

PRISM: It's a Priority for Your Patients and You

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Clinical symptom management for people with cancer is an ongoing challenge for nursing professionals and patients alike. Its impact is felt throughout the entire continuum of care; among professionals, patients, and families; and throughout all treatment settings, patient populations, and cultures. As evidence-based interventions become more widely used as the standard of nursing practice throughout the country, inconsistencies in the nursing care management of many cancer-related symptoms have become more evident. Oncology Nursing Society (ONS) volunteer members and staff have stepped up to the challenge of addressing this knowledge gap through the innovative project known as Priority Symptom Management (PRISM).

Oncology nurses have seen the logo, skimmed the articles, and heard about the Web casts, but what does it mean to nurses? What is the ONS PRISM project? How can it impact nursing practice?

PRISM first began as a concept in early 2000 and has resulted in a wealth of public and professional resources related to symptom management. This project has been funded by Ortho Biotech Products, L.P., through an educational grant to the ONS Foundation Center for Leadership, Information and Research. The goals of this multiyear initiative are illustrated in Figure 1.

Courses in Symptom Management

Two PRISM projects were launched initially as separate and distinct workshops. The first, held in Chicago, IL, in June 2001, hosted 95 nurses. Targeted toward direct care nursing providers, the intensive, evidence-based

content of this course discussed symptoms that were identified as most distressing to patients with cancer, addressed cultural competence as a component of symptom management, and provided nurses with a framework to use when assessing any cancer-related symptom. Some of the many symptoms addressed included pain, peripheral neuropathy, anorexia or cachexia, nausea and vomiting, sexual dysfunction, fatigue, and depression. Additional presentations were offered about creative teaching strategies and the nurse's role in health advocacy. PRISM program participants then served as symptom management resources for their institution or practice setting, developing a dissemination plan for sharing their newfound knowledge with colleagues.

The second workshop, held in October 2001 in Newport Beach, CA, hosted 184 advanced practice nurses and focused on best-practice strategies, management models, and collaboration and leadership issues related to symptom management practice. Participants in this workshop were charged with developing a project in which nursing practice could be improved or changed as a result of the evidence-based symptom management strategies that they learned.

Resources for Clinicians: CD-ROM

The adjacent PRISM CD-ROM encompasses a wealth of information that has applicability to daily nursing practice.

Priority Symptom Management Publications

Five Adobe® Acrobat® (Adobe Systems Inc., San Jose, CA) files are available on this

CD-ROM, corresponding to the five *Oncology Nursing Forum* articles previously published in the PRISM series. They are

- "PRISM: Priority Symptom Management Project: Phase I: Assessment," by M.E. Ropka, PhD, RN, FAAN, and P. Spencer-Cisek, MS, CS, ANP, AOCN®
- "A Systematic Qualitative Analysis of Psychoeducational Interventions for Depression in Patients With Cancer," by A.M. Barsevick, DNSc, RN, AOCN®, C. Sweeney, MSN, RN, AOCN®, E. Haney, and E. Chung, BSN, RN
- "A Systematic Review of the Evidence on Symptom Management of Cancer-Related Anorexia and Cachexia," by J.K. Brown, PhD, RN, FAAN
- "Fatigue in Patients With Cancer," by L.M. Nail, PhD, RN, FAAN
- "Evidence-Based Practice for Symptom Management in Adults With Cancer: Sexual Dysfunction," by J.A. Shell, RN, PhD(c), AOCN®.

Each article focuses on a specific symptom management challenge, providing the state of evidence-based knowledge available. Such analyses are invaluable to clinicians, as "state of the art" is defined in one in-depth analysis for each symptom discussed.

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Digital Object Identifier: 10.1188/03.CJON.341-344