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2021 CANO/ACIO Annual Conference Oral Presentation Abstracts

O-01

Ensuring safe and efficient patient transitions from cancer care to primary care after treatment: An interactive workshop focused on nursing practice

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Primary care is the main health support for most Canadians, providing connection and coordination to other parts of the healthcare system. Primary care often contributes to the timely diagnosis of cancer. However, after treatment the transition back to primary care is an area for quality improvement. As more Canadians survive cancer, many provinces are creating purposeful strategies to ensure safe, successful transitions between cancer and primary care providers.

Oncology nurses play an important role in transitioning patients to primary care. The 2020 CANO Adult Cancer Survivorship guide is an excellent self-learning resource outlining knowledge needed to coach patients about the ongoing management of symptoms and concerns in the survivorship phase. This workshop builds upon this resource, focusing on nursing practice in the ambulatory oncology setting and normalizing the transition of “returning to life” after cancer treatment. Specific cancer care resources designed to help patients navigate this transition will be explored.

Primary care teams also need supports to effectively deliver follow-up care post treatment. A toolkit of family physician and patient-facing resources from multiple community organizations will be shared, illuminating content required to best meet individual patient needs that may arise after cancer treatment. The awareness of these resources will assist nurses in ambulatory oncology to support patients during and after their transition from the cancer care system, and advocate for the development of similar resources within their provincial jurisdictions.

This workshop will follow a patient through their cancer journey, with a specific focus on their transition to primary care after the completion of their cancer treatment. Key time-points and the use of particular resources will be discussed to aid nurses in preparing patients for safe, effective transitions, and highlight where advocacy is needed for primary care focused supports.

O-02

Facilitating transitions in care: Best practice recommendations for implementing survivorship care plans

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Background: Survivorship care plans (SCPs) are provided to cancer survivors and their primary care providers (PCPs) to facilitate the transition from active cancer treatment in tertiary care, to follow-up in primary care settings. The purpose of this study was to identify barriers and enablers of SCP use to develop best practice recommendations.

Method: A total of 42 participants (across breast/colorectal cancer survivors and PCPs) who received SCPs from the Wellness Beyond Cancer Program in Ottawa, Ontario, were recruited. Interviews and qualitative analysis were based on the Theoretical Domains Framework to systematically identify barriers and enablers to SCP use. The Behaviour Change Technique Taxonomy was used to develop evidence-based approaches to enhancing facilitators and addressing barriers to SCP use for PCPs and survivors.

Results: Recommendations for implementing SCPs will be presented. Early results indicate that both survivors and PCPs prefer electronic versions of SCPs that can be updated. Survivors suggested that SCPs include links to additional information, resources for peer support, and yearly check-in phone calls with the Cancer Centre. PCPs suggested establishing avenues for communication between PCPs and oncology specialists.

Conclusions: The identified evidence-based recommendations can help with the implementation of SCPs across Canadian settings.

O-03

Healing from the inside out—an introduction to cancer coach nursing in the community setting

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This presentation outlines the development and the role of a NovaHope Cancer Coach Nurse and its integration into the community setting, focusing on filling unmet needs expressed by oncology patients in rural and central Nova Scotia. This presentation will also include a description and examples of ninety-minute sessions with the NovaHope Cancer Coach Nurse and the cancer patient.

NovaHope Cancer Coach Nursing is a pioneered concept intended to bring the oncology nurse into the community, amalgamating oncology nursing expertise with a whole health patient agenda goal-setting approach. It is intended to provide

additional support services to the oncology population regardless of prognosis or where the patient is within the cancer experience.

The evidence used in the development of this role includes:

- oral conversations with patients in western and central Nova Scotia, which include a clinical pilot project to trial and refine the Cancer Coach Nurse role and responsibilities;
- research on current cancer patient resources in Nova Scotia;
- research and development of the NovaHope Health Octave (sleep, nutrition, exercise, practical matters, creativity, spirituality and intimate relationships, resilience building, and relaxation);
- research and education on business and social conscientious entrepreneurship development.

Significant findings discovered in the practice of the NovaHope Cancer Coach Nurse role have been the advantages and rewards of the patient agenda goal-setting perspective versus the nurse goal-setting perspective. Evidence-based studies show that increased patient engagement and self-management results in decreased hospitalization and increased quality of life for the cancer patient. An additional finding included that the NovaHope Cancer Coach Nurse experienced a higher degree of job satisfaction and expanded opportunities for advanced learning through the process of meeting the patient agenda goals and utilizing autonomy in the community setting.

O-04

Supporting cancer survivors beyond their treatment

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A recent study of more than 13,000 Canadian cancer survivors found that greater than 80% reported mental health challenges and many of those problems remained unsolved years after treatment. An environmental scan found numerous cancer survivorship programs are available and effective for those with mild to moderate mental health concerns. Although primary care providers (PCP) play a critical role in connecting survivors to resources and supports post treatment, many providers are unaware of these resources or the clinical assessments and tools that could be used to identify post-treatment concerns. This session includes first-hand accounts from a childhood cancer survivor about their experience navigating the system and the post-treatment challenges they continue to face.

To help bridge this gap, the Canadian Partnership Against Cancer is partnering with a variety of organizations to develop tools to increase PCP awareness of the mental health needs of cancer survivors and enable them to better support survivors' post-treatment concerns. For example, we have developed tools to enable PCPs to better support adolescent and young adults affected by cancer as this age group tends to be at great risk of post-treatment challenges given their vulnerable and highly dynamic life stage.

Oncology nurses play a critical role in bridging survivors in their return to life after treatment. This includes supporting patients throughout their cancer journey and helping them navigate and transition from the cancer system back to primary care. Recent rapid reviews have identified strategies to support seamless transitions including improving communication and coordination, and expanding the scope of practice for oncology nurses. More needs to be done and additional investment is required to improve our understanding of how oncology nurses can further bridge and support seamless transitions between cancer care and primary care to enable survivors' successful return to life.

O-05

Implications of patient- and caregiver-reported outcomes data on nursing-led models of cancer care

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Focus: The rising incidence of cancer and the increasing complexities of oncology care have driven the need to re-examine nursing-led models of care in Canada. Concurrently, our disciplinary understanding of patient- and caregiver-reported outcomes and their importance in cancer care has expanded. Here we describe our work on the integration of patient-reported outcomes (PROs) and caregiver-reported outcomes (CROs) in cancer care, describe how they might intersect, and consider implementation challenges for nursing-led models of care in oncology.

Methods: We drew on data from two sources at BC Cancer to inform this analysis: Early Palliative Integration into Cancer Care (EPICC) for PROs, and the Caregiver-Reported Outcome Study for CROs. Data sources from EPICC included questionnaires, patient- and healthcare provider (HCP)-experience surveys; data sources from the Caregiver-Reported Outcome Study included in-depth semi-structured interviews with patients, caregivers, and HCPs guided by the applied analytic direction of Interpretive Description.

Findings: Integrating PROs and CROs into cancer care helps nurses to provide care that is more holistic, individualized, and efficient. However, implementation of PROs and CROs requires a model of care that integrates nurses and the interdisciplinary team. Understanding the patient and caregiver voice is a key component of effective use of PROs/CROs. The more severe symptoms are predominantly psychosocial (e.g., wellbeing, anxiety) rather than physical in both the PRO data and caregiver interviews.

Implications: Patient- and caregiver-reported outcome data has broad implications for nursing-led models of care in an ambulatory oncology care setting. Successful integration of PROs and CROs can lead to more person-centred care for both patients and caregivers. Finally, the significant prevalence of psychosocial challenges in both PROs and CROs has implications for nursing-led cancer care.

O-06

Harnessing the power of patient-reported outcomes in nursing practice—from individual patients to system transformation

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In 2001, the Canadian Association of Nurses in Oncology identified symptom management as an integral element of delivering care throughout the cancer continuum. Ensuring comprehensive symptom management for patients entails ensuring physical, social, emotional, nutritional, informational, psychological, and spiritual needs are met. This is essential to enhancing quality of life for cancer patients and their caregivers.

Utilizing patient-reported outcomes (PROs) is an effective method of enhancing symptom management for patients. PRO work within Cancer Care Alberta (CCA) is facilitated by integrated change management, fueling the work of the practice change needed to go beyond PRO collection to ensure PRO information is embedded in clinical practice through routine use. PRO work within Cancer Care Alberta (CCA) has grown from providing personalized symptom management in a clinical encounter to informing models of care work, to guiding system transformation through a learning health system lens.

This workshop will provide participants with a dynamic learning experience rooted in knowledge translation through an interactive presentation and break-out discussions. Content on the power of PROs, their importance in oncology nursing practice, and harnessing PROs to transform an organization will be delivered, with change management theory and strategies embedded throughout. Participants will move into one of four break-out rooms, each focused on harnessing PROs at different levels—the individual patient level (micro), the team/clinic level (meso), and the system transformation level (macro). A fourth group focused on change management will look at how facilitating the people side of change drives PRO implementation.

The conclusion of the workshop will consist of a group discussion bringing each level of PRO utilization together to envision how PROs can be embedded within different jurisdictions to empower patients and oncology care providers to transform care on the micro, meso, and macro levels.

O-07

A CALL TO ACTION: RESPONDING TO SYMPTOM DISTRESS VIRTUALLY

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Now more than ever, the physiological distress experienced when living with cancer is further compounded given the current climate in which we are living. The Edmonton Symptom Assessment Scale (ESAS) uses a 0–10 numerical scale to measure key symptoms such as pain, nausea, anxiety, and fatigue experienced by a patient on their cancer journey. Literature supports that those patients rating their symptoms as moderate to severe may experience high symptom distress that needs to be addressed.

Pre-pandemic, many patients at an ambulatory cancer centre completed their ESAS surveys in person at a kiosk within the cancer centre or brought with them a printed copy of their scores that had been completed at home. The expectation was an oncology nurse would triage and address the patient's concerns during the patient's clinic visit. As a consequence of the COVID pandemic, reduced visitor access and transitioning to virtual visits, the centre experienced an increasing number of patients completing the ESAS survey online. ESAS completion online meant a readjustment and reconsideration of our approach when addressing moderate to severe symptom distress scores in a virtual manner.

Processes for identifying and responding to these patients will be reviewed. Data highlighting on-line ESAS completion volume and nursing response rates will be outlined. Standardized assessment tools and intervention guidelines will be presented, highlighting the development of nursing and interprofessional collaboration strategies in response to patients' symptom needs.

O-08

Implementation of a harmonizing tool in a dissonant context: The challenges and revelations

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To harmonize the patient teaching between our in-patient hematology unit and the ambulatory oncology clinic, our team developed a communication tool. Nursing teams on both units, oncology patient partners, and support staff were engaged in the development of the tool and the workflow processes. The goal of this communication tool was to harmonize patient teaching between the in-patient and out-patient settings to improve quality of care and the patient experience.

Our team initiated this project in the Fall of 2019. The pilot phase of the project was set to launch just as the WHO declared the COVID-19 Pandemic. In addition, our institution

experienced a cyber attack in Fall 2020. This compounded the stress of the work environment for a period of nearly two months.

Our presentation will describe the challenges encountered when attempting to implement this new tool in the context of multiple simultaneous stressors, and strategies utilized to bring the project into action amidst these obstacles. Through perseverance, inter-setting and inter-disciplinary collaboration, continuous review of our processes, and incorporation of feedback, we are moving towards the incorporation of this nurse-led project into daily practice to optimize the patient experience.

O-09

Implementing a proactive telephone call for new ambulatory oncology patients during the COVID-19 pandemic

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During the COVID-19 pandemic, many healthcare settings adapted their care delivery models in an effort to continue to provide safe care in an environment where physical distancing and decreased geographical mobility were essential. At a large academic teaching centre, a portion of new cancer patient visits shifted virtually to provide patients with the same level of service as an in-person visit. The implementation team developed a virtual care strategy with immediate, short- and long-term goals. The immediate goal was to create Plan-Do-Study-Act processes for new patients, who were being seen virtually by their oncologist, to receive their new patient nursing assessment virtually 48–72 hours following their first appointment.

Key change initiatives included creation of a training and education program, and new nursing workflows and staffing strategies. During a proactive call, nurses completed a standard new patient assessment, reviewed plans for treatment and future visits, and assisted patients with any questions or concerns they had. Overall, results showed that patients had a significantly positive experience whereby 81% of patients felt their concern was addressed by staff during the proactive call.

This presentation will focus on the development of the new patient virtual visit training, resource allocation and evaluation. Opportunities and challenges will also be shared. The new patient proactive call facilitated the delivery of nursing care safely, resulting in positive outcomes during such unprecedented times.

O-10

Putting tools in our toolbox: Developing an information resource for oncology nurses caring for older adults with cancer

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The Canadian population is aging. As people age the risk of cancer increases, with the majority of new cancer cases being diagnosed in those over the age of 65. For oncology nurses, this means caring for older adults with cancer is a large part of the work we do. For some, this can be challenging when we may not have the resources or information we need to provide care to older adults who are struggling in their cancer journey. Thanks to the invaluable input from nurses across Canada during focused conversations that took place in 2019 and 2020, the need for information and easy access to resources and tools to support nurses in their clinical practice was identified.

As a step toward addressing this need, we are undertaking a collaborative effort with oncology nurses across Canada to develop a resource tool for clinical practice. This resource tool will include information on geriatric oncology education resources, validated frailty screening and geriatric assessment tools, and a guide to identify available services in various practice settings. This tool can then be adapted to be site and region specific to support nurses across Canada. The purpose of this session is to present and gain feedback on this resource. This work will support the goals laid out in the recently approved Canadian and International oncology nursing position statements concerning care of older adults with cancer

Objectives:

1. Discuss age-related concerns that can impact cancer treatment and care.
2. Request feedback on a draft resource for oncology nurses to guide assessment, intervention, and referral for age-related concerns.
3. Share approved Canadian and International oncology and aging position statements.

O-11

Moving research forward during COVID-19

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This was a Board sponsored workshop designed to capture perspectives of nurses about the impact of COVID on research activities. See CONJ Spring issue 2022 for report.

O-12

Inuusinni Aqqusaaqtara: Using e-learning modules to engage Inuit patients and healthcare providers

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Pauktuutit Inuit Women of Canada and the Canadian Cancer Society are working in collaboration to develop meaningful ways to support better health, reduce cancer incidence and increase prevention and early detection in the Inuit population. They have developed culturally appropriate cancer awareness tools and a toolkit to support community health representatives, healthcare providers and Inuit cancer patients.

Inuusinni Aqqusaaqtara – My Journey – is a collection of resources developed for Inuit patients, caregivers, and healthcare providers. The goal is to increase knowledge about cancer, improve communication between Inuit cancer patients and non-Inuit healthcare providers, enhance culturally appropriate care, and improve overall quality of care for Inuit. Two new e-learning modules have been created to support these goals and to increase awareness of the resources.

One e-learning module engages patients and caregivers through videos, covering what to expect during the cancer journey and other helpful information. The other engages healthcare providers around cultural sensitivity, how to include the patient resources into their practice and other key learnings. Both modules have been reviewed by target audiences and by experts and regional representatives through an advisory committee. The healthcare e-module will be accredited. An ongoing evaluation plan is in place for release.

The resources, toolkits and e-modules will help to address the gap of culturally appropriate resources, low health literacy, and lack of cultural competency among healthcare providers.

O-13

Leveraging technology to activate patient engagement and improve COVID-19 pre-screening efficiency: A qualitative evaluation

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¹The Ottawa Hospital

Background: The COVID-19 pandemic resulted in pre-screening patients for COVID-19 symptoms 24 hours prior to each cancer centre visit. Patient volumes remained relatively unchanged and pre-screening patients via telephone created a significant increase in clerical and nursing workload. A large tertiary hospital in Ontario implemented the electronic health record EPIC in 2019. A workflow process was required to identify COVID-19 symptom-positive patients to ensure patient and staff safety and resulted in opportunities for examining efficiencies, including leveraging EPIC's potential.

Objectives: The primary aim was to gain time efficiency pre-screening patients for COVID-19 symptoms prior to their scheduled treatment. A secondary objective was to engage patients in their care by completing a pre-screening questionnaire in EPIC.

Procedure: A pilot project in the out-patient oncology and infusion units was launched in July 2020. Patients currently using EPIC MyChart were encouraged to electronically complete a pre-screening questionnaire up to 72 hours before their appointment. Patients not using EPIC MyChart, were encouraged to sign-up for MyChart. Surveys were disseminated September-October 2020 to analyze staff and patient experiences using the EPIC pre-screening questionnaire.

Results: Clerical and nursing workload requirements were reduced significantly. More than 80% of patients reported feeling engaged to participate in their care and 100% of staff reported patients should continue to pre-screen via EPIC.

Conclusion: Following the success of this pilot, pre-screening via MyChart is now implemented across outpatient settings within our region using EPIC. This project will serve as an impetus for future electronic oncology patient engagement strategies.

O-14

Providing virtual nursing systemic therapy patient education: A qualitative evaluation

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Background: Due to new therapies improving patient's survival and quality of life, the number of systemic treatments have increased at an annual rate of 7% to 10%. Newer treatments are often more complex and oncology nurses play a key role in the provision of patient education, as a crucial element of treatment safety. As a result of COVID-19, the provision of patient education by clinic nurses moved from being in-person to telephone consultations. Over time, chemotherapy nurses noted that patients were 'unprepared' for their initial chemotherapy treatment. A qualitative evaluation project is currently being conducted to receive patient and chemotherapy nurses' feedback.

Objectives: This evaluation project aims to (a) obtain patient feedback on how prepared they felt for their initial treatment, (b) receive chemotherapy nurses' perception of patient preparedness, (c) explore what information is important to patients, (d) compare self-reported preparedness levels for patients who received education over the phone with those who received education in-person.

Procedure: A qualitative evaluation was conducted in March–April 2021 for initial systemic treatments in chemotherapy units across two campuses at a large Ontario Cancer Centre. Surveys were completed by patients on the day of their first treatment and chemotherapy nurses completed surveys following the treatment infusion.

Discussion: This presentation will provide an overview of the evaluation project. The discussion will include information on the delivery of patient education by clinic oncology nurses prior to and following the onset of the COVID-19 pandemic. Patient preferences for information and their preferred modality of receiving education will be reported. Lastly, implications for systemic therapy virtual nursing education will be shared.

O-15

Improving outcomes for adolescents and young adults with cancer: Driving change using a national framework and provincial data

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With cancer incidence increasing nationally and provincially, it is important to recognize that a critical minority of new diagnoses occur in individuals aged 15–39, classified as Adolescent & Young Adults (AYA). AYAs have different challenges than older cancer patients, requiring a tailored approach to manage their unique needs. The Canadian Partnership Against Cancer (the Partnership), in collaboration with the Adolescent & Young Adults National Network (AYANN), developed the Canadian Framework for the Care and Support of Adolescents and Young Adults with Cancer in 2019. The Framework sets priorities to improve care and services for this population and will drive policy and action at all levels, from individual providers to the broader cancer system. Cancer centres and others are already using the Framework, and work has begun on access to fertility preservation, a key priority.

In Alberta, two provincial data sets are available to help us understand the needs of AYA patients, patient-reported outcomes (PRO) data and experience survey data. In the PRO data, AYAs aged 18–39 reported significantly lower mean scores for most physical symptoms, aside from a significantly higher score for nausea. They also reported higher scores for anxiety and depression and were more concerned with accommodation, returning to work/school, and intimacy/sexuality. Data from the 2017 Transition Survey, distributed to cancer survivors in 10 provinces, suggest that many of these concerns continue to pose challenges for AYA patients' post-treatment, after entering the survivorship phase of their cancer journey. Eighty-seven percent of respondents aged 18–34 reported anxiety as a concern and 70% reported depression.

The needs of AYA cancer patients are unique and, as such, a specialized approach to care is needed. Taken together, the Framework and data call attention to unmet needs and gaps in AYA care and will be used to drive change to improve outcomes and experiences for AYA patients in Alberta.

O-16

The processes and experiences of oncology healthcare providers managing acute cancer symptoms within Canadian urgent cancer clinics

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Background: Patients with acute cancer symptoms (e.g., fevers, gastrointestinal disturbances, or uncontrolled pain) from ambulatory cancer centres predominantly rely on emergency departments (EDs) for assessment and treatment. However, this model of care is no longer sustainable and emphasizes healthcare system inefficiencies. The advent of urgent cancer clinics (UCCs) allows patients to have these symptoms treated by oncology experts within ambulatory cancer centres. Unfortunately, limited research on UCCs both operationally and experientially makes it difficult for others to adopt this new model of care.

Methods: A constructivist grounded theory study was conducted to explore the processes and experiences of oncology healthcare providers (i.e., registered nurses, nurse practitioners, and physicians) in managing outpatient acute cancer symptoms within Canadian UCCs. Ten participants were recruited and interviewed from four Canadian UCCs. Grounded theory coding allowed categories to naturally emerge from the data and led to the co-construction of a substantive theory—Building Enhanced Outcomes to Support Patients with Cancer.

Discussion: The theory of building enhanced outcomes to support patients with cancer is comprised of three major categories and eight subcategories all working toward a common goal, the core variable of building enhanced outcomes. Theory findings from this study will be discussed in detail, offering many new insights. Several practice implications related to managing outpatient acute cancer symptoms, both within specialized UCCs and generalized ambulatory cancer centres, will also be reviewed.

O-17

Hematology oncology triage RN: A call to action through the COVID-19 pandemic

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In 2019, a hematologic oncology outpatient unit was faced with increased demands for systemic therapy appointments while in the process of implementing a new electronic medical record system. To ensure patients are scheduled based on priority, a clinical review of appointment requests is required to guide scheduling clerks. Due to the volume of patients receiving care in the unit, transitioning over to a new electronic system and complexity of care requirements, the nurses in the unit at the time could not provide this support. With support from leadership, the nursing unit council worked to develop the triage RN assignment.

Responsibilities of the triage RN assignment include, but are not limited to, triaging appointment requests, providing guidance to booking clerks, reviewing next day unit scheduling to ensure workload distribution, and interpreting blood work results for treatment parameters. The role evolved through the COVID-19 pandemic to include verifying patients who screened positive for COVID-19, following up on isolation flags, and consulting with the multidisciplinary team to determine if isolation precautions should be implemented for treatments or if a delay in treatment is necessary.

The presentation will describe the iterative process that led the unit nurses to develop the triage RN assignment, the advantages of the role, and the challenges associated with its implementation. The triage RN is ready to be called to action and say, "I will lead the team today."

O-18

Transforming health and wellness through musical improvisation

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There is an increasing awareness about the growing field of community music/arts and its relationship with health and wellbeing. This translates into the healthcare field as increasing non-clinical approaches to emphasize quality of life, overall well-being, social connectivity, and whole person healthcare are highlighted in patient populations. This can also crossover into healthcare providers, where topics ranging from burnout to collaboration to knowledge growth are at the forefront.

This breakout session is designed to evaluate and understand how improvisation and music can be an innovative tool for communication between patients, families, and their healthcare team. It is also a pathway to demonstrate dialogue with other healthcare professionals to define the use of arts and music in healthcare involvements. Music will be used as a tool to explore improvisation and contemplation that can be translated into personal and professional enrichment. This

includes a balance of interactive "musicking" (music-making) with explanations of the value of music in healthcare and its applications for oncology nursing.

At the end of the session, participants will be able to understand the different roles music can play in healthcare; evaluate how it can be an innovative tool for engagement, community, reflection, and learning; and will have learned and be able to apply new skills to using music both professionally and personally.

O-19

Virtual cancer care: Practice standards for the specialized oncology nurse

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This was a Board sponsored workshop designed to capture perspectives of nurses about experiences with virtual oncology practice. Report will be published in a future issue of CONJ.

O-20

Moving the COSTaRS practice guides into action: Over 10 years of research on implementing in clinical practice

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Nurses are the first line of contact for adults experiencing cancer treatment-related symptoms at home. In 2007, we established the pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) team of researchers and knowledge users from eight provinces to improve the quality and safety of evidence-informed cancer symptom management by telephone.

The aim is to discuss the lessons learned from more than 10 years of research on implementing COSTaRS practice guides within nursing practice and future directions.

Using the Knowledge to Action Framework (K2A), several studies conducted with COSTaRS will be summarized to describe the current state of knowledge on their implementation. COSTaRS practice guides are knowledge tools within the Knowledge Creation Funnel of K2A. For each of the 17 practice guides, we conducted a systematic review to identify relevant clinical practice guidelines and systematic reviews. The evidence was incorporated into the practice guide template developed based on how nurses think and what nurses do; then, written in plain language for patients' ease of understanding. Three updates were conducted (2013, 2016, 2020) demonstrating minor changes in symptom management over time; and incorporating management of immunotherapy related symptoms.

According to the Action Cycle of K2A, COSTaRS practice guides address the Know-Do Gap in cancer symptom management. Five implementation studies were conducted in 12 different organizations within 3 provinces, California, and Hong Kong. COSTaRS practice guides were adapted (e.g., Traditional Chinese Medicine added in China) and resources developed

to overcome barriers to their use (e.g., training materials, video demonstrating use, pocket guide, case-study). Findings revealed that implementation was more successful when there was strong leadership support, training, integration into the electronic health record, clerical staff flagged the relevant practice guide, easy access, and measuring to improve practice.

O-21

Understanding culturally safe cancer survivorship care with Inuit in an urban community

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Cancer is a leading cause of morbidity and mortality among Inuit in Canada. However, many Inuit do not receive culturally safe cancer care, and the legacy of colonialism and structural racism has created unsafe healthcare practices and poor health outcomes.

Our qualitative study explored the meaning of culturally safe cancer survivorship care for Inuit, and barriers and facilitators to receiving it in an urban setting in Ontario. The study was conducted in partnership between western researchers and Pauktuutit Inuit Women of Canada. Two focus groups were held with Inuit cancer survivors and family members (total $n = 27$) and semi-structured interviews were conducted with health services providers ($n = 7$). Discussions were audio recorded and data were analyzed using thematic content analysis.

Three broad themes emerged as essential to culturally safe care: 1) access to traditional ways of life, 2) communication, and 3) family involvement. Facilitators included family support, patient navigators, and designated Inuit cultural spaces in urban healthcare settings. Barriers revolved around the lack of support for traditional ways, such as country food.

Lack of direction at institutional and governmental levels of healthcare contributes to complex barriers that prevent culturally safe cancer care for Inuit. Future studies need to be underpinned by Inuit epistemology, values, and principles to understand how to transform healthcare to be culturally safe for Inuit.

O-22

Exploring culturally safe cancer survivorship care with Pikwàkanagàn First Nation

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Cancer morbidity and mortality among First Nations people is higher and increasing faster than overall Canadian rates. Lack of culturally safe healthcare services has profoundly impacted First Nations peoples' trust in and utilization of cancer survivorship programs and supports. Systemic and structural racism has profoundly impacted First Nation trust in

Western healthcare systems, and little has been done to incorporate their knowledge and values into cancer survivorship interventions.

This study was conducted in partnership with Algonquins of Pikwàkanagàn First Nation in Ontario. We explored culturally safe healthcare practices to support cancer survivorship healing with members of the Pikwàkanagàn community. Two focus group sessions were held with cancer survivors and family members ($n = 16$) and healthcare providers ($n = 12$). We used Journey mapping techniques to conceptualize culturally safe cancer survivorship care and explore the barriers and supports to receiving it. Semi-structured individual interviews ($n = 13$) were held to further explore patient journeys. Discussions were audio- and video-recorded, transcribed verbatim, and thematically analyzed.

The emerging themes included: 1) broad definitions of family; 2) care for caregivers; 3) trauma-informed bereavement; 4) culture as healing; and 5) stories as cultural teachings. Barriers included institutional racism and a dearth of early, interconnected services within and between hospitals and communities.

This study exposed new ways of thinking about cultural safety in cancer survivorship care, in contrast to the deficit-based perspectives that currently inform Canadian healthcare. Sharing stories can create a legacy for individual and community healing; radical innovative approaches are necessary to reconstruct culturally safe care with First Nations people.

O-23

Implementation of subcutaneous Trastuzumab in Nunavut: An inter-jurisdictional collaboration

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Receiving treatment for cancer presents physical and emotional challenges for all patients and their loved ones. For more than 20 years, cancer patients living in Nunavut have had the added hurdle of travelling great distances to access cancer services, as no anti-cancer treatments were provided in the territory.

When the COVID-19 pandemic hit, coming to Ottawa to receive treatment came with strict self-isolation requirements that made going home in between cycles and appointments impossible for some patients, like those receiving Trastuzumab for HER2+ breast cancer every 21 days.

Recognizing the emotional and psychosocial impact of being away from home and fearing that these new restrictions would cause some patients to opt out of treatment altogether, a multidisciplinary group from Ottawa and Iqaluit came together to try to leverage the COVID-19 crisis and implement the administration of subcutaneous Trastuzumab in Nunavut. This presentation will focus on the efforts of nurses from different jurisdictions who collaborated to create the necessary policies, training, and resources to ensure continuity and standardization of care for patients treated jointly between Iqaluit and Ottawa.

The COVID-19 pandemic has, among other things, tested nurses' ability to adapt their care to meet the evolving needs of their patients. This presentation is the story of our call to action, culminating with the first ever anti-cancer treatment being given in Nunavut.

O-24

Hemophagocytic lymphohistiocytosis (HLH)—What oncology nurses need to know

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Hemophagocytic lymphohistiocytosis (HLH) is a rare and potentially life-threatening condition that leads to systemic uncontrolled hyperinflammation. The clinical presentation can include fever, cytopenia, hepatosplenomegaly, liver dysfunction, coagulopathies and a cytokine storm that can quickly lead to multi-organ failure. Mortality rates associated with HLH can be very high. HLH may be triggered by familial or acquired causes. The latter is often the result of an event such as infection, autoimmune disorders, or malignancy. Current treatment approaches utilize immunosuppression, immune modulation, chemotherapy, and possibly stem cell transplant. As treatment usually includes chemotherapy, patients with HLH are cared for by the malignant-hematology team. Although rare, our institution has had four recent cases—three in which an underlying malignancy was diagnosed. We will utilize these cases to provide an overview of this rare condition, as well as treatment approaches. Most importantly, we will review the specific nursing considerations that are important when caring for patients with this rare and serious syndrome.

O-25

Chemotherapy overdose

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The numerous steps involved in the ordering, preparation and administration of chemotherapy can lead to potential errors in processes that can have fatal outcomes. Over the years organizations have implemented many safety steps in an attempt to eliminate the risks: the transition to computer order entry, smart pump technology, advance IV workflow systems, required education and credentialing of staff, along with multiple verification processes. Application of all of these measures have hopefully decreased the incidence, but errors still happen.

Chemotherapy overdose is defined as the administration of more than 10%, at a rate more than 25% faster, at a significantly shorter interval, when contraindicated related to toxicity, or omission of rescue medication.

Time is of the essence when dealing with a chemotherapy overdose. Once identified, oncologist, pharmacology, toxicology and nursing team need to collaborate immediately in an attempt to minimize the adverse effects and secure an antidote

if there is one. Throughout the process, it is always important to keep the patient and family informed of the steps to manage this situation and the expected outcomes. They are an integral part of the chemotherapy safety equation, as many times it is the patient who identifies the error.

Following an adverse event, it is important for an organization to perform a variance analysis to identify process failures and develop processes in attempt to mitigate these risks. It is also important for an organization to debrief with the health-care providers involved, provide emotional support and re-education if required.

To complete this presentation, a case review will be shared, discussing the potential factors contributing to the incident, the rescue measures implemented and initial outcome.

O-26

Polyserositis following haploidentical stem cell transplantation: A clinical case study

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Polyserositis is a rare feature in the post-stem cell transplant setting. Treatment for polyserositis depends on the cause. However, it is difficult to determine the underlying issue in many cases. This case highlights some of the diagnostic challenges faced among this patient population, and barriers to treatment. Healthcare providers need to be aware of this rare presentation when caring for patients post-stem cell transplant in order to include this diagnosis in the differential. This case will highlight the nursing considerations for advanced practice nurses and frontline registered nurses caring for patients with polyserositis.

The case is a 64-year-old female with angioimmunoblastic T-cell lymphoma, four months following a haploidentical stem cell transplant. She had a recent cytomegalovirus reactivation, which has resolved after antiviral treatment. An echocardiogram was completed as part of the work-up at 100 days following stem cell transplant. The echocardiogram revealed a large pericardial effusion with signs of impending tamponade. She was admitted to hospital for close monitoring, and subsequently developed moderate bilateral pleural effusions. The differential diagnosis included chronic graft versus host disease-associated serositis, malignant effusions due to relapsed disease, infectious causes, or autoimmune disease. After extensive work-up, the underlying cause is still not known. As this is an active case, the decision regarding treatment is contentious and the outcome is not yet known.

O-27

How creativity and innovation can support fiscal responsibility and excellence in patient care

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Over the last century, oncology nurses have been on the forefront of health system evolution in Canada. Costs of healthcare, especially cancer care, are rising each year and

healthcare funding is not increasing at the same rate. To honour our commitment to all oncology patients, oncology nurses need to find innovative and creative solutions to provide excellent, cost-effective care.

At the Grand River Regional Cancer Centre, a financial analysis of our chemotherapy treatment suite highlighted opportunities for change related to overcapacity within the treatment unit and drug wastage within the oncology pharmacy budget. A multidisciplinary project team was developed, and the team committed to locally organizing patient care in a way that places the patient first while still realizing cost savings. The focus was on the “right” treatment, the “right” treatment with the “right” provider.

To accomplish this, two new care delivery partnerships were developed:

1. In partnership with the Oncology Clinic Pharmacy, a unique treatment delivery model was created for patients receiving high-cost chemotherapy medications. By creatively scheduling patients into treatment cohorts and providing patient specific dosing, significant cost savings have been realized without the need to alter staffing levels or funding.
2. In partnership with retail pharmacy, the Oncology Outpatient Injection Clinic was implemented. By altering the location of the treatment and implementing a unique staffing model, the chemotherapy suite has increased available chair time and the retail pharmacy has increased revenue to support hospital activity.

Chemotherapy treatment delivery is a complex system that requires highly qualified staff and a varying degree of physical resources. By placing the patient at the forefront of our quality planning, we can provide patients with the treatment options they need while creating space and revenue.

O-28

Building capacity to leverage nursing and allied health research perspectives across a provincial cancer program

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More and more, we need varied perspectives in the search for innovative solutions to address health system priorities and pressing clinical challenges. Historically, our cancer care structures in Canada have privileged biomedical perspectives and have yet to fully capitalize on the distinctive contribution that nursing and allied health research perspectives bring to evidence-informed decision-making, better patient outcomes, and health system improvement. Recognizing this opportunity, leadership of a provincial cancer program made a bold investment in the infrastructure necessary to leverage research expertise across the disciplinary spectrum. The provincial Nursing and Allied Health Research and Knowledge Translation portfolio was created to guide the strategic planning, development, delivery, and evaluation of high-quality nursing and allied health research and knowledge translation initiatives in one Canadian province. Operating at

the intersection of science, practice, and policy, the vision of this portfolio is to promote innovation and excellence in inter-professional research and knowledge mobilization to drive evidence-informed improvements in care, better patient outcomes, and increased system performance.

Successful implementation and growth of the Nursing and Allied Health Research and Knowledge Translation portfolio will be highly dependent on strengthening existing relationships and catalyzing new collaborations among key stakeholders. With a focus to advance nursing and interprofessional research across the cancer care continuum, this department will interface with operations, clinical research, and academia to collaborate with health system decision makers, healthcare leaders, and clinicians across the organization and our partner universities across the province. Clear articulation of benchmarks and mitigation strategies to overcome barriers will be crucial elements to successfully developing and sustaining an integrated nursing and allied health research.

O-29

Meeting the challenge: The development of an ambulatory oncology nursing resource team

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At a large regional cancer centre, nursing was experiencing ongoing challenges in meeting the needs of cancer patients due to a significant number of planned and unplanned absences and redeployment of staff to COVID-19 units in the main hospital. Prioritization of already limited nursing resources created new challenges. Addressing the priority staffing areas of telepractice, chemotherapy administration, and brachytherapy OR/PACU support left very little resource for nurse/patient interactions in the outpatient clinic area.

The main goals were to create a knowledgeable and skilled team of registered nurses who have the capacity to move seamlessly from clinic to clinic, to provide excellent person-centred care, grounded in their foundational nursing knowledge, growing oncology knowledge, and eventual cancer site-specific knowledge.

This presentation will discuss the strategic changes around onboarding of new staff, with attention to both the operational and practice elements of the process. Recruitment strategies specific in the intent to hire for an ambulatory oncology nursing resource team, restructured orientation with a focus on building foundational oncology nursing knowledge, and the creation of a Resource Guide to support developing knowledge, skill and judgment in various site-based teams will be highlighted. New strategies in post-orientation support around cohorting and rostering new nurses through specific sites to further consolidate their knowledge base will be presented.

Challenges, benefits, lesson learned, and next steps around building a sustainable ambulatory oncology nursing resource team will be discussed.

O-30

The integration of telehealth in the oncology nurse navigators (ONN) practice: Challenges and opportunities

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Context: Cancer patients (PT) want to be able to have access to quality healthcare close to their homes. The oncology nurse navigator (ONN) accompanies the PT from the moment the diagnostic is given, throughout the treatments and transition times. For the ONNs to ensure appropriate follow-up, sometimes the PT must travel over a long distance, bear the travel costs, and find somebody to accompany them on days when fatigue and secondary deconditioning due to the treatments limit their capacity to travel. Sometimes, phone calls are not enough for the ONN to make a proper evaluation because the visual contact is missing. For these reasons, a telehealth system has been implemented to enable ONNs to improve access to their services while reducing the traveling required by their PTs. From the ONNs' point of view, it can be a significant change to integrate the virtual appointments on a daily basis.

Methodology: A provincial telehealth project for ONNs was initiated early in response to the pandemic. In 2021, a survey about telehealth practice was directed to all ONNs in Quebec and semi-structured interviews were conducted with ONNs operating in a variety of contexts.

Results: Telehealth increases access to the healthcare services. ONNs optimize their services to the PT through telehealth, since it helps them to evaluate, support, inform and monitor the health of the PT and intervene when needed. There are some key moments and contexts where using telehealth is more relevant in the ONNs clinical practice. We also present the main changes in the organization of work to allow technology integration.

Conclusion: Telehealth in the field of cancerology supports the practice of ONNs. Now, more than ever, telehealth is an imperative component of ONNs practice.

Objectives of presentation: Exchange experiences about the use of telehealth for the clinical practice of ONNs; discuss the benefits and issues related to telehealth; share a toolbox to support the clinical practice of nurses and patient access to healthcare services.

O-31

Nurse practitioner fellowship program in complex malignant hematology

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Increased demand for complex malignant hematology (CMH) care, involving rapid growth of novel therapies, has made it challenging to recruit nurse practitioners (NPs) with the required competencies. There is a lack of specialized post-master NP certificate programs to provide education for NPs interested in CMH care. This has made it difficult to recruit and retain NPs in this specialty area.

To address these challenges, the NP team in CMH at the Juravinski Hospital and Cancer Centre at Hamilton Health Sciences determined the need for a specialized post-master fellowship program, with a comprehensive curriculum, to improve the knowledge, skills, and confidence of NPs interested in CMH.

The Ron and Nancy Clark NP Fellowship Program in CMH was developed in 2019 and the first NP Fellow was enrolled in January 2020. One Fellow per year is selected via a competitive application process that identifies eligible NPs who do not have prior hematology experience. The NP Fellow is immersed in the program and is mentored by an experienced CMH NP. A learner-focused curriculum includes clinical, research, and leadership components. A formative evaluation plan has been developed to assess and refine the program over the initial three years.

This presentation will describe the components of the Fellowship and program evaluation metrics, with a focus on success indicators and areas for improvement.

O-32

The great communication link: Reconciliation of two electronic systems for accessibility of nursing documentation between cancer care teams

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Electronic documentation is an on-going evolutionary process with complex implications in large healthcare organizations. One hospital with multiple inpatient and outpatient programs utilizes a universal and dominant electronic patient information system, which houses the majority of patient health records and information. The information generally includes, but is not limited to, demographics, blood work, diagnostic results, and physician notes. Additionally, some departments and professions have their documentation notes readily available in this system. For a significant period of time, inpatient oncology nursing notes were viewable, but outpatient nursing notes from the ambulatory cancer centre were not. A solution to bridge this communication gap within the cancer program was necessary for continuity of quality and safe care for patients.

Three interprofessional teams led by nursing, radiation therapy, and information services collaborated to develop and implement an interface solution for nursing documentation. A working group representing each system was established to generate timelines for the development and testing of the proposed interface solution. The testing process identified end user education and training requirements, which will allow for a smoother implementation.

This presentation will review the process of developing, implementing, and testing the interface; discuss the effectiveness of interprofessional collaborative efforts; describe evaluation plans; and share opportunities and lessons learned. Multiple teams united and persevered through the difficulty of the pandemic to give life to a shared vision.

O-33

Implementation of an app-based nursing education initiative

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Ongoing education is an essential part of the nursing role and nowhere is this more crucial than in the ever-changing oncology world. Unfortunately, finding time to incorporate the necessary education to keep abreast with current knowledge is becoming increasingly difficult. Feedback from staff primarily cites “lack of time” as the number one factor affecting their ability to focus on education. Clinical nurse educators face the additional challenge of providing formal education in light of gathering restrictions imposed by the COVID-19 pandemic. Finding a virtual solution that would allow staff to maintain and develop their specialized knowledge has become crucial. Keeping this in mind, we sought to find a solution that would allow for timely, useable, and effective education.

In a time made more dependent on virtual solutions, we sought to leverage the popularity of mobile applications. Axonify is a Waterloo-based Learning Management System (LMS) built to provide front-line workers with micro-opportunities for learning in a fun app-based platform. In customizable three- to five-minute education sessions, staff can improve long-term retention of knowledge with measurable outcomes.

This presentation will review the pilot project steps taken in onboarding this education platform into an Ontario regional cancer centre. Highlights include pre-launch steps such as navigating the approval process, building content based on best practice, and utilizing methods to motivate staff. Post-implementation levels of engagement and measurable learning outcomes will be explored at one year. Future nursing implications include exploring the effectiveness of including a LMS platform within oncology education, examining the users’ learning and engagement experience, and realizing an increase in national oncology certification within the centre.

O-34

Oncology lung SMArTVIEW

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To reduce unplanned needs for acute care, individuals with non-small cell lung cancer receiving neoadjuvant, adjuvant, or palliative systemic therapy and their caregivers require proactive virtual contact and streamlined access to highly skilled oncology care providers when they experience symptomatic concerns directly related to their cancer or to the side-effects of their treatment. Interactive virtual management, including the use of electronic communication, has the potential to meet this need.

This presentation will discuss key learnings from the development and building of a user testing protocol. The goal was to support specialized oncology nurses (SONs) with the uptake of interactive virtual technology to reach patients in their home environment, as symptoms present prior to escalation, and to leverage web-based self-care management platforms that provide patients with real-time access to a highly skilled oncology care nurse. Hospital to home virtual symptom monitoring and management is a new path to building a person-centred responsive oncology care system (McGillion et al., 2016).

The general objective of implementing the system is that we will test nursing and medical virtual care for a specialized patient population. This pilot study in an oncology setting will assess the acceptability of the interactive system with nurses, patients, and families in relation to overall patient adherence with connecting to their clinical team through a virtual platform and the ease of connectivity. The primary specific objective is to determine the feasibility of integrating an interactive virtual symptom assessment and management system, with electronic interfaces, into the care process of patients with non-small cell lung cancer who are receiving systemic therapy.

Key learnings from the SONs engagement sessions and care mapping exercises and building of the user testing protocol will be shared.

O-35

Bilan de la communauté de pratique (CDP) virtuelle des infirmières pivot en oncologie (IPO) au Québec

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Contexte : Actuellement, il y a 290 IPO dans toutes les régions de la province de Québec. En réponse à la complexité grandissante des soins en cancérologie et à l'arrivée massive des nouvelles connaissances, les IPO doivent développer leurs compétences et acquérir de nouvelles connaissances, peu importe leur milieu de travail afin d'offrir des soins sécuritaires et de qualité. Une Cdp permet de créer une dynamique d'apprentissage et de partage

des connaissances, des bonnes pratiques et d'outils entre les membres et le transfert des connaissances et des savoirs. Cette CdP aide à faire face à ces enjeux de taille et permet également de contribuer aux partages.

Méthodologie : Introduction au concept de CdP virtuelle pour les 290 IPO du Québec et étapes du processus : Planification (identification des besoins, des contraintes, définir le plan de projet), Analyse (besoins actuels et futurs, ressources et outils, animation, soutien technique), Préparation/Implantation (préparation des participants, formation, lancement), Contrôle qualité – indicateurs, statistiques de participation et de satisfaction et impacts perçus sur la pratique, les soins, la gestion (journal de bord, bilans, etc.).

Résultats : 290 IPO réunies virtuellement pour partager l'expertise, échanger des informations, des connaissances, des idées, des outils dans le but de soutenir et optimiser la pratique.

Conclusion : La CdP brise l'isolement d'une IPO en région rurale et urbaine de l'est à l'ouest du Québec. Elle apporte une présence virtuelle continue, des apprentissages par la socialisation, la capitalisation des savoirs tacites, le partage des savoirs explicites, l'archivage des savoirs et un levier de changement et d'innovation.

Objectifs : Démontrer l'importance d'une CdP pour les IPO. Partager les conditions de succès et les impacts sur la pratique. Encourager l'application et le partage des bonnes pratiques basées sur les évidences scientifiques via la CdP. Travailler, apprendre et collaborer en réseau.

O-36

Les pionnières de l'avenir : la clinique virtuelle COVID-19 dirigée par les infirmières pivots pour les patients suivis en oncologie

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¹JGH

La pandémie COVID-19 nous a amené à rapidement mettre en place des interventions pour protéger la population oncologique vulnérable. Cette population est isolée, présente des co-morbidités et est à risque de complications. Les patients sous traitements qui présentaient un résultat positif de la Covid-19 doivent attendre que leur période d'isolation soit terminée avant de pouvoir se présenter à nouveau aux cliniques externes pour reprendre ou débiter leur traitement. Les délais encourus provoquent incertitude et anxiété. Les patients nécessitent un suivi étroit de l'évolution de leurs symptômes pour assurer une prise en charge rapide.

Les objectifs de la clinique sont:

- Assurer le suivi pour la population oncologique vieillissante et vulnérable par télésanté.
- Assurer les services de santé essentiels pour la population avec un diagnostic de la COVID-19 ainsi qu'un cancer.
- Éviter la propagation du Virus de la COVID-19 dans les départements des cliniques externes de traitement.
- Limiter les délais de traitement.
- Faciliter la trajectoire du patient.

Cette initiative a été pensée et conçue par le leadership des infirmières pour soutenir et optimiser les soins du patient durant une période qui marquera l'histoire. Aucune des visites n'a été faite en personne. Cette initiative novatrice est unique et a été partagée au sein des équipes du CUISSS du Centre-Ouest-de-l'Île-de-Montréal. Le rôle de l'infirmière était mis de l'avant dans tout le processus décisionnel ainsi que la mise en place des interventions. A ce jour, plus de 180 usagers ont pu bénéficier du programme. Les résultats en lien avec l'expérience de l'usager de la première et la deuxième vague ont été rendus possible par la direction de la Qualité, de l'Innovation, de l'Évaluation, de la Performance et de l'Éthique du CUISSS du Centre-Ouest-de-l'Île-de-Montréal et du programme l'espoir c'est la vie et seront présentés lors de la conférence CANO 2021.

O-37

Exploring the post-test psychological functioning of women undergoing multi-gene testing for hereditary breast and ovarian cancer

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Background: Advances in gene sequencing technologies have expanded the genetic landscape of hereditary breast and ovarian cancer (HBOC). This led to the clinical adoption of multi-gene panel testing, which screens high-penetrance (i.e., BRCA1/2) and moderate-penetrance genes now implicated in HBOC. Currently, there is limited evidence supporting the clinical utility of panel testing. In addition, panel testing can identify novel genetic variants with unknown clinical significance. As a result, clinicians and patients face uncertain genetic risk and challenging medical decisions. The BRCA1/2 literature suggests that uncertain genetic risk associated with uninformative genetic test results can negatively influence one's psychological response. This study aims to explore the psychological functioning of women who have undergone multi-gene panel testing for HBOC susceptibility.

Methods: This multi-centre, cross-sectional survey study will recruit 400 women who have undergone panel testing for HBOC susceptibility within the previous 24 months. The study questionnaire is composed of psychometrically validated tools and study-specific questions adapted from the genetic testing literature. Analysis will primarily include descriptive statistics and regression analyses.

Results: Primary analyses will focus on comparing levels of psychological distress based upon the type of genetic test result received, and to identify predictors of distress. Exploratory analyses involve measuring knowledge levels of cancer genetics, family communication patterns, and testing satisfaction levels. Results will be available at the time of the conference.

Implications: This study will provide insight into the impact of multi-gene sequencing on the psychological functioning of patients. The findings will inform future educational interventions designed to support patient understanding and decision-making surrounding genetic testing.

O-38

The use of hyperbaric oxygen therapy to treat infection in acute myeloid leukemia

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Patients with acute leukemia can become extremely sick very quickly as a result of bone marrow suppression either from the disease or the effects of chemotherapy. Infections are, unfortunately, a common occurrence during all phases of treatment and can have significant morbidity and mortality.

In the last few years, our team has cared for two patients whose presentation of acute leukemia was accompanied by an uncommon infection—Fournier's Gangrene. Fournier's Gangrene is a life-threatening, necrotizing infection that affects the perineum, perineal region, and genitals. The multimodal treatment approach utilized will be highlighted, which included hyperbaric oxygen therapy. This treatment involves exposing a patient's whole body to 100% oxygen for a period of time at a specific pressure that is higher than atmospheric pressure.

Through these case studies, we will present a nursing-focused overview of hyperbaric oxygen therapy in cancer patients. Indications for its use and the potential complications of the treatment will be explored. The nurse's role in preparing patients for hyperbaric oxygen treatment, anticipating how it might impact the chemotherapy plan, and key messages for patient teaching will be presented.

O-39

A palliative care approach to the management of malignant bowel obstruction: What nurses need to know

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Malignant bowel obstruction (MBO) affects upward of 15% of people with advanced cancer. It severely impacts quality of life and is a common cause of morbidity in this patient population. CANO's Standards of Care speak to the imperative of nurses providing care that is informed by the best evidence available. Therefore, nurses need to be conversant with the existing literature regarding the management of physical and psychological symptoms of MBO in the context of advanced disease. This presentation will examine current information about MBO etiology, typology, pathophysiology, and suggested approaches for its medical management. The psychosocial and emotional issues that often emerge for patients and families will also be explored. Armed with this information, nurses will be well positioned to deliver appropriate therapeutic interventions aimed at mitigating the physical symptom distress and emotional impacts that malignant bowel obstruction can cause in those with end-stage disease and their families.

O-40

Virtual allogeneic stem cell long-term follow-up clinic: A response to the COVID-19 pandemic

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The COVID-19 pandemic challenged traditional models of in-person, long-term follow-up for allogeneic stem cell transplant (ASCT) recipients. Continuation of this care was essential, as the late complications in the ASCT population significantly contribute to long-term morbidity and mortality. At the same time, the risk of COVID-19 exposure and transmission required minimization.

There is no consensus amongst transplant centres how this care should be followed through, with resources and funding difficult to secure. An innovative virtual model to provide survivorship care was developed at a transplant centre in Hamilton, Ontario. The goal was to maintain quality patient care while reducing in-person contact. All patients in the ASCT long-term survivorship clinic were switched from in-person visit to either virtual or telephone follow-up by a nurse practitioner (NP). A package was mailed six weeks before the visit with the appointment time, explanation of virtual visits, lab requisition, and guidelines for primary care follow-up. The patient was called five days before the visit to ensure bloodwork was completed.

Remote clinical long-term ASCT follow-up visits occurred with an experienced stem cell transplant NP beginning April 2020. This practice continues today. All patients accepted a virtual or telephone visit. Patients who required further in-person evaluation were referred to clinic in a timely manner. Virtual NP-led ASCT clinics are safe, feasible, and continue to provide quality patient care. Data collection and evaluation of this model through patient satisfaction surveys are ongoing. Continuing virtual clinics post pandemic may prove to be a viable, cost-saving model for recipients, their families, and the healthcare system.

O-41

Responding to a pandemic: Point prevalence COVID testing in asymptomatic chemotherapy patients

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COVID-19 became a pandemic in March 2020. Immediate concerns were raised around how patients with cancer would fare, specifically around immunocompromised patients. Patients with cancer and on systemic treatment have been associated with worse clinical outcomes and increased fatality rates, as a result of contracting the Coronavirus disease. COVID-19 testing for asymptomatic cancer patients has been examined and has cost and labour implications. Prospective evidence supporting the clinical usefulness of this strategy is uncertain.

Our cancer centre conducted three 2-week point prevalence testings (PPT) to establish centre positivity rates in relation to local and provincial rates. An interprofessional group consisting of nursing leadership, physicians, infection prevention and

control experts, a communications advisor, and a data analyst developed criteria, processes and procedures, communication materials, and documentation requirements for the blitz roll-outs including the threshold for continued COVID-19 testing. Testing was deliberately staffed with frontline nurses and clerical support, as well as operational and practice support from leadership. Three 2-week PPT occurred June and October 2020 and January 2021. A combined total of 1,755 systemic cancer patients were tested. The testing positivity rates were consistently much lower than that of local and provincial rates.

This presentation will share the evolution of the point prevalence COVID-19 testing development, highlight our learnings and challenges, and discuss data results.

O-42

Responding to the pandemic: Development and implementation of a secondary COVID-19 assessment clinic for ambulatory patients with cancer

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In January 2020, the first case of COVID-19 was identified in Ontario, and the pandemic was declared shortly thereafter in March. The cancer patient population has been recognized to be more vulnerable than the general population, with associated worsening of clinical outcomes and increased fatality. Maintaining a safe environment was paramount for patients to continue with necessary ongoing treatments within an ambulatory cancer centre.

Our immediate response was the development of a designated assessment clinic for patients coming into the centre with symptoms that could be associated with COVID-19. The goal of the clinic was to support the safety of patients and staff during appointments at the centre.

Initial operating room closures and a reduction in certain follow-up visits led to a decrease in patient volume throughout the centre. This provided the opportunity for a designated space to assess and intervene with patients presenting with symptoms. Patients seen in this clinic evolved over time and now include symptomatic, pre-treatment, exposure, and preadmission. Staffed by point of care nurses, the clinic has been consistently supported by nursing leadership.

This presentation will focus on the clinic development including processes and procedures, training and education, resource allocation, and data collection. Opportunities and challenges will also be shared. Overcoming initial fear and anxiety experienced by staff, the group proudly coalesced into a highly functioning, effective team that was called to action.

O-43

Perioperative patient education via animated videos in head and neck surgery: A randomized controlled trial

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Individuals undergoing surgical procedures were recruited from a single tertiary centre between January and August 2020. Eligible procedures included head and neck cancer resection with or without reconstruction, parotidectomy, thyroidectomy, parathyroidectomy, laryngectomy, or trans-oral robotic resection. Patients were randomly allocated to either the treatment arm, in which they obtained access to the patient education platform, or the control arm, in which they received traditional patient education methods via clinical visits. Primary analysis compared patient satisfaction scores on the EORTC QLQ-INFO 25, a validated questionnaire on perceived quality of information received by cancer patients.

In those who received access to the patient education platform, there was a 11.3-point difference ($p < 0.001$) of greater post-operative satisfaction scores at one month. While both groups felt that they received adequate amount of information concerning their disease process, patients in the treatment arm had significantly better satisfaction with information concerning their medical tests, treatments, and other services.

There was a significant increase in patient satisfaction in the patients who had access to the multimedia patient-education platform. Our current traditional methods do very poorly at teaching patients about their treatment, mental health, family life, supplementary services, and recovery process at home. Further research is currently underway to confirm whether this platform will lead to decreased hospital stay, decreased complication rates, and long-term impact.

O-44

The multi-disciplinary approach to preventing cutaneous toxicity in patients receiving oncology treatments

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As the prevalence of cancer increases, now affecting one in two Canadians during one's lifetime, so does the frequency of adverse events related to anti-cancer therapies. Over the years, oncology protocols have evolved to include novel, targeted therapies, which have led to an improvement in patient prognosis and overall survival for many malignancies. However, those treatments are associated with adverse cutaneous reactions and side effects including pruritus, hyperpigmentation, erythema, and desquamation, among others. More than 80% of oncology patients suffer from these cutaneous toxicities, due to their treatments, which can significantly impair

a patient's quality of life and result in dose reductions or discontinuations that could be detrimental for the outcome of the patient. Numerous clinical studies and guidelines confirm that appropriate management of skin toxicity associated with oncology treatment is, therefore, necessary.

The main goal of this presentation is to demonstrate how a multi-disciplinary approach between dermatologist, oncologist, and nurses can lead to an improvement in patient quality of life for patients experiencing skin toxicities from oncology treatments. This collaborative approach can lead to a better understanding of the prevalence and severity of skin toxicities in cancer patients; how effective skincare routines and palliative care can lead to an improvement in patients' quality of life; and how healthcare professionals can integrate best practices on skincare routine use in centres across Canada.

O-45

Wishing, worrying, wondering: Palliative care communication for oncology nursing

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Oncology nurses impact cancer patients' care at every point along the cancer journey. They are, therefore, well-positioned to introduce palliative care, early and often, as an added layer of support in comprehensive cancer care. Early introduction normalizes palliative care, empowers patients, and improves quality and length of life, but many oncology nurses report difficulty having these conversations with their patients. Barriers include wanting to avoid causing added distress for their patients, feeling uncomfortable and disempowered to discuss illness trajectory and advance care planning, identifying which patients may benefit from this approach, and concern for being "out of step" with their physician oncologist colleagues.

Based on the learnings of an early and integrated palliative approach in the care of advanced colorectal cancer patients in Calgary, and using the concepts of empathetic and symmetrical communication in guided role-play, this half-day workshop will support oncology nurses to:

1. Appreciate illness understanding and coping, and the understanding of patients' values as core activities of oncology nursing work.
2. Understand an early palliative approach to care that all providers can take to support illness comprehension and coping, advance care planning and decision making, symptom and function support, and coordination of care.
3. Feel comfortable and capable of introducing a palliative approach to care to their patients with advanced disease, and those with high symptom burden.
4. Recognize the triggers for referral to specialist palliative care as an added layer of support.

O-46

A journey in transformation—Innovating the model of care (MOC)

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Background: C3 is a 36-bed mixed GI/oncology unit with 29 inpatient adult oncology beds. The unit provides a continuum of care for individuals with solid tumours ranging from active treatment to complications from treatment, with ongoing pain and symptom management, and incorporating a palliative approach, to end-of-life. Patients access the C3 services from a multitude of entry points including emergency, cancer urgent care unit, regional sources, and the cancer clinic. Individuals with cancer often require multiple admissions to C3, as their disease progresses.

C3 has faced persistent and longstanding challenges such as over-capacity occupancy rates, extended length of stays, high sick time, ineffective bullet rounds, practitioner practice variation, and staff-voiced low morale. A number of quality improvement interventions have been undertaken, but none had sustained success. Hence, C3 is engaged in a MOC redesign.

Process: Taking an innovative approach, the C3 MOC work plan incorporates the Cancer Care Ontario and Hamilton Health Sciences Cancer Program Strategy, using a continuous quality improvement model alongside the Agency for Clinical Information Framework, which provides guiding direction for MOC redesign. This unique incorporation of resources has resulted in a live work plan, constructed in successive interdependent stages. The work plan begins by utilizing three front-line groups (each with a coach) to identify current state in understanding the patient population, the team, and the communication processes. Current state findings are presented to the key stakeholders for achieving shared understanding followed by a quality facilitated gap analysis, which will provide direction for MOC redesign actions.

This presentation will share findings of the current state, the themes and prioritization from the gap analysis, and next steps.

O-47

Oncology patient characteristics tool

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An outpatient Model of Care strategy and implementation plan is underway at a regional cancer centre. The model of care implementation plan is being guided by patients, families, healthcare providers, and academic and research partners to co-create and implement a new service delivery model. Ongoing engagement of specialized oncology nurses (SONs), physicians, patients and the interprofessional team remains essential to lead transformational change and to sustain a new approach to oncology care delivery.

The SONs team developed an Oncology Patient Characteristics tool to measure patient needs with an intent to align specialized oncology nursing intervention to patient self-reported physical, psychosocial, and informational needs. The Oncology Patient Characteristics tool is reviewed by a SON to determine the frequency and intensity of future nursing encounters in person or virtual. The intent of the Oncology Patient Characteristics tool is to highlight patient needs from a holistic patient-centric vantage point and to match patient needs with nursing resources and expertise within disease site teams. Clinical experts have been engaged in the development and review of the content validity of the tool. Inter-rater reliability, clinical utility application, and evaluation of the tool is currently underway within three disease sites: hematology, head and neck, and central nervous system (CNS).

This presentation will review the clinical relevance of the Oncology Patient Characteristics tool in guiding nursing decision-making. Ultimately, early identification and patient risk assessment will lead to providing cancer care tailored to meet individual unmet needs and to improve quality of life outcomes. The results of phase one of this quality improvement initiative with the hematology, head and neck, and CNS disease sites and key learnings to date will be shared.

O-48

Outpatient CAR-T therapy utilizing a nurse practitioner-led model of care

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Chimeric antigen receptor T-cell therapy (CAR-T) engineers patients' T-cells to recognize and bind to CD-19 found on the surface of B-cells programming cell death. CD-19 is abundant in some B-cell malignancies, thus a target for CAR-T. This treatment offers adults with relapsed/refractory non-Hodgkin lymphoma, or young adults with relapsed/refractory B-cell acute lymphoblastic leukemia a chance for cure where no further treatment previously existed. CAR-T requires inpatient monitoring for side effects. Onset, duration, and severity of side effects is correlated with disease burden, co-morbidities, dose, and type of CAR-T. In the correct setting, a select group of patients needing CAR-T may be amenable to outpatient management.

In 2016, Juravinski Hospital (JH) hematology program found that autologous stem cell transplant could be offered safely and effectively as an outpatient treatment in a select group of patients using a hematology-trained nurse practitioner (NP) model of care. Patients were seen daily for assessment and only admitted if symptoms warranted. Given the success of this model it was thought that patients requiring CAR-T would benefit from a similar model. This model and experience will be described.

After hematologist assessment and CAR-T manufacturing, eligible patients are booked into the NP-led CAR-T outpatient

clinic. Patients received lymphodepleting chemotherapy, CAR-T infusion, and daily assessment for 10 days by a NP with RN support. After this, if patients are well, visits are reduced to three times weekly for 20 days, then transitioned back to the hematologist.

From January 2020 to March 2021, 30 patients needed CAR-T at the JH. Of these, 17 patients met the criteria for NP-led care. After CAR-T infusion, 10/17 patients were admitted for CAR-T related toxicities, 4/17 did not need admission, and 0/17 died during the 30-day treatment phase. Patients safely received CAR-T using a NP-led model of care. This model may be reproducible elsewhere.

O-49

Exploring the ethical dimensions of oncology nurses' practice when caring for older adults with cancer in British Columbia

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Canadians 70 and older comprise 46% of new cancer cases and 63% of cancer deaths: representing the fastest growing segment of Canadians, particularly in British Columbia (BC). Within cancer care, older adults often face obstacles difficult to recognize, such as structural ageism and ethical issues embedded in necessary decisions. Compounding these complexities is the ageist notion of a frail population. Conversely, a majority present as fit and independent; thus, not immediately identified as geriatric.

Our aim is to gain insight into the ethical aspects of cancer care contributing to suboptimal care for older adults with cancer. A literature review revealed little in-depth exploration of ethical issues occurring at the interface of nursing practice and the geriatric oncology population. An interpretive description approach was employed to illuminate ethical issues surfacing within this context. Fifteen BC oncology RNs were interviewed. The literature review informed the interview guide. Interviewees provided feedback on initial findings in a focus group. Interviews and focus group were recorded and transcribed verbatim. Constant comparative methods were used for analysis. Preliminary themes are: (1) navigating shifting institutional practice spaces to tailor standardized protocols to unique needs; (2) difficulty enacting patient-centred care within specialized settings; and (3) challenges balancing over/under treatment. Nurses cited communication issues, such as being caught between competing physician, patient and family perspectives. Healthcare hierarchies and undervaluing of specialized/experiential nursing knowledge also contributed to barriers in advocating for patient needs. Our findings highlight ethical dimensions of practice in oncology settings that must be re-examined in light of the current convergence of successful aging and increasing geriatric cancer incidence. Identifying gaps and issues is vital to contribute to advocacy and meaningful change for this growing population.

O-50

Experiences of older adult cancer survivors across the COVID-19 pandemic: A longitudinal qualitative study

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Objectives: Older adults living with cancer have been described as 'doubly vulnerable' to the COVID-19 virus due to their compromised immunity and increased likelihood of comorbidities. For cancer survivors, the first-year post-treatment is considered a critical time, as individuals transition to life after cancer. In this presentation we describe the cancer-related experiences of older adults during the pandemic and discuss implications for oncology nursing practice.

Methods: We conducted a longitudinal qualitative study comprising semi-structured qualitative phone interviews with older adults at three time points during the pandemic: during wave one (Summer 2020), wave two (January 2021), and prior to vaccination (March 2021). Data were analyzed using a descriptive qualitative approach.

Results: Across the pandemic, older adult cancer survivor's needs evolved from remaining positive and connected, to increasing distress related to the persistence of the pandemic. Colder weather, shorter days and increased restrictions resulted in feelings of isolation, impacting older adults' well-being. Main survivorship concerns included mixed feelings related to virtual appointments, fear of recurrence during the pandemic, barriers to caregiver attendance at appointments, and a pressure to 'stay healthy' given the restraints on health-care services. Hope was noted surrounding the COVID-19 vaccine. However, older adults remained apprehensive of what a post-pandemic 'new normal' may be.

Conclusion and implications: Oncology nurses play an integral role in caring for older adults with cancer and are uniquely situated to identify and address gaps in care. In this presentation we discuss important implications for oncology nursing practice that consider the evolving needs of older adult cancer survivors during the pandemic. As we consider the lasting effects of the pandemic and the transition to a new normal, recommendations for supporting older adults during this time are explored.

O-51

Understanding gaps in care of older Albertans with cancer: Age-analysis of patient-reported outcome and experience measures

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People aged 65 and older represent 53% of new cancer cases in Alberta, yet there has been little programmatic attention to the unique concerns of this population. Alberta is one of the few Canadian provinces where comprehensive patient-reported outcome (PRO) and patient-reported experience measure (PREM) data are routinely collected from people with cancer. However, analysis by age is lacking. Given that the number of older Albertans has nearly doubled in the past 20 years and is expected to nearly double again in the next 20 years, Cancer Care Alberta must strategically prepare to address older adults' particular care needs.

Purpose: The purpose of this project is to conduct age-analysis of existing PRO, PREM, clinical, and administrative data to better understand the needs and concerns of older Albertans with cancer.

Methods: Existing longitudinal datasets include Alberta Health Services Putting Patients First Questionnaire, consisting of the Revised Edmonton Symptom Assessment Scale and the Canadian Problem Checklist, the Ambulatory Oncology Patient Satisfaction Survey, as well as clinical data relating to tumour type, treatment received, comorbidities, ER visits, hospital admissions, navigation visits, age, sex, and rurality. Descriptive statistics and multivariate analyses are used to explore specific patterns among older adults, as well as differences between older and younger Albertans with cancer. Chart audits are conducted to understand the situation of outliers. Qualitative descriptive analysis of open-ended responses provides additional insight into the needs and concerns of older Albertans with cancer.

Results. Initial findings suggest important differences between older and younger adults, pointing toward unique gaps in care for older Albertans with cancer.

Conclusion: The insight gained will inform health system innovations to improve outcomes and experiences of older Albertans with cancer and their caregivers.

O-52

It's a broken system: Inequities in access to oncology care among Indigenous Peoples in Canada – Helene Hudson Lecture & Award Presentation sponsored by AMGEN

Tara Horrill¹

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Background: Indigenous Peoples in Canada face considerable challenges in accessing healthcare. Alarming differences in cancer outcomes between Indigenous Peoples and other Canadians appear, in part, to be associated with inequitable access to care. However, limited research has explored access to oncology care specifically. In particular, the perspectives of oncology nurses have yet to be explored. The purpose of this study was to critically examine access to oncology care among Indigenous Peoples in Canada, and the perspectives of nurses.

Methods: A mixed-methods approach, including a scoping review, online survey ($n = 78$), and follow-up interviews ($n = 15$) were used to critically examine: a) the current state of access to oncology care for Indigenous Peoples, b) the perspectives of oncology nurses on the complexities of access to oncology care for Indigenous Peoples, and c) the potential and actual roles of oncology nurses in addressing access to care.

Findings: Results from this study reveal that Indigenous Peoples experience inequitable access to oncology care complicated by a range of barriers that are intersecting and compounding. Lack of culturally safe care and experiences of racism are significant in creating and sustaining challenges to accessing care yet are not often acknowledged as such. A predominant focus on patient-level influences on access to care within the clinical practice and advocacy work of oncology nurses seemed to preclude attention to systemic and structural issues. At the same time, the work of nurses in addressing access to care is limited by clinical, institutional, and policy environments.

Conclusions: In the current era of increasing attention to health inequities, systemic racism, and racial injustices, action to address inequities in access to oncology care is urgently needed. Oncology nurses can play an important role in this work through clinical nursing practice and collective advocacy at all levels. We can and we will.

O-53

Canadian nursing and genomics: An engagement initiative – Clinical Lectureship and Award Presentation Sponsored by Merck

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Advances in genetic sequencing and biomarker discovery now inform individual risk assessments and treatment decision-making within cancer care. These advances have contributed to the emergence precision healthcare, where disease prevention and treatment recommendations are based upon individual genetic variability, as well as environmental and lifestyle considerations. To actively participate in precision healthcare and support patients, oncology nurses require specific knowledge and skills in cancer genomics. Nurses are poised to contribute to the safe and equitable delivery of precision healthcare, and further education and engagement will support this endeavour.

The Canadian Nursing and Genomics (CNG) group is developing a national engagement framework to raise awareness of genomics in nursing practice, and develop strategies that support nursing education, practice, and research. CNG is promoting collaboration between nurses from the five domains of practice, and from different sectors and educational backgrounds.

This presentation will describe the CNG initiative and their important work by providing two case studies showcasing nursing practice that includes genetics and genomics. One case study will focus on hereditary breast cancer, and the second will explore microsatellite instability testing in colon cancer. The case studies will cover basic genomic terminology, implications of family history, and the predictive and prognostic implications of these genomic analyses. Topics of care coordination and patient education for high-risk individuals due to their genomic data will also be presented.

Oncology nursing is changing as a result of precision healthcare and genomics. It is critical that oncology nurses are equipped with the knowledge and skills to engage in this area, so they can continue to support patients and families.

O-54

“You get used to a certain kind of horrible” – Moral distress in oncology nursing

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This study of Canadian oncology nurses employed interpretive description to understand the experience of moral distress (MD), the role of contextual factors, nurses' responses to MD, and perspectives on strategies to mitigate MD. Semi-structured interviews were conducted with 25 oncology nurses, recruited from the Canadian Association of Nurses in Oncology and via social media. Moral distress developed in a complex, non-linear multi-factorial fashion and was highly

contextually situated. The experience and development of MD are described in the theme, “ ‘You get used to a certain kind of horrible’... but the ‘wrong’ kind of horrible leads to moral distress.” The contextual themes included, “oncology nursing is hard,” “you can find your niche,” and “oncology nurses know.” “Humanness” was evident in the development of MD, responses to MD, suggested changes in practice, and is proposed as a generative mechanism for both the rewards and challenges of MD.

O-55

L'intégration de la télésanté dans la pratique des infirmières pivots en oncologie (IPO) : Défis et opportunités

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Contexte : L'IPO agit comme ressource auprès du patient (PT) touché par le cancer dès l'annonce du diagnostic, pendant les traitements et jusqu'au moment de transition. Ce suivi personnalisé de l'IPO exige toutefois que le PT doive assumer de nombreux déplacements et les frais associés, en plus de trouver un accompagnateur pour les jours où sa capacité à se déplacer est limitée par la fatigue ou le déconditionnement secondaires aux traitements. Parfois, les appels

téléphoniques sont insuffisants pour avoir une évaluation plus globale au niveau tant physique que psychologique car le contact visuel est manquant. De ce fait, un système de télésanté est mis en place afin que l'IPO puisse bonifier ses soins, offrir un meilleur accès au PT tout en réduisant ses déplacements. Toutefois, l'intégration de cette modalité est un changement considérable pour l'IPO.

Méthodologie : Dans le contexte de la pandémie, le déploiement d'un projet provincial de télésanté destiné aux IPO a été devancé. En 2021, une collecte de données sur la télésanté dans la pratique des IPO a eu lieu par le biais d'un sondage et d'entrevues semi-dirigées.

Résultats : La consultation de l'IPO par télésanté permet d'accroître l'accessibilité aux soins et services. Des moments clés et des contextes spécifiques se révèlent plus pertinents pour l'utilisation de la télésanté dans la pratique des IPO. Celle-ci optimise son offre de service auprès des PT en étant mieux outillée pour évaluer, soutenir, informer et assurer une surveillance de leur état de santé et intervenir au besoin. Enfin, l'intégration de la technologique nécessite une réorganisation du travail pour l'IPO.

Conclusion : Maintenant, plus que jamais, la télésanté en cancérologie est un impératif pour soutenir la pratique des IPO.

Objectifs : Échanger sur l'utilisation de la télésanté dans la pratique des IPO; discuter des retombées positives et des enjeux relatifs à la télésanté; partager un coffre à outils en soutien à l'intégration de la télésanté.

2021 CANO/ACIO Annual Conference Poster Presentation Abstracts

P-01

Creating connections: How comfort talk can be used by nurses to improve symptom management during outpatient chemotherapy

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Objectives: This pilot-controlled trial aimed to test whether ‘comfort talk’ (CT)—a short and simple intervention derived from clinical hypnosis—can be used by nurses to optimize symptom management during outpatient chemotherapy.

Methods: The trial was conducted in two outpatient oncology units: site 1 served as the intervention site (usual care with CT) and site 2 served as the control site (usual care alone). N=49 patients (≥18 years) enrolled in a chemotherapy treatment were recruited (24 in CT group, 25 in usual care group). Participants’ self-ratings of symptoms were gathered immediately before and after chemotherapy using the Edmonton Symptom Assessment Scale. Prior to the study, nurses at site 1 received standardized training in CT.

Results: All nurses at site 1 were able to include CT into their chemotherapy protocols. Intervention lasted on average 5±2 min/patients. Patients exposed to CT showed significant reduction in fatigue and global discomfort sub-scores during treatment compared to patients exposed to usual care (-2.7 vs. 0.4, and -4.1 vs. 0.2 respectively, p<0.001). While patients exposed to CT did not show any reduction in pain during treatment, patients exposed to usual care experienced a significant increase in pain sub-score (0.2 vs. 4.1; p<0.001). During debriefing, patients reported that CT helped them relax and connect on a more personal level with the nurse during chemotherapy infusion.

Conclusions: Our results suggest that CT is feasible, acceptable, and beneficial for symptom management during outpatient chemotherapy. While future studies are needed, hypnosis techniques could facilitate meaningful contacts between cancer patients and nurses in oncology.

P-02

Leveraging role alignment and dissonance cues in caregiver-reported outcomes work: A study of colorectal cancer patients and caregivers

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Background: Upwards of 80% of cancer care is provided by unpaid caregivers (e.g., family and friends), yet most caregivers receive little or no formal training. Colorectal cancer (CRC) is

a disease for which caregiving can be particularly demanding and is associated with high caregiver burden. However, there is insufficient caregiver-perspective evidence that describes how caregivers understand their own caregiving roles and responsibilities. We examined caregivers’ experiences—as defined by caregivers and patients—to identify the multi-level factors that frame caregiving roles and responsibilities.

Methods: Guided by the applied analytic direction of Interpretive Description, we analyzed interviews with 25 caregivers and 37 patients living with CRC using inductive coding and constant comparative techniques.

Results: Our results suggest that the following factors interact to inform caregiver roles and responsibilities at different points of the cancer trajectory: 1) micro-level: the pre-existing salient identities of the caregiver; 2) meso-level: interactions between patients and caregivers, and interactions with the healthcare system mediated by healthcare providers; 3) macro-level: normative socio-cultural expectations. Subsequently, these factors have implications for how caregivers conceptualize care (i.e., physical, emotional, or other) which, in turn, shapes their care practices. Finally, our results suggest that the interplay of the preceding factors and an individual caregiver’s conceptualization of care can result in experiences of role alignment or role dissonance; the latter is an antecedent for other forms of psychosocial sequelae.

Conclusions: Caregiver roles and responsibilities are highly contextual functions of a caregiving relationship. Understanding role alignment and dissonance, as the result of the interplay of multilevel factors, may lead to better support for caregivers, and by extension, people living with CRC.

P-03

Using smart pump technology to enhance patient care through safe administration of medication

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Smart pump technology is a useful tool to help reduce medication errors through adherence to a drug library, setting alert limits, and examining and addressing reports that identify overrides. In one ambulatory oncology setting of a large teaching facility, smart pumps were introduced in 2015. Nursing and pharmacy collaborated to build a drug library and create alert limits for each medication in the library. With the introduction of a new pump, a review of the current library was conducted, and changes made prior to library transfer. A number of months following implementation, a review of the override alert reports revealed a significant number of overrides with specific medications. Pharmacy and oncology nursing again collaborated to review the medications with significant and consistent medication alert overrides. Resulting

changes, within the library, as well as within practice, significantly reduced nuisance alerts and unnecessary overrides. This decrease in alerts was also reflected in subsequent alert reports. The oncology program was the first program to embark on this collaborative process with successful outcomes.

This presentation will discuss the alert report results and the resulting review process completed. Factors impacting the drug library will be shared. Changes to both the library and programming at the bedside will be described. Finally, opportunities for the future will be shared. Using the two lenses of nursing and pharmacy, we can complete the picture and address issues effectively.

P-04

Responding to need in a crisis for the safety of all during a pandemic

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The last year demonstrated an immediate and ongoing need to respond to the pandemic crisis. At our large academic centre, we were called to respond to both organizational needs and needs of our ambulatory cancer patients and staff. Immediate action was required to ensure the ongoing delivery of safe cancer treatment throughout the ever-changing pandemic crisis.

Continuous change and evolution became our norm, as we developed, implemented, and continuously re-evaluated processes and procedures throughout the year. Strategies initiated included the establishment of patient/visitor symptom screening and navigation of visitor restrictions, development of a COVID-19 secondary assessment clinic, execution of an asymptomatic COVID-19 testing blitz at multiple time points, nursing telepractice response, as well as implementation of virtual patient care and education, and, more recently, engagement in vaccine booking. Development of a database and the use of a web-based platform (power BI) enabled our ability to collect, interpret, and action responses to changing data. We were able to redirect our focus and efforts in more meaningful ways such as resource allocation and changes in practice.

Each of these areas will be detailed in the presentation incorporating benefits, challenges and evolving emotional experiences. Looking through the lens of our experiences, learnings, and growth, we were strengthened by our overarching collegiality, preparing us for both sustainability of new processes and, more importantly, immediate response to any future crisis.

P-05

Evaluating patient assignments with a new mixed nursing model on a hematology oncology unit

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¹Hamilton Health Sciences

Background and purpose: The adapted synergy tool is utilized to generate appropriate nursing assignments that consider patient acuity and needs, nurse skill, and competency. A review was completed to evaluate the effectiveness of this

tool six months after the implementation of RPNs on an acute hematology and stem cell transplant unit using the College of Nurses of Ontario three factor framework. A survey was conducted to stakeholders including frontline RNs, RPNs, NPs and charge nurses to examine the synergy tool, patient assignments, and new skill mix.

Findings: The outcome of the survey found the synergy tool to be effective in creating assignments based on acuity levels with the new skill mix when utilized properly and when staffing levels were adequate. Areas for improvement included needing a better explanation for how nursing assignments are generated by the charge nurses and increased collaboration in the new mixed nursing model. The leadership within the program values the importance of supporting and fostering these significant concerns.

Recommendations: A review of using the synergy tool with nurses while exploring how scores specifically impact generating assignments would be useful. Repeating the survey in six months could be considered to ensure progress. Exploring strategies and adapting a collaboration model could help to strengthen collaborative practices among nurses for continued integration to create more effective teams.

P-06

Game off, game on: Let's take a timeout for safety

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¹The Ottawa Hospital

When working as a nurse in a busy outpatient systemic therapy unit, a non-disruptive environment is key to administering treatment safely. During the COVID-19 pandemic, nurses of the Systemic Therapy Unit of The Ottawa Hospital reported an increase in factors disrupting their concentration during administration of treatment. A survey was circulated to determine the perceived sources of distraction. The main problems identified were patients and visitors talking and operating devices like cell phones and tablets at high volume while nurses are verifying medications and programming pumps. Other distractions reported were hospital phones ringing in the work area and interruptions from coworkers. Nurses felt strongly that interrupting their concentration increased the risk of error during the administration process.

Answering this call to action, the problem was brought to the nursing unit council, staff meetings, and management. These discussions gave rise to a safety check, called a "Timeout for safety", at the time of chemotherapy administration. This nurse-led initiative features a five-point checklist that reduces interruptions to make for safer chemotherapy administration. The process also includes the patient as a partner in the safe delivery of treatment by educating them about the importance of minimizing distractions for the nurse during this part of their care.

Oncology nursing practice is constantly and rapidly evolving. This project exemplifies how oncology nurses strive every day to keep the pace while also maintaining a high standard of safety and excellence.

P-07

A call to action: Development of a chemotherapy/biotherapy certification program

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Extensive education and training are required for a specialized oncology nurse to safely administer chemotherapy and biotherapy agents to patients. An expansion of a cancer program at a large academic teaching centre prompted the review of existing internal chemotherapy/biotherapy certification processes. Education and training on the administration of chemotherapy and biotherapy required standardization to ensure consistency, reduce the risk of error, and promote safe delivery of care. Successful completion of the chemotherapy and biotherapy certification program involves the completion of an accepted theoretical course, reviewing organizational practices and policies associated with chemotherapy and biotherapy administration, and practical application of the delivery of medication administration in a simulation setting. The program also consists of an organizational specific written test to evaluate knowledge uptake and critical thinking. Once all the aforementioned components are successfully completed, the learner is required to complete return demonstrations of each route of chemotherapy and biotherapy administration. Return demonstrations are completed using a standardized evaluation checklist to assess the readiness of the learner to safely deliver the agents. The presentation will highlight the development of the certification program, successful implementation across the cancer program, and ongoing opportunities and challenges. As the cancer program expanded, action was required to provide cancer patients with the same level of care across various settings in the organization.

P-08

Enhancing interdisciplinary palliative care competency across the country: The role of nurses in the palliative care approach

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¹Canadian Partnership Against Cancer

The Canadian Partnership Against Cancer in collaboration with Health Canada, Canadian Society of Palliative Care Physicians and partners from the BC Centre for Palliative Care and Pallium Canada recently developed the Canadian Inter-disciplinary Palliative Care Competency Framework. Integrating and adapting existing competencies previously developed by Nova Scotia, Quebec, Ontario, British Columbia, and Alberta, this Framework aims to set a common bar for all those providing care to people with life-limiting conditions. This Framework sets out discipline-specific competencies for common disciplines working with life-limiting conditions (nurses, physicians, social workers, personal support workers, and volunteers).

The Framework provides a reference and opportunity to engage nurses in self-assessment of their own knowledge, skills, behaviours, and attitudes toward palliative care and measure against a minimum standard for palliative care in Canada that can be improved via education and training. The self-assessments also provide managers with tools to gauge the levels of palliative care competencies within a team. The results of the self-assessments can guide professionals and managers as they customize continuing education plans to build skills and improve the delivery of palliative care.

As the practice of palliative and end-of-life care changes across Canada, the Framework will evolve as necessary in the future to meet the needs of those who use it and to reflect the other members of the interdisciplinary team, such as spiritual care, physiotherapy, occupational therapy, volunteer coordinators, and others.

P-09

O-PREP learning pathways: Support for oncology nurses to achieve and maintain specialized knowledge and skills

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Nursing orientation in a specialty area like oncology often relies on support from management and expertise of individual clinical educators. As such, the quality of orientation and level of specialized knowledge can vary site by site. To address this issue and increase safety in high-risk nursing areas, the Associate Chief Nursing Office portfolio in Alberta Health Services (AHS) developed specialty orientation programs, one of which is for oncology. The Oncology Practice Readiness Education Program (O-PREP) is the specialty orientation program for adult ambulatory oncology in the Cancer Care Alberta portfolio. O-PREP's mandate is to provide specialized oncology education that is standardized, portable, timely, accessible, and evidence-based. The purpose of this poster is to showcase O-PREP's learning pathways. These pathways are strategically inspired by CANO/ACIO's Learning Pathway for the Specialized Oncology Nurse. At present, O-PREP has created a standardized learning pathway for initial nursing orientation, and embedded specialty nursing roles such as Clinical Educators, Cancer Patient Navigators, and Advanced Practice Nurses. O-PREP partners collaborate with the de Souza Institute in Ontario to provide oncology education via online learning. The de Souza Institute provides a robust learning and evaluation platform. O-PREP course evaluations continue to reveal self-reported learner improvements in confidence and competence with a wide array of oncology topics. These improvements are a trend for nurses—with and without oncology experience alike. O-PREP's programming continues to support oncology nurses to achieve and maintain specialized knowledge and skills. O-PREP's long-term vision is to build resources and learning pathways for a wide range of healthcare professionals who care for individuals with cancer and their families.

P-10

Oncology education for all: Success in meeting an organizational learning need

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Individuals with cancer are cared for by a wide range of healthcare professionals. Evidence demonstrates cancer care is complex and requires specialized knowledge and skills. Yet, the majority of healthcare professionals working in roles outside of specialty oncology settings do not have access to ongoing oncology education—especially outside of nursing. To understand oncology education needs beyond specialty nursing orientation, the Oncology Practice Readiness Education Program (O-PREP) in Alberta Health Services (AHS) partnered with the de Souza Institute in Ontario to launch Cancer Care Basics for Alberta (CCB). CCB provides 22 online learning modules, which cover a variety of cancer-related topics. These modules were made available to any AHS staff with a desire to learn more about oncology or refresh their knowledge. This presentation describes evaluation data and trends for CCB spanning 2018 to 2021. Initial uptake in 2018 demonstrated a need for oncology education across AHS. More than 2,000 learners with 100 unique job titles enrolled in the course, including nursing, pharmacy, allied healthcare professionals, and operations staff. Participation was widespread from 190 different sites and 90 locations in the province. Annual evaluations continue to demonstrate a demand for oncology education, increases in self-reported confidence and competence, and that a majority of the learners provide direct patient care to individuals with cancer. O-PREP continues to offer CCB to meet learning needs for AHS staff beyond specialty oncology nursing orientation. Future research is needed to directly evaluate the impact of this learning on individuals with cancer and their families. Nevertheless, it is promising that increases in learner confidence and competence may translate to improved quality of care and patient safety.

P-11

Implementing culturally safe cancer survivorship supports in Inuit Nunangat: A study protocol

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Cancer mortality is higher for Inuit relative to the general population. Post-colonial relations disadvantage Inuit from engaging in healthcare services, and few culturally safe interventions and resources are available for cancer survivorship care and support.

We present the plans for a study to implement and evaluate a series of Inuit Cancer Resources, developed by and for Inuit, to improve healthcare delivery and quality-of-life for Inuit cancer survivors in Inuit Nunangat. Inuit Cancer Resources include: 1) E-learning Module for Healthcare Providers accredited by the Canadian Nurses Association; 2) Inuit Cancer Glossary in five Inuktitut dialects; and 3) My Journey booklets and e-learning modules. The study is being conducted in partnership between settler researchers, Pauktuutit Inuit Women of Canada, and an Inuit Advisory Committee from across Inuit Nunangat.

Our study has been delayed because of COVID-19 pandemic. We plan to co-develop and field-test an implementation strategy with a rural community in Nunavut. We will then revise the strategy based on the results and implement the resources in two more communities in Nunavut. We will evaluate the use of the Inuit Cancer Resources, costs of implementation, and quality-of-care. Through our study, we will develop a framework for scaling up implementation in all four regions of Inuit Nunangat.

This study will advance knowledge on how to improve culturally safe cancer survivorship care with Inuit, Inuit engagement in healthcare services, and quality-of-life for Inuit living with cancer”

P-12

Improving cancer survivorship among Indigenous Peoples: A systematic review and narrative synthesis of the literature

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Indigenous Peoples have a higher cancer burden than non-Indigenous populations worldwide. We conducted a systematic review on the types of interventions that have been utilized by Indigenous people to support cancer survivorship, their relevance to Indigenous communities, and the alignment of outcomes with Indigenous concepts of holistic wellness.

We searched seven major electronic databases for 7,995 unique records, and 27 studies evaluating 20 interventions were included. Seventy-eight percent were conducted in USA, with the remainder in Australia and Peru. Study designs were cross-sectional ($n = 13$), qualitative ($n = 5$), mixed methods ($n = 4$), experimental ($n = 3$), and quasi-experimental ($n = 2$). Interventions were diverse in aims, ingredients, and outcomes. Aims included 1) supporting the healthcare journey, 2) increasing knowledge, 3) providing psychosocial support, and 4) promoting dialogue about cancer. The main ingredients of the interventions were community meetings, patient navigation, arts, and printed/online/audio materials. Participants were predominately female. The majority of studies (89%) found that the interventions had positive influences on the

outcomes evaluated. However, studies' relevance to participating Indigenous communities was moderate to low and none addressed all four dimensions of holistic wellness that are central to Indigenous health and wellness in many communities (i.e., physical, mental, social, spiritual).

Studies represented a small number of Indigenous Nations and Peoples and did not meet relevance standards in reporting their engagement with Indigenous communities. To improve health outcomes for Indigenous people with cancer, we need interventions that are relevant, effective, culturally safe, and in line with the diverse conceptualizations of health and wellness amongst Indigenous Peoples around the world.

P-13 Clinician burnout—A local response to a systemic concern

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Clinician burnout has been identified as a major concern in both the US and Canada. Organizations that seek to reduce burnout and improve well-being can create a better work environment through approaches that focus on fixing the workplace, rather than “fixing the worker.”

A current literature review indicates that provider burnout has implications for patient safety and there is evidence that the largest benefits result from interventions that improve work-place processes, promote team-based care, and provide support for electronic medical record documentation.

In this presentation, we will examine the development of a local quality improvement project aimed at understanding the current state of burnout, share initial results from the local burnout questionnaire, and examine identified local interventions.

P-14 Examining psychological stress in adolescents and young adult cancer patients as the link to higher levels of mental health and disease progression

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Adolescents and young adults (AYA) are faced with many challenges associated with their cancer diagnosis. The disruption caused by their cancer experience at this critical life stage is assumed to be responsible for significant distress. Given current barriers in healthcare with COVID-19, these AYA are experiencing higher levels of psychological distress due to the inability to have family support in the hospital during active treatment. AYA are feeling more segregated, as they are not able to have visitors given hospital visitor policies in place. This project aims to investigate the association of psychological distress, mental health illnesses, and cancer progression among AYA patients in an oncology clinical setting. It will examine the impact the pandemic has had on their well-being and their overall treatment response. The aim of this project is to examine the underlying problem of high levels of stress

with their cancer diagnosis and current pandemic in AYA patients, as a link to disease progression. The project is aiming to identify if there is a link between the two. There is a lack of scientific information on the link between psychological distress and disease progression. Consequently, the literature review discussed showed that this study can improve past studies and fill the gaps that were left. Lastly, the purpose of this project is to make recommendations to practitioners for better screening of AYAs during their initial cancer diagnosis and throughout their trajectory, especially with our current pandemic barriers.

P-15 A call to action: Bringing patients and the health care team together to create an HPV education resource

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The incidence of human papillomavirus (HPV)-related head and neck cancer now exceeds the incidence of HPV-related cervical cancer in Canada. A study conducted at our institution identified that patients were not provided with sufficient information regarding HPV-positive oropharyngeal squamous cell carcinoma (HPV-OPSCC). It was also recognized that patients and their partners felt guilt and stigma about the HPV diagnosis, which had a negative impact on their intimacy. Discussing an HPV diagnosis in addition to cancer treatment options can be overwhelming for the patient on their first visit to the cancer centre. Busy clinics do not always allow the time for an in-depth review of all the questions a patient may have about HPV-OPSCC. This situation has only been worsened in pandemic times.

The aim of this project was to create an educational tool to answer questions of patients with HPV-OPSCC. This was done through the collaboration of an interprofessional health-care team and patient representatives.

This presentation will describe the journey that was taken to create resources (print and online) that are comprehensive and usable to the patients and their families. The development of the team, the process that was engaged in, and the final products will all be shared. The presentation will also review the preliminary evaluation of the tools that have been created.

P-16

Communauté de pratique virtuelle des infirmières pivot en oncologie au Québec

Sarah Grenier-Darveau¹

¹Centre intégré universitaire de santé et de services sociaux de l'Estrie – CHUS

Méthodologie : Création d'un groupe de développement de la CvP (Comité aviseur) et animation des rencontres

- Statistiques de participation (indicateurs)
- Bilans d'évaluation des activités ponctuelles
- Journal de bord où sont notées les idées, impressions tout au long de l'année
- Sondage annuel de satisfaction et de planification des activités

Résultats : 290 IPO réunie virtuellement sur une plateforme

Objectifs : Démontrer l'importance d'une cdP en oncologie. Encourager l'application et le partage des bonnes pratiques basée sur les évidences scientifiques via la CdP"

P-17

Integration of an innovative complementary approach inspired by clinical hypnosis into oncology care: Nurses' perception of comfort talk

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This study aims to describe nurses' perception of the integration of comfort talk (CT)—a short and simple intervention derived from clinical hypnosis—into their routine practice for the management of complex symptoms during outpatient chemotherapy.

Study design and methods: A qualitative study was conducted with six oncology nurses in an outpatient chemotherapy clinic (Montreal, Quebec). Semi-structured interviews were performed to describe their perception of the integration of CT into their routine practice. An iterative content analysis according to Miles, Huberman and Saldaña (2014) methods was used.

Results: Despite the challenging context of outpatient chemotherapy (noise, lack of space, work overload), nurses were able to integrate CT into their work plan and found it easy to do so after several applications. Also, nurses described CT as an excellent complementary care that helped patients relax and reduce their stress and considered it as an extra intervention that helped them give holistic care. CT also helps nurses reduce their own stress and gives them the feeling of satisfaction and being more efficient with their care. Finally, nurses found that CT is always applicable during difficult contexts of care, such as the COVID-19 pandemic, and can help patients to cope with their stress.

Clinical implications: These findings provide important insight into the viewpoints of oncology nurses about the benefits of integrating CT into their routine care. This information is fundamental to refine CT interventions in future clinical studies and look at the long-term impact of CT for chemotherapy side effects management. Adoption of CT by the wider nursing community could eventually help oncology nurses to better respond to their roles in holistic patient oncology care and possibly improve it.

P-19

Implementing teleconference multidisciplinary rounds on a hematology/stem cell transplant floor (C4)

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¹Hamilton Health Sciences

Background: Patient Rounds give healthcare professionals the opportunity to share unique expertise and establish patient care plans. On C4, two separate Rounds involved different members of the healthcare team. Forty-five percent of team members were dissatisfied with this process; 87% of team members believed that Multidisciplinary Rounds (MDRs) should be developed by amalgamating the two current processes of Rounds.

Purpose: The purpose of this project was to develop MDRs that were timely and inclusive to ultimately improve multidisciplinary teamwork.

Design and methods: A six-week quality improvement project was initiated to implement MDR that involved physicians, nurses, and allied health. MDRs were ultimately developed and trialed via teleconference in order to consider the unit's geographical size, the size of the healthcare team, time restrictions, and social distancing requirements imposed by COVID-19. Strategies were tested and refined to maintain the flow of the MDRs.

Results: Ninety-five percent of team members were satisfied with the MDRs; 97.5% of team members agreed that the MDRs improved multidisciplinary teamwork; 87.5% of C4 team members agreed that the duration of MDRs was reasonable; and 98% of team members agreed that the MDRs should continue. MDRs have been sustained since.

Conclusions: There is an increasing demand in the healthcare environment to establish modern solutions that improve multidisciplinary teamwork. Teleconference MDRs streamline discussions about patient care plans and provide the opportunity for healthcare teams to collaborate effectively.

P-20

Patient needs and resource intensity weighting in the ambulatory care unit

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¹BC Cancer

Specialized oncology nurses play a pivotal role on the interdisciplinary team in supporting patients across the trajectory of their cancer journey. As patient care in the outpatient setting continues to increase in complexity and volume, nurse managers are struggling to effectively articulate the need for a parallel increase in nursing staff resources. In 2019, BC Cancer – Kelowna developed role-competency maps that clearly outlined the functional elements of the nursing role in the outpatient Ambulatory Care Units and linked them to the practice and specialty standards for oncology nursing. This work has provided role clarity and enabled nursing to articulate both the

scope of practice and the specialty competencies required to best meet the needs of our patients and families.

In follow-up to this work, the role-competency maps were utilized to develop Resource Intensity Weighting (RIW) tools that can project nursing resource requirements based on the specialty competencies and patient needs. This presentation will provide an overview of the literature on RIW, RIW tool development, lessons learned, and next steps. Having the ability to articulate staffing needs that is based on patient need and an optimized oncology nursing role in the ACU will help ensure our patients receive the best possible nursing care, now and forever.

P-21

Immune-related endpoints of the mismatch repair deficient (dMMR) and proficient (MMRp) endometrial cancer cohorts from the GARNET study

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Background: Dostarlimab is a humanized programmed death 1 (PD-1) receptor monoclonal antibody that blocks interaction with the PD-1 ligands. GARNET (NCT02715284) is a phase 1 study assessing antitumor activity and safety of dostarlimab monotherapy in patients with solid tumours. Here, we report efficacy endpoints based on investigator assessment (IA) per irRECIST for the endometrial cancer (EC) cohorts.

Methods: This is a multicentre, open-label, single-arm, dose-escalation, and cohort-expansion study. We report on two independent expansion cohorts of patients with advanced/recurrent EC (dMMR EC and MMRp EC, determined by immunohistochemistry) that progressed on or after platinum-based chemotherapy. Patients received 500 mg dostarlimab IV Q3W for four cycles, then 1,000 mg Q6W until disease progression, discontinuation, or withdrawal. Immune-related (ir) endpoints, objective response rate (irORR), and duration of response (irDOR) by irRECIST are based on IA and are prespecified secondary endpoints.

Results: In total, 126 dMMR and 145 MMRp patients were enrolled and dosed; 110 dMMR and 144 MMRp patients had measurable disease at baseline by IA and sufficient follow-up time (6 mo) and were included for secondary efficacy analysis of irORR and irDOR. irORR was 45.5% in dMMR patients

(6.4% ir complete response [irCR], 39.1% ir partial response [irPR]) and 13.9% in MMRp patients (2.1% irCR, 11.8% irPR). Immune-related disease control rate was 63.6% for dMMR patients and 42.4% for MMRp patients. irDOR was not reached for dMMR patients and was 12.2 months for MMRp patients.

Conclusions: The irRECIST secondary endpoints reported here are similar to previously reported efficacy endpoints reported by RECIST v1.1. irDCR was particularly of interest in the MMRp cohort, a group with a poorer prognosis. The potential benefit seen in this single-arm trial awaits confirmation in ongoing randomized controlled studies.

P-22

Validating VoxNeuro cognitive health assessments as an objective measure of cognitive function in cancer survivorship research

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Rationale: Many breast cancer survivors continue to report distressing and debilitating cognitive problems long after treatment has ended, which compromises their quality of life and ability to participate in social activities and return to work. There is an urgent need for evidence-based therapies to help cancer survivors manage post-cancer cognitive impairment (PCCI) and get on with their lives.

Background: Neurofeedback is a technology that measures a person's brainwaves and provides feedback to the brain about its own functioning that reminds the brain to self-regulate to improve its efficiency, flexibility, and resilience. We previously completed a wait-list control pilot study of the effect of a 10-week dynamical neurofeedback intervention on PCCI in a sample of breast cancer survivors which yielded positive results in terms of self-reported cognitive function and fatigue. However, there is a need to validate objective measures of cognitive function that could be incorporated into research evaluating interventions for PCCI. VoxNeuro Cognitive Health Assessments is a novel objective EEG-based measure of cognitive function.

Objective: The aim of this feasibility study is to validate the use of VoxNeuro to detect cognitive differences between cancer survivors and normative data, and to detect changes in cognitive status following neurofeedback.

Methods: Preliminary screening and VoxNeuro assessment will be followed by 20 NeurOptimal treatments over 10 weeks with assessment measures at baseline, mid-point and again after 10 weeks with VoxNeuro and final 20-week follow-up with subjective assessment. Data collection is expected to occur during late summer or early fall of 2021 allowing for presentation of results.

Results/conclusions: Definitive findings would support the integration of VoxNeuro into PCCI research and accelerate the adoption of neurofeedback into mainstream oncology practice and potentially benefit thousands of cancer survivors across Canada and worldwide.

P-23

Oncology nurses' self-management support interventions: Should there be greater opportunity for health coaching? An integrative literature review

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Background: The routine provision of patient education and self-management support is necessary to improve patient's skill and confidence to manage the physical, psychosocial, and lifestyle changes consequential of cancer.

Purpose: This integrative review aimed to investigate and evaluate the effectiveness of self-management support interventions being provided by nurses to support cancer patients in the self-management of their chronic disease and to determine if there should be a greater opportunity for nurse's health coaching, as a self-management intervention.

Methods: Two searches of CINAHL Complete were conducted in September and October 2019. The first search terms included "cancer survivors", "oncologic care" and "cancer patients." "Cancer" was searched in the article's title and "oncology nursing" or "cancer nursing" were searched in the journal's title. The results were combined with "self-management" and then further refined with a broad search of "nursing." The second search used the previous search terms combined with "coaching." All articles considered included self-management intervention studies with nurse involvement.

Results: Twenty-seven articles were included and four areas of self-management support interventions by nurses emerged: educational interventions, electronic platform interventions, self-management programs, and health coaching. Intertwined and reported by patients as being important were caring, empathy, communication, motivational interviewing, and self-efficacy. All four themes yielded a level of effectiveness. Health coaching combined with educational instruction and information, offered in a relational supportive environment, assists cancer patients self-manage.

Conclusion: Nurses are uniquely positioned to provide self-management support in routine care throughout the cancer trajectory. Educating nurses in health coaching to assist patients self-manage the consequences of cancer is recommended.

P-24

Needs assessment survey to identify content priority area for a primary care provider e-course on supporting cancer survivors with return to work

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Objective: Obtain PCP (family physician and nurse practitioner) input on training needs and resources used to support cancer survivors with return to work.

Design: Online survey, open-ended inquiry on needs and resources to support cancer survivors with return to work. An advisory group composed of five family physicians, rural and urban, and two nurse practitioners help construct the survey.

Participants: More than 60 PCPs completed the survey including family physicians (rural and urban dwelling) and nurse practitioners.

Main outcome: Share how the survey results informed the development of the e-course for primary care providers to support cancer survivors with return to work.

Results: Sixty PCPs responded to the survey and identified the following needs for the e-course content: the need for knowledge and communication about treatment, follow-up, and effects of cancer over time; treatment guidance for managing symptoms and psychological concerns; knowledge of vocational rehabilitation; better understanding of workplace demands; how to assess fitness to return to work; and knowledge of resources to assist with RTW of survivors. The Canadian bilingual Cancer and Work website (www.cancerandwork.ca) was identified as a helpful resource.

Conclusion: The survey results helped target the specific needs of PCP for training to support cancer survivors with return to work to be incorporated in the e-course, which will be available by September 2021 through Cancer and Work.

P-25

Optimization of oncology program—providing convenient extraordinary care to oncology patient population

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To address the increased growth in oncology patient population in a community hospital, having an Oncology Model of Care was identified as a key priority. The vision was to evolve as a level III systemic therapy treatment facility to provide 'Convenient Extraordinary Cancer Care' to our patients.

A Continuous Quality Improvement Tool, PDSA was used to identify, implement, and evaluate the project. A steering committee was formed to facilitate and evaluate the outcomes to increase the overall growth and efficiency in current processes and further improve patient flow, safety, and quality of care.

This included re-engineering of clinic processes and operations, renovating existing chemotherapy clinic, establishing supportive leadership and organizational structures, and investing in people to ensure sustainability. Implementation phase included re-visiting the patient registration process, further hiring of staff, increasing funding opportunities, implementing a two-day model of care, re-visiting clinic space and schedule, and optimizing IT support to ensure appropriate documents, as well as refining the CPOE system as part of evidence-based practice.

The outcomes of the project showed improvement in data capture of CCO funded activities. There was a 39% increase in initial consults, 106% increase in follow up visits, 120% increase in systemic treatment cases, and 84% increase in systemic treatment visits. The number of clinic and administrative staff were increased to 128%. The project improved the overall efficiency of the program resulting in safe and efficient patient care.

P-26

Psychosocial needs of adults with advanced multiple myeloma: Findings from a qualitative study

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Multiple Myeloma (MM) is a rare and non-curable malignancy of the plasma cells, though the development of new treatments over the past decade have led to exponential increases in survival times. For adults with advanced MM, this is often characterized by multiple lines of therapy, with significant pain and symptom management and organ dysfunction. Because of these challenges, these patients often become both transfusion and hydration dependent. As a growing population, the experiences of advanced MM patients living with this diagnosis on a daily basis, and particularly their psychosocial concerns, issues and needs, are not well understood. The purpose of this qualitative study was to understand, from the patient's perspective, the experience of living with advanced MM, its psychosocial impact, and their supportive care needs in managing and adapting to this illness. Using an interpretive descriptive approach, semi-structured interviews were conducted with 12 adults with a diagnosis of advanced MM who had received a minimum of three lines of therapy and/or were transfusion dependent. Interview transcripts were analyzed using thematic analysis. Preliminary findings highlight patients' need for information about expectations of their illness trajectory, perceived changes to the nature of relationships with partners, and the need to protect loved ones from distress. Complete findings will be available for presentation in Fall 2021. Our findings will contribute to building knowledge about the unique psychosocial needs of this population. The information will lead to a greater awareness of the experiences of people with advanced MM and provide insight into the patient's needs for information, instrumental needs, psychoeducational resources, and psychosocial support throughout the continuum of care.

P-27

Cancer-related cognitive impairment: Evidence-based strategies for supporting our patients

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Cancer-related cognitive impairment is common among patients with cancer and can have significant negative impacts on quality of life. Despite increasing awareness of this issue among cancer clinicians, cognitive symptoms remain poorly recognized and inconsistently addressed. Consequently, supportive care regarding cancer-related cognitive impairment remains an unmet need among patients and their families. In this interactive session, speakers will present the state of the science regarding cancer-related cognitive impairment and engage attendees in an application of evidence-based approaches for nursing care using a case study. Facilitators and barriers to supportive care in the clinical setting will be explored, as well as future implications for nursing education, policy, and research. Drawing from the speakers' research expertise and experience in developing clinical evidence summaries, specific topics to be addressed in this session will include: i) prevalence and impact of cancer-related cognitive impairment; ii) potential underlying mechanisms of cognitive impairment for cancer survivors; iii) clinical screening and assessment; iv) pharmacological interventions; and v) non-pharmacological interventions. The content of this workshop will focus on the care of adults, though some themes may be relevant to pediatric cancer care.

P-28

Patient-reported outcomes (PROs) in patients with advanced or recurrent DMMr/MSI-H endometrial cancer (EC) receiving dostarlimab

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Background: PROs enable direct measurement of patient experiences related to an intervention. Regulators focus on three core concepts: physical functioning, disease-related symptoms, and symptomatic adverse events (AEs). Dostarlimab is an investigational anti-programmed death 1 (anti-PD-1) monoclonal antibody that has shown activity in patients with advanced dMMR EC (objective response rate, 42%; disease control rate, 58%) and an acceptable safety profile. Here, we report on PROs in patients treated with dostarlimab in the single-arm GARNET trial.

Methods: Patients with recurrent/advanced dMMR/MSI-H EC that progressed on a platinum regimen received 500 mg of dostarlimab Q3W for four cycles, then 1,000 mg Q6W until disease progression or discontinuation. PRO assessment, an exploratory endpoint, was measured using EORTC-QLQ-C30. PROs were collected at baseline, at each dose cycle, and after discontinuation. For physical functioning and disease-related symptoms, we conducted multi-item descriptive analyses, including change from baseline. For symptomatic AEs and tolerability, we conducted item-level analyses to understand response distribution and change in response categories from baseline.

Results: PRO data were available for 66/104 patients who received ≥ 1 dose of dostarlimab. Compliance was consistent across domains, from 100% at baseline to 45% at cycle 7. Pain, fatigue, and physical functioning were maintained above baseline starting at cycles 1, 3, and 4, respectively. Symptomatic AEs were experienced by a minority of patients, with $<25\%$ and $<6\%$ of patients having 1- or ≥ 2 -category worsening, respectively. Improved scores were reported by 6% to 37% of patients.

Conclusions: PROs from the GARNET trial showed dostarlimab was generally well tolerated, and disease-related symptoms were improved or maintained while on treatment. These data, along with the efficacy and safety profile of dostarlimab, support use of dostarlimab in patients with dMMR/MSI-H advanced EC.

P29

Breast cancer in pregnancy: Creating multidisciplinary modules for oncology nurses

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¹Sinai Health System

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Breast cancer in pregnancy is a rare diagnosis, complicating 2.4 to 7.3 per 100,000 pregnancies. However, the incidence of breast cancer in pregnancy will likely increase, as many people delay reproduction in today's society. To maximize maternal outcomes, it is crucial to adhere to the proposed treatment standard of the non-pregnant patient with the caveat that the best possible timing of treatments and procedures will promote fetal safety.

Medical oncology nurses in our outpatient centre identified the need for educational materials to prepare them for this unique patient population. A literature review revealed there is very little published on this topic for oncology nurses. A focus group was carried out with the nurses, and the Breast Oncology Team formed a multidisciplinary working group (MWG) from both the oncology and obstetrical departments to create "mini-modules" on the topics the nurses identified. Both oncology and obstetrical nursing staff reviewed the draft modules. Our MWG formed a partnership with the de Souza Institute to create online materials that would best suit oncology nurses' needs.

We will provide an overview of the modules developed during this address. We will also present a nursing case study using the information from the Systemic Treatment, Supportive Drug Therapy, Maternal/Fetal Monitoring and Psychosocial modules to create an evidence-based plan of care for this patient and their baby to prepare the oncology nurse.

P-30

The good, the bad and the ugly of managing mucositis in hematopoietic stem cell transplant patients

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Mucositis is an inflammatory process that can involve the mucosal epithelial cells from the mouth to the rectum. Epithelial cells within our GI tract are rapidly broken down, causing the mucosal lining to develop ulcerations, erythema, and inflammation. The incidence of mucositis is seen in approximately 80% of patients undergoing hematopoietic stem cell transplant related to conditioning chemotherapy and total body radiation. Prolonged mucositis can lead to decreased quality of life, poor oral intake, unintentional weight loss, infections and, potentially, sepsis. These factors can also lead to a prolonged hospital admission and a dose reduction or delay in additional treatments. Using an interdisciplinary approach, high-risk patients can be identified, and a collaborative care plan can be developed to hopefully minimize the detrimental effects of mucositis.

P-31

Therapeutic touch amid COVID-19—The forgotten skill

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Amidst COVID-19, we are advised to maintain a number of precautions to enhance our personal safety. We are encouraged to physically distance ourselves and to wear a surgical mask. We are also discouraged from touching unnecessary things and to minimize gatherings with family and friends. Through these limitations, it has become challenging for healthcare providers, caregivers, and various support services to address the complex holistic needs of our patients.

Therapeutic touch is considered to be a form of complementary therapy that focuses on the directed energy flow. When energy flows freely through the body, it is said that the individual possesses good emotional, physical, and spiritual health. However, when the individual experiences pain, it remains in the body's cells. The pain stored in the cells is disruptive and prevents cells from working properly. Health practitioners alter these flows of energy by moving their hands just above the body to find blockages, remove the harmful energy and replace it with their own healthy energy.

A literature search was used to illustrate the relevance of therapeutic touch in conjunction with Westernized medicine. Therapeutic touch is considered to be a safe, low-risk complementary therapy to help heal the mind, body and soul while improving our patients' overall quality of life. As we begin to return to a degree of normalcy, we must remember to return to our traditional normative nursing skills.

P-32

Evaluating the effectiveness of a training program to support nurses to administer cryopreserved hematopoietic stem cells by intravenous push method

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Background: An increase in hematopoietic stem cell (HSC) transplants in Ontario has led to an increased need for HSC transplant nurses, an oncology nurse sub-specialty. A critical step in transplant is HSC infusion. There are two methods of infusion for dimethyl sulfoxide (DMSO) cryopreserved products, gravity drip and intravenous (IV) push. DMSO can cause hypersensitivity reactions. Prolonged exposure to DMSO once the cells are thawed increases the risk of cellular damage.

Administration of HSCs by gravity drip is slower, causing less DMSO reactions. The faster IV push method reduces cell damage and decreases staff time. An environmental review found that at most centres, nurses administer by gravity drip, and when IV push is required, HSCs are administered by physicians. Our centre's method was IV push by a physician or nurse practitioner (NP). As transplant numbers grew, capacity to perform this skill needed to expand. To maintain the current benefits of the IV push method, registered nurses (RN) were trained to perform this skill.

Method: Nurses attended a four-hour training session, including a didactic portion, simulated infusion, and case studies. Supports included a policy, procedure guide, and reaction management guide. At least three infusions were completed with a competency record, precepted by a transplant physician or NP. Evaluation of the training program, performed pre-training, post-training, and follow-up post independent skill performance, utilized the first three levels of the Kirkpatrick Model. The RNs completed evaluations noting patient response.

Findings: Nurses rated the orientation program positively and demonstrated an increase in knowledge in cryopreserved HSC infusion. The role for infusing HSC was successfully transitioned to the RNs, allowing for increased staff capacity, thus supporting the expansion of the transplant program. Evaluation of the training program ensures that learners new to a role translate knowledge into practice.

P-33

The importance of peer support for people diagnosed with a blood cancer

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Some people with a blood cancer feel completely misunderstood and alone even while surrounded by family and friends. This unsettling and isolating experience aggravates the trauma of having cancer. In this presentation, the Leukemia & Lymphoma Society of Canada will explore the benefits of

peer support—the opportunity to connect with someone who's “been there”—and the role it plays in improving health outcomes for those with a blood cancer. We will share our findings from a literature review on peer support together with anecdotal accounts from participants of our First Connection Peer Support program to validate peer support as a necessary and effective coping strategy for those who feel hopelessness and isolation during their cancer experience.

P-34

Evaluating the efficacy of virtual visits versus in-person visits during COVID-19

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Aims: To evaluate outpatient oncology virtual visits during the COVID-19 pandemic, with a focus on assessing the efficacy and preference for these visits, as determined by the perspectives of patients, physicians, and nurses.

Methods: Two different surveys were developed and used to gather experiences from both patients and healthcare providers. The patient survey included both quantitative and qualitative questions and was administered via a phone call with the patient experience coordinator. Patients were selected based on having had a telephone appointment within the past week. The healthcare provider survey was sent electronically to Physicians and nurses to assess their experiences with virtual care via an online questionnaire.

Results: One hundred and twenty-one patients were contacted and responded to the survey. Overall, 82% of patients ratings indicated being very satisfied or satisfied with telephone visits in response to the COVID-19 pandemic; 90% were satisfied or very satisfied with their symptom needs being met, as well as the patient information they received. Other benefits included reducing travel, costs, and time spent. Patients did not prefer video appointments over phone appointments. Many patients expressed they would continue phone appointments in the future, especially during the follow-up phase of their care. Responses from healthcare providers also showed general satisfaction with telephone visits in response to the pandemic and recognize a role for virtual care visits for specific patient populations in the future.

Conclusions: Patients have reported a positive experience with virtual visits during the COVID-19 pandemic, which offers an opportunity for the future of care. Physician and nurse responses have demonstrated similar outcomes.

P-35

The development of a symptom diary for cancer patients receiving immunotherapy

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Evolving research continues to change the landscape of cancer care from diagnosis to survivorship. New innovative treatments in immunotherapy are being used to treat a variety of cancers. Cancer patients receiving immunotherapy treatments need specialized care to promptly manage and assess its distinct side effects, which minimizes the potential of any negative impacts to their health. Researchers have demonstrated that direct patient symptom reports are the best source of information to track side effects. A symptom diary, that allows patients to track their symptoms on written material at home, only exists for chemotherapy treatments at BC Cancer.

The purpose of this project is to improve the identification and management of symptoms for cancer patients receiving immunotherapy treatments at BC Cancer Kelowna by creating a separate patient symptom diary. Kurt Lewin's Planned Change Theory was used to form the underpinnings of the method design, alongside, BC Cancer's policy on developing patient education resources. A literature review and an environmental scan were performed to identify patient-reporting tools to assess immunotherapy-related side effects. Feedback was sought from staff and patient partners, and it was analyzed and incorporated into revised drafts of the symptom diary. The project was completed as partial fulfillment towards a degree in Masters' of Science in Nursing at UBC, and the final draft of the symptom diary was submitted to nursing leadership at BC Cancer Kelowna for further development.

P-36

The use of chlorhexidine wipes to reduce central line infections in allogeneic stem cell transplant patients

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Background: Patients undergoing allogeneic stem cell transplantation experience profound immunosuppression, which poses a significant risk for opportunistic infections. Central line infections (CLIs) are one of the most deleterious complications for this population and can lead to prolonged hospitalization, extensive antimicrobial treatment, intensive care, and mortality. In an effort to reduce the incidence of CLIs, the allogeneic transplant program at Princess Margaret Cancer Centre implemented the use of daily chlorhexidine gluconate (CHG) wipes to the patient's body and their intravenous lines, tubes, and drains during inpatient admissions. CHG is an antimicrobial agent, largely used in hospitals for skin disinfection. For patients with multi-drug-resistant bacteria colonized on skin, using CHG wipes while in hospital has been shown to reduce the microbial burden on skin and, thereby, prevent invasive infections such as in wounds, bloodstream, and urine.

Methods: Development of this initiative included a literature review, environmental scan, and the creation of implementation guidelines, as well as focused nursing and patient resources. Data were collected through chart audits, patient interviews, monitoring of CHG wipe usage, and CLI incident debriefs. In addition, an analysis of CLI rates and wipe compliance pre- and post-implementation was performed.

Results: Preliminary data demonstrated an overall decrease in the number of CLIs since initiation of this initiative. Notably, CHG wipes have been successfully implemented into daily unit practices amongst patients and point-of-care staff.

Discussion: This presentation will describe the shared ownership between patients, nurses and the interdisciplinary team to implement use of CHG wipes in the allogeneic transplant program. It will also identify how to appropriately use CHG wipes, highlight nursing and patient education materials, and present data from ongoing chart reviews and CLI debriefs.

P-37

Breast cancer survivorship care: A simulation-based educational intervention for primary care providers

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Background: Primary Care Provider (PCPs) involvement in breast cancer survivorship care has been evolving in recent years. Still, there is evidence from across Ontario highlighting that PCPs have knowledge gaps, particularly related to psychosocial aspects, that need to be addressed through educational interventions. Simulation-based education is an innovative and engaging knowledge translation strategy that has been shown to be effective to improve healthcare providers' knowledge and skills.

Purpose: To conduct a pilot study to evaluate the feasibility of a series of virtual simulation games to improve primary-care providers' assistance related to the surveillance and management of psychosocial effects, particularly sexual health and body image disturbance, in breast cancer survivorship follow-up care.

Methods: Mix-method explanatory sequential design consisting of four phases: (1) a scoping review to map the literature around the use of simulation to improve oncology care assistance; (2) the development of two Virtual Simulation Games (VSGs) focused on sexual health and body image disturbance; (3) quantitative cross-sectional survey to explore the feasibility/effectiveness of the intervention among PCP (expected sample= 85 PCPs); (4) qualitative descriptive interviews to identify the perceptions of PCPs related to the intervention (expected sample= 12-15 PCPs)

Relevance: This study has the potential to be the first evaluating the impact of simulation-based education to improve healthcare assistance to cancer survivors and to create evidence related to the VSGs' feasibility and impact in the knowledge of PCPs, as well as potentially improve the outcomes for patients, institutions, and the healthcare system.

P-38

Perspectives and experiences of informal caregivers of cancer patients undergoing palliative treatment: An integrative review

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Aim: To explore the perspectives and experiences of informal caregivers caring for patients experiencing cancer and undergoing palliative treatment.

Method: This study is an integrative literature review guided by the methodological framework proposed by Ganong with data collection in the MEDLINE and CINAHL databases. For the purpose of this investigation, we focused only on qualitative studies, and we used a timeframe from the last five years. The search strategy was peer-reviewed and developed using terms from Medical Subject Headings (MeSH) and their versions in English and Portuguese.

Results: Twenty-one articles were selected that addressed aspects related to the perspectives and experiences of informal caregivers caring for patients experiencing cancer and undergoing palliative treatment. After a directed content analysis approach, the results were coded and tallied to find the majority consensus across the data resulting into four categories: the importance of caring for the loved one, challenges faced, resources used, and coping with death.

Conclusion: Results from this review brought evidence that informal caregivers play an essential role while caring for patients undergoing palliative cancer treatment. Informal caregivers also face several physical and mental challenges during this process and although they have their own coping and protective strategies, they believe that there is a lack of support from healthcare professionals and systems, which can lead some of them to experience caregiver burden. Lastly, there is a need for more research on this topic, as all studies mentioned the lack of studies in this area.

P-39

Simulation-based education in oncology nursing: An integrative review

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Aim: To evaluate and synthesize the scientific literature on the impact of simulation-based education on the knowledge and skills of nurses and nursing students in the oncology field.

Method: An integrative review of the literature guided by the methodological framework proposed by Ganong with data collection in the MEDLINE and CINAHL databases using a peer-reviewed search strategy.

Results: Twelve articles were selected that addressed the use of simulation-based education in oncology nursing, eight

focused on nurses and four on nursing students. Nine studies used high-fidelity simulation, two virtual simulations, and one of them did not specify. These studies demonstrate evidence that the use of simulation can improve the knowledge, skills and satisfaction of nursing professionals and students in the oncology field.

Conclusion: The use of simulation-based education is a relatively new field and there is still a scarcity of literature published about this topic in peer-reviewed scientific journals, and in some specific fields, such as cancer survivorship care, no studies approaching simulation use were found in the literature. Additionally, there is also a predominant use of high-fidelity simulation over virtual simulation education despite the evidence that virtual simulation is equally effective and more cost-efficient when compared to high-fidelity simulation. Although all studies that measured the impact of simulation-based education in oncology nursing highlighted that the use of this intervention has demonstrated a positive impact in the education process of nursing professionals and students, the random control trials found in the literature have highlighted that when compared to traditional education the difference in the performed measurements is small, yet it is statistically significant. Finally, more studies investigating simulation-based education in nursing oncology education are needed to draw more trustworthy conclusions.

P-40

Oncology nurses taking action in symptom support: A train-the-trainer workshop using COSTaRS practice guides (v2020)

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The pan-Canadian Oncology Symptom Triage and Remote Support (COSTaRS) practice guides are available for use by oncology nurses when providing guidance to patients experiencing symptoms. The COSTaRS practice guides summarize evidence from clinical practice guidelines in easy-to-use, nurse-friendly formats and can help nurses integrate best practices into their clinical practice. With the rapid increase in immunotherapy as a cancer treatment and the unique symptoms that can escalate into serious complications, the updated COSTaRS practice guides (v2020) also include evidence for managing immunotherapy symptoms.

Objective: The objectives are to: a) enhance nurses' knowledge, skills, and confidence with using the COSTaRS practice guides; b) learn how to use the practice guides in a conversation with a patient on cancer treatment including immunotherapy; c) appraise quality of symptom management; and d) discuss strategies for incorporating COSTaRS training into orientation and/or continuing professional development.

Description of the workshop: A 90-minute interactive workshop is planned. First, we will provide an overview of COSTaRS. We will introduce the content of specific practice guides and a

case study to be used for role play exercises including use with patients on immunotherapy. Discussion will provide nurses an opportunity to reflect on the quality of symptom management. Next, we will discuss how the practice guides can be used in telephone calls and face-to-face with symptomatic patients. Finally, we will focus on steps for moving the practice guides into clinical practice and discuss strategies for how to address barriers perceived to interfere with their use. The workshop will include several interactive activities for engaging participants. The workshop will be conducted in English with some activities in English or French.

P-41

When cancer is me: A layered interpretive description of the identity experience of adult haematology oncology patients

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With cancer being one of the leading causes of disease in our modern world, increased understanding about physiological processes have further accentuated a perceived disconnect between the corporeal body and the spirit or self. While a solid tumour is most associated with a specific location in the body, a haematological cancer lacks geography. Through exploring this phenomenon with many different lenses, this presentation presents the results of an in-depth qualitative dissertation that explored the experience of haematology oncology patients specific to issues of identity. Applying interpretive description as a foundational scaffolding, this study generated a wealth of data through the use of five different qualitative investigations. Initial research included an extensive historical inquiry, a secondary analysis of a large pre-existing qualitative database, and an integrative literature review. These layers of research provided guiding material on which to base primary interviews with haematology oncology patients ($n = 14$) and with haematology oncology healthcare providers ($n = 7$). The results of this extensive study that can inform clinical practice and future research included the importance of place for a cancer patient, the embodied nature of cancer, and fashioning a new languaging around cellular identity.

P-42

Implementation strategies to support evidence-informed symptom management among outpatient oncology nurses: A scoping review

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Problem statement: Cancer symptom burden can be severe, distressing, and negatively impact quality of life. Despite the availability of several clinical practice guidelines for cancer symptom management, cancer care providers do not consistently utilize them in practice. Oncology nurses in outpatient settings are well-positioned to use established guidelines to inform symptom assessment and management; however, issues concerning inconsistent implementation persist.

Purpose: This in-progress scoping review aims to identify implementation strategies that have been used to enhance the adoption, implementation, and sustainability of symptom management guidelines among oncology nurses in outpatient settings. Factors influencing guideline implementation will also be identified.

Methods: CINAHL, Embase, Emcare, MEDLINE(R), and grey literature sources were searched on March 31, 2021, resulting in 1,819 citations after duplicates were removed. Following established scoping review methodology, two reviewers are independently screening for eligibility. Primary studies of any design, published in English since the year 2000, are eligible for inclusion. Data will be extracted in duplicate, guided by the Consolidated Framework for Implementation Research (CFIR). Data will be analyzed descriptively and synthesized according to CFIR constructs.

Significance: Findings from this scoping review are expected to: i) inform the development of effective, contextually relevant knowledge translation interventions to support symptom management guideline implementation, ii) inspire innovative oncology nursing practices around symptom management, and iii) improve patient health outcomes and quality of life by advocating for the implementation of evidence-informed strategies to reduce debilitating cancer symptom burden.

P-43

What should we know about cannabis use in oncology? Advice for oncology nurses

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Background: Cannabis is used by some cancer patients to self-manage certain of their symptoms (e.g., nausea, pain). However, oncology nurses have little knowledge of the benefits, the reasons, and the routes of administration of cannabis that are used by these patients. The purpose of this presentation is to present the benefits, the routes of administration, and the reasons related to cannabis use in oncology.

Method: Based on the Joanna Briggs Institute guideline, a scoping review was conducted to map the extent of knowledge regarding cannabis use in patients living with cancer (i.e., routes of administration, patients' reasons for using cannabis, and reasons of medical prescriptions) within five databases (i.e., CINAHL, Web of Science, Embase, PsycINFO, and PubMed) and three grey literature sources (i.e., ProQuest, Google, and Google Scholar). Primary study, reviews, and clinical practice guidelines, written in French and English, targeting adult oncology patients were selected independently and extracted by two reviewers. A narrative description approach was used to synthesize and present the findings of this review.

Results: We identified 4,752 publications and 153 met the eligibility criteria. Overall, 11 reasons for medical prescriptions for cannabis (e.g., manage refractory nausea and vomiting, recreational use) and 11 routes of administration (e.g., concentrated oil, edible) were identified. Recommendations for nursing practices and nurses' training needs regarding safe cannabis use in oncology were made and will be discussed.

P-44

Complex malignant hematology—A standardized online curriculum to support new model of care

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Treatment and follow-up care in Complex Malignant Hematology (CMH) has continued to evolve rapidly. Many patients would now be qualified and benefit from Hematopoietic Stem Cell Transplantation (HSCT) requiring specialized facilities and a team of specialized healthcare professionals. To support provincewide implementation of new model of care, de Souza Institute in partnership with Cancer Care Ontario (CCO) developed a comprehensive online course covering core competency areas in CMH and HSCT, including the assessment and management of symptoms, treatment modalities, toxicities, complications, and survivor care. The purpose of the presentation is to provide an overview of the curriculum and results from the first offering in 2020.

Method: This 12-section, 40-hour self-directed course incorporates the latest in-depth content specific to nursing practice and includes interactive case studies, illustrations, videos, study guide by disease site and knowledge check points. Participants are assessed for their knowledge and confidence through self-reported pre, post survey and by section quizzes.

Results: Among the 238 nurses who took the course, 212 (89%) completed all course requirements. Among them, 16% were younger than 29 years, 32% were 30-39 years, 24% were 40-49 years, 22% were 50+. The average duration of oncology experience was 11 (SD=8.1) years ranging from 0 to 39 years. Of the pilot group, 61% had a nursing bachelor's degree, 19% had a nursing diploma, 16% had graduate degree at Masters' level or higher, including Nurse Practitioners. Missing data was about 5%. Pre and post self-report survey on knowledge and confidence showed significant improvement across 12 CMHE content areas. Section quiz average score was 89.

Conclusion: Standardized and comprehensive curriculum provides a much-needed educational support to oncology nurses delivering CMH care. Quantitative and qualitative learner feedback and the future direction of CMH education will be discussed.

P-45

Building competency-based education to develop and maintain chemotherapy administration skills among nurses in a new inpatient medicine/oncology unit

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Background: Working in a fast-paced and highly acute medicine/oncology inpatient setting encompasses unique challenges, in which caring for oncology patients requires critical thinking, specialized oncology nursing skills, and experience in caring for patients on their cancer trajectory. On a newly developed medicine/oncology unit, it was identified that administration of chemotherapy/biotherapy among nurses had not yet become a routine practice. This may be a challenge for nurses to maintain chemotherapy competency, as many patients receiving treatment have been on an urgent need basis.

Goal: Our goal is to build an enriching competency-based education (CBE) on chemotherapy/biotherapy administration among novice and competent oncology nurses within a new inpatient medicine/oncology unit.

Hypothesis: Using a CBE framework to build and maintain competency in chemotherapy/biotherapy administration, we foresee increased knowledge, skill, and confidence in treating patients at the bedside.

Method: Participants will involve three (3) cohorts of oncology nurses. Using a multi-prong approach, we aim to 1) evaluate nurses' knowledge and competencies in oncology, treatment regimens, and safe administration of chemotherapy/biotherapy using baseline questionnaire; 2) develop a CBE model to build hands-on knowledge and confidence in administering chemotherapy drugs; 3) develop in-unit simulation learning for nurse to familiarize self with bedside administration; and 4) develop a plan for maintaining competency after training.

Conclusion: As the unit is a newly developing oncology care area, it is important to provide an enriching curriculum for safe chemotherapy/biotherapy administration.