Veronique Despres and Chantal Le Blanc discussed their experiences working with adolescents/young adults and their families in Montreal. They emphasized the need for specifically tailored patient care when working with this population, particularly given the challenging time of transition from adolescence to adulthood. This team presented case studies which illustrated the impact of developmental challenges on young people who are diagnosed with cancer. Chantal Le Blanc presented her work as a social worker doing extensive financial assessments for “financial toxicity” with the AYA population. She illustrated the need for financial assessment, and why screening for financial distress is so important in the AYA population.

## Reflections

**Marita Poll**, Counsellor, Victoria Centre

I attended a cluster of oral abstract presentations that focused on compassion. The two presenters were Shane Sinclair and Rob Rutledge.

In one of Shane’s presentations, he reviewed challenges to, and facilitators of, compassion for Health Care Providers. Below are resource links that he mentioned during his two presentations. One of the key points I took away from his presentation is that our experiences of personal suffering can facilitate our compassion with our patients. Shane found through his research and the literature that the Health Care Providers that were exceptional at providing compassion, regardless of various challenges they experienced, had the belief that there is always time for compassion. Further, “Intentional Action” was part of their professional outlook for providing clinical care. In other words, we always have time for compassion – so just do it.

<http://www.compassionlab.com/>



<http://theconversation.com/stressed-running-on-empty-its-not-compassion-fatigue-79326>

Rob Rutledge explored self-compassion, for both patients and Health Care Providers. He guided us through an experiential exercise of various physical stances and how they affected our thinking and feeling. Try the following positions while standing up. While you are holding these positions (about 20-30 seconds each), notice how you feel and what you are thinking:

- With your arms bent at the elbows, hold your fists clenched
- With your arms raised to mid-chest, arms bent at the elbows, palms facing upwards, hands and fingers open to the sky (unclenched)
- Both hands, on your chest, touching the middle of your chest/heart
- With your legs spread about as wide as your hips, hand resting on your hips

For me, the clenched fist position felt stressful and familiar. This is how I feel in my body when I am feeling stressed. The other three stances were so much more pleasurable to experience. And, the hand on my heart, led to me feeling “softer”. These might be interesting exercises with our patients and families to use their physical stances to affect mood and thinking. Below are 2 links Rob encouraged us to review. A key learning for me in Rob’s presentation was a research project on using self-compassion and over-eating. When people used self-compassion when they overate, they ate significantly less than people who pressured themselves. We can have better outcomes with self-compassion.

<http://self-compassion.org/>  
<http://self-compassion.org/videos/>

## Reflections

**Elaine Shearer**, Community Education Coordinator

This is the fourth CAPO conference I have attended and the highlight is always connecting with colleagues from across the country and hearing about innovations in practice, research and education.

This year what stood out for me was a plenary panel presentation called ‘A New Era in Medically Assistance in Dying (MAID),’ which consisted of a lawyer, Jocelyn Downie, a palliative care doctor, Sandy Buchman and a Toronto –based psychiatrist, Madeline Li. The panel update us on MAID given the medico-legal issues and its application in mental illness. In conclusion, Madeline Li showed a video depicting a conversation Dr. Gary Rodin, a psychiatrist, had had with a 41 year old patient with a curable cancer who requested MAID. The patient met all the criteria for MAID and was resolute about not accepting treatment. I was struck by how disturbing it was for me to watch and listen to this patient’s story. I learned that the ambivalence and stress on health care providers and caregivers of patients choosing MAID is real and complex.

Another highlight was attending a somatic workshop led by a yoga therapist, Anne Pitman, called, ‘Last Breath: Yoga Therapy and Dying.’ Anne held out that we live in a death-denying culture but there are other ways of approaching and facing death. This experiential session addressed how tight and still we are when we are scared. She led us in a guided relaxation using gentle movement and breath work to help us explore loss and letting go.

Lastly, I attended 3 oral presentations on professional development and education of new psychosocial researchers and clinicians. Gerard Devins talked about how Princess Margaret in partnership with the University of Toronto offers a Research Seminar for PhD students. John Robson from Tom Baker Institute in Alberta described clinician training offered collaboratively with the Cummings School of Medicine. Mary Jane Esplen, from de Souza Institute presented their ‘Novice to Expert’ model for multidisciplinary psychosocial distance education.



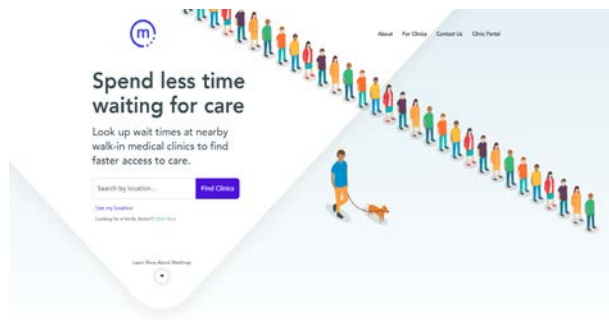
**Do you  
want to  
donate?**

## Information & Resources:

### Helping Patients Finding a GP

[medimap.ca](http://medimap.ca)

On the home page, you type in location and then hit – “Find Clinics”, hit on middle tab “Family Doctor”



### Return to work steps

Author(s): [Cancer and Work Team](#)



Health care providers can view and [Learn 8 steps](#) to support cancer survivors with return to work.

<https://www.cancerandwork.ca/healthcare-providers/returning-to-work-staying-at-work/return-to-work-steps-for-health-care-providers/>

### New Research Study on Resilience

A Qualitative Study of a Compassion, Presence, and Resilience Training for Oncology Interprofessional Teams. Nissim R, Malfitano C, Coleman M, Gary M. Rodin, Elliott M

The well-being of health care providers may be challenged by their work, with evidence that oncology health care providers are a high-risk group for burnout.



### Patients can now apply for assistance online

#### Applying for Assistance with My Self Serve

##### BEFORE YOU START:

- Have you done the eligibility assessment and watched the introductory videos at [myselfserve.gov.bc.ca](http://myselfserve.gov.bc.ca)? These are optional but recommended.
- Do you have a Social Insurance Number (SIN)? If you do not have a SIN, please call the ministry at 1 866 866-0800 or visit a ministry office and we will assist you with your application.
- You will need an email address. If you are unable to get an email address, please visit your local service office to discuss your options with staff.

##### REGISTER FOR MY SELF SERVE:

- Visit [myselfserve.gov.bc.ca](http://myselfserve.gov.bc.ca) and choose "Create an Account". You can do this from a computer or mobile device, wherever you access the internet. An application can be started on one device, saved and then continued on a different device.
- Complete the registration page. If you are applying with a partner/spouse, complete the partner/spouse information too.
- Check your email for a confirmation and follow the link to finish registration and create a four-digit PIN. If you are applying with a partner/spouse, you will each receive an email and will each need to create a PIN.
- Your PIN is your electronic signature. Keep it in a safe place and don't share it with anyone!



### Addressing Food Security for Patients

The BC Association of Farmers Markets collaborates with community organizations and member markets to provide farmers' market coupons to lower-income families and seniors.

<http://www.bcfarmersmarket.org/nutrition-coupon-program>

If you would like to contribute to this quarterly newsletter contact Elaine Shearer, Community Education Coordinator, Psychosocial Oncology Program - [eshearer@bccancer.bca.ca](mailto:eshearer@bccancer.bca.ca)  
Deadline for submissions to the fall newsletter is September 1st.