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Oncology Nursing Society 2010 Advanced Practice Nursing Conference Poster Abstracts

Each abstract has been indexed according to first author. See page E437.

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893309

PROPHYLACTIC ORAL MINOCYCLINE AND TOPICAL PIMECROLIMUS ON DEMAND FOR CETUXIMAB INDUCED ACNE-LIKE RASH IN PATIENTS WITH NSCLC STAGE 3. Wilma Uyterlinde, RN, NP, Thoracic Oncology, NKI AvL, Amsterdam, Netherlands; Henk Mallo, RN, Medical Oncology, NKI AvL, Amsterdam, Netherlands; Michel M. van den Heuvel, Thoracic Oncology, NKI AvL, Amsterdam, Netherlands

Cetuximab is a chimeric monoclonal antibody that binds to the extracellular domain of the epidermal growth factor receptor (EGFR) and has demonstrated activity in patients with metastatic colorectal carcinoma and non-small cell lung cancer (NSCLC). Known toxicity of Cetuximab is acneiform rash. In 2008 a study was started in patients with locally advanced NSCLC to assess feasibility and efficacy in combining cetuximab and concurrent chemoradiation. Because of the high incidence and severity of Cetuximab induced skin toxicity a novel supportive care protocol was developed.

The purpose was to assess the efficacy of prophylactic Minocycline and therapeutic Pimecrolimus in reducing Cetuximab-induced skin toxicity.

This was an evidence based guideline protocol by the Dutch Quality Institution of healthcare.

Cetuximab was given once weekly for 6 weeks concomitant with daily dose Cisplatin and radiotherapy. During the first cohort acneiform rash was treated on demand while during the second cohort prophylactic Minocycline (100 mg q.d. for 45 days) was administered and if necessary topical pimecrolimus (1% b.i.d) was added. Toxicity was scored according to the common toxicity criteria for adverse events (CTCAE) version 3.0. In the first cohort 11 out of 12 patients developed acneiform rash grade 2 or 3. One patient discontinued treatment because of skin toxicity. In the second cohort 3 out of 14 patients developed grade 2 rash. No grade 3 was seen ($P=0.001$). Side effects of minocycline and/or pimecrolimus were not reported.

895132

AN INSTITUTIONAL PLAN TO REDUCE SURGICAL SITE INFECTIONS. Lisa Parks, MS, RN, CNP, Surgical Oncology, James Cancer Hospital, The Ohio State University Medical

Center, Columbus, OH; Meghan Routt, RN, MSN, GNP/ANP, Surgical Oncology, James Cancer Hospital, The Ohio State University Medical Center, Columbus, OH

Oncology patients are immunocompromised due to neoadjuvant chemotherapy and radiation. These patients often have multiple comorbidities, which increase the risk of surgical site infections and poor wound healing. Medicare (CMS) guideline revisions effective October 31, 2008 stipulate that a hospitalization complicated by surgical site infection (SSI) will not be reimbursed. It is not only important for patient outcomes to decrease SSI, but also from hospital utilization stand point as well.

The goal was to develop a set of evidence based guidelines and launch a pilot program to reduce the incidence of surgical site infections (SSI) within the division of surgical oncology.

This was a quasi-experimental, time series experiment.

Chlorhexadine scrub was initiated on all patients. The scrub was started the evening prior to surgery and repeated 12 hours later the morning of surgery. Preoperative shaving was eliminated due to the microscopic cuts that can lead to bacterial proliferation. Clipping was the preferred method of hair removal. Antibiotics were delivered within one hour of surgery in order to reduce the microbial burden of intraoperative contamination. Invanz was used in order sets for all pre-gastrointestinal surgery. Modified Nickel's bowel prep was eliminated. Maintenance of blood glucose control perioperatively of less than 200mg/dl in all patients was instituted. Insulin intravenous infusions were initiated in the preoperative holding area prior to surgery. The infusion was continued throughout the procedure and postoperatively per an insulin protocol. Patients were instructed to abstain from tobacco products for at least 30 days before any elective surgery. Postoperatively, a sterile dressing covered the incision for 24 to 48 hours.

The results of the pilot program were an initial reduction at 6 months of 18.6% with an overall decrease of 19.2% over 12 months. Due to the multimodality nature of cancer treatment, oncology patients are at an increased risk for surgical site infections. Implementing evidence based practice before, during and after surgery decreased surgical site infections within this pilot program. Protocols have been revised based

on ongoing results within the department of surgery. This reduction of surgical site infections not only impacts hospital costs, but also improves overall patient outcomes.

900225

PREDICTORS OF COLORECTAL CANCER SCREENING AMONG ARAB AMERICANS. Amjad Khawaldeh, RN, PhD, Adult Oncology, Long Beach Memorial Medical Center & Todd Cancer Institute, Long Beach, CA

Despite the documented evidence that regular screening and early detection reduced Colorectal Cancer (CRC) related mortality rate by one third, screening remains underutilized contributing to unnecessary CRC morbidity and mortality. CRC remains the third most commonly diagnosed cancer and third cause of cancer deaths in the U.S. Epidemiological observations disclosed that CRC incidence increased in populations emigrating to the U.S. and construed that cancer-screening behaviors vary among people of different ethnic backgrounds. Little is known about CRC screening habits among Arab Americans.

The purpose of this study was to identify knowledge, beliefs, and attitudes toward CRC and CRC screening, and explore predictors of screening among Arab Americans.

The Health Belief Model (HBM) conceptually guided the study. The HBM proposes that individuals will follow a particular action only when they judge that this particular action will achieve a valued individual goal.

Descriptive correlational, cross-sectional design used to collect data from 196 randomly selected eligible Arab Americans residing in southern California. The CRC Knowledge, Perceptions, and Screening Survey (CRCKPSS) was modified, translated into Arabic, and validated and made available in Arabic and English. Survey collected data on participants' knowledge of CRC and screening, perceived threat of the disease and the perceived benefits of screening and early detection. History of, and intentions to, screening were measured. Stepwise forward regression analyses explored significant predictors of screening.

Longer period of residence in the US, knowing someone diagnosed with CRC, having health insurance, and higher level of education predicted CRC screening and explained 23% of the variance. Positive attitudes about CRC and correct beliefs about the effectiveness of CRC screening tests (Beliefs), and being aware about CRC and CRC screening tests (Awareness) were strong predictors of performing any of the recommended CRC screening tests; FOBT, endoscopy, or DCBE, which explained 19% of the variance in screening. Low perceived benefits to screening, and being highly motivated towards one's health found to be significant predictors of having intentions to screen and explained 9% of the variance in screening. Findings may be incorporated into culturally-sensitive educational programs to promote CRC screening and early detection.

900338

VITAMIN D (VIT-D) DEFICIENCY IS PREVALENT AMONG PATIENTS WITH GLIOMA BRAIN TUMORS. Laurie Rice, RN, MSN, ANP-BC, Neuro-Oncology, Northwestern, Oak Park, IL; Jeff Raizer, MD, Neuro-Oncology, Northwestern, Oak Park, IL; Sean Grimm, MD, Neuro-Oncology, Northwestern, Oak Park, IL; Kenji Muro, MD, Neuro-Oncology, Northwestern, Oak Park, IL; Ray Lezon, RN, Neuro-Oncology, Northwestern, Oak Park, IL

The prevalence of Vit-D insufficiency (I) or deficiency (D) may be high among cancer patients with a prevalence of up

to 94% in breast cancer. Normal serum 25-hydroxy Vit-D level may decrease all cancer risk by its regulation of proteins that are important to cell division and growth. As presented at the 2008 ASCO meeting, Vit-D deficiency is linked with poor prognosis for breast cancer patients. There is currently an absence of data regarding Vit-D levels in glioma patients.

The purpose was to assess the prevalence of Vit-D insufficiency (25-hydroxy Vit-D level 21-29 ng/ml) or deficiency (<20ng/ml) among glioma patients.

Utilizing Neuman's Systems Model as a theoretical conceptual framework provides the health care team the opportunity to assess our patients as multifaceted human beings that have many lines of defenses and resistance that may affect the outcome of the tumor. For patients with gliomas, one of these factors may be their Vit-D level.

Using a retrospective case series, 88 patients diagnosed with a glioma (glioblastoma (GBM), anaplastic astrocytoma (AA), anaplastic oligodendroglioma (AO), anaplastic oligoastrocytoma (AOA), astrocytoma (A), oligodendroglioma (O), oligoastrocytoma (MOA)) met criteria for the study. The overall prevalence of Vit-D I/D in the cohort was 56.8%. By diagnosis, 69.4% (34/49) of the patients with GBM had I/D compared to 31.6% of the patients with AA/AO/AOA/and MAO. From the time of diagnosis, the prevalence of I/D was highest among patients whose levels were drawn within a year (27/38= 71%) compared to those 1-2 years (5/15=33.3%) from diagnosis.

Our results suggest that there is a high prevalence of Vit-D I/D among patients with gliomas. There appears to be a higher rate of I/D among patients with GBM relative to those with less aggressive histopathologies. Age did not appear to influence the prevalence of Vit-D I/D, while the first year after diagnosis of glioma may be the period at highest risk for Vit-D I/D. Further analysis regarding known risk factors for Vit-D I/D such as steroid regimen, antiepileptic drugs and chemotherapy is required.

903365

WHAT IS THE RELATIONSHIP BETWEEN CANCER WORRY, PERCEIVED RISK OF RECURRENCE AND HEALTH RELATED QUALITY OF LIFE IN BREAST CANCER SURVIVORS? Jo Anne Maynard, RN, MS, School of Nursing, State University of New York, Stonybrook, Stonybrook, NY; Debra Sansoucie, RN, AOCN®, EdD, NNP-BC, School of Nursing, State University of New York, Stonybrook, Stonybrook, NY

Due to advances in early detection and medical technology women with breast cancer are living longer. Researchers have documented that at least 20-30% of breast cancer survivors have experienced psychological distress. This distress does decrease over time however, many survivors report that they are haunted by ongoing fears that their disease will recur. Cancer worry and fear of recurrence unlike overall psychological distress do not dissipate over time and may impact negatively on health related quality of life.

The purpose is to provide a systematic investigation of the relationship between cancer worry, perceived risk of recurrence and health related quality of life in breast cancer survivors.

The model of Health Related Quality of life will provide the conceptual framework for this study. This model was developed specifically to be the framework for evaluating quality of life in breast cancer survivors. This model addresses five domains which may be influenced by a diagnosis of breast cancer: the physical, psychological, social, economic and spiritual domains.

A convenience sample of 84 breast cancer survivors will be included in the study. Eligible participants will score study instruments including a demographic tool, the modified Concerns About Recurrence Scale, and the Quality of Life-Breast Cancer version instrument. Descriptive statistical analysis will be utilized. Correlational testing between the scores of each of the instruments to estimate the correlation between the variables will be performed. Pearson's correlation coefficients for the variables will be estimated.

Data analysis is pending. Data analysis and conclusions will be completed August, 2010. Pending the outcome of the study nursing will gain additional knowledge based on evidence regarding these variables and their impact on breast cancer survivors' quality of life. The dissemination of the results of this investigation may lead to further research identifying evidence based interventions to meet these needs.

905303

NURSING BARRIERS TO THE USE OF VENOUS ACCESS DEVICES IN HOSPITALIZED PATIENTS. Melanie Acierno, ANP-C, School of Nursing, State University of New York at Stony Brook, Stony Brook, NY; Lori Escallier, PhD, RN, CPNP, School of Nursing, State University of New York at Stony Brook, Stony Brook, NY

The purpose of this project is to identify nurses' practices, knowledge, and perceived attitudes related to the use of venous access devices. Descriptive research can provide a baseline assessment for strategic planning efforts to move hospital nurses to utilizing totally implanted venous access devices (TIVADs). This will in turn help to deliver potentially life saving treatment to chronically ill patients

This study seeks to explore the problem of why nurses are not using TIVAD's in the hospital setting. The barriers to be explored include possible nursing knowledge deficits, organizational and systems failure and prevailing nursing attitudes. The information obtained from this doctoral project has implications for nursing practice, and education.

Diffusion of Innovations (DOI) by Everett Rogers is a theory that examines the way new ideas and technology spread through a social system. This theory will help to determine which components of the communication channels will require additional effort for "diffusion of innovations" to occur. The theory assists in providing a better understanding of these barriers and the potential opportunities to improve the care of these patients.

Registered nurses working at Peconic Bay Medical Center will be recruited from variety of units to attend a teaching seminar and demonstration regarding accessing TIVADs. A researcher developed questionnaire will be distributed before and then the same questionnaire will be given after the seminar. Data will then be analyzed using the McNemars test.

Results of this study may assist advanced practice nurses to develop policies, procedures and standards of care that can be implemented to promote quality patient care and overall high quality patient outcomes. Nursing educators may have a better understanding of the concerns of staff nurses so that they can provide the clinical education necessary to optimize patient safety, comfort and care. The findings will be analyzed at the time of poster presentation, work in progress.

906016

EDUCATING ADVANCED PRACTICE ONCOLOGY NURSES TO MEET THE NEEDS OF DIVERSE, UNDERSERVED, AND

UNDERREPRESENTED MINORITY POPULATIONS IN A MASTERS ONCOLOGY SPECIALIZATION PROGRAM. Theresa P. Yeo, PhD, MPH, MSN, CRNP, School of Nursing and Department of Surgery, Thomas Jefferson University, Philadelphia, PA; Anne Delengowski, RN, MSN, AOCN®, Nursing, Thomas Jefferson University Hospital, Philadelphia, PA

1.5 million new cancer cases are expected annually. Despite progress in the war on cancer, cancer remains the second leading cause of death in the United States. Recent reports predict a 100% increase in new cancer cases among minority populations by the year 2030. Underrepresented minority patients are typically diagnosed with cancer at a more advanced stage of disease and the gap is widening with regard to obtaining cancer screening tests. The National Cancer Institute has declared reducing healthcare disparities a national priority. Preparing a cadre of nursing professionals who have the clinical, cultural sensitivity and research skills to impact the issues impacting underrepresented populations is of critical importance.

The purpose of this program is to prepare nursing professionals who have expertise regarding the influence of racial/ethnic factors on diagnosis, treatment, prognosis and outcomes from cancer, cancer screening opportunities, and the delivery of quality cancer care to underrepresented patients.

The curriculum was expanded to focus on disparities in cancer care, state and federal health care initiatives, and web-based tools for patients and providers. Specific learning experiences included identifying resources for cancer screening, interviewing patients from a different culture with regard to health care practices and analysis of national reports on healthcare disparities. The breadth of clinical experiences was expanded and annual symposia were designed to address enhancing cultural competence, knowledge, self-awareness, and disseminating cultural knowledge.

Three cohorts (13 students) have graduated completed this Masters Program. All graduates have been offered advanced practice oncology nursing positions and have either passed or are eligible for national certifying examinations. Students report high levels of satisfaction with the quality of the educational program and the knowledge that they gained, as well as reporting increased cultural awareness and sensitivity as a result of the program.

As the composition of the U.S. continues to evolve more patients from underrepresented minorities will be diagnosed with cancer. Advanced practice nurses have significant opportunities to transform the healthcare system to improve the quality of care provided to diverse cancer patients. These graduates will make important contributions to culturally competent health care in this nation.

Underwriting/Funding Source: Health Resources and Services Administration

Relationship Explanation: Principal Investigator on this HRSA grant from 2008–2010

908465

ASSESSMENT OF CANCER SURVIVORS' FEARS OF RECURRENCE AND THEIR QUALITY OF LIFE. Beng Le Tan, RN, NP, Nursing, National Cancer Centre Singapore, Singapore; Hung Chew Wong, Biostatistics Unit, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

In Singapore, limited studies were carried out on cancer survivors, and little was known or addressed on their medical

care experience, fears of cancer recurrence, long-term social and psychological wellbeing post cancer treatments, and quality of life.

The aims were to assess the fear of recurrence (FoR) among survivors diagnosed with non-metastatic cancer, and to measure their quality of life (QoL) and explore their relationship.

A literature-based, self-developed conceptual framework was used to guide the analysis. Demographic, social and medical factors, which might contributed to the survivors' FoR and impact their QoL were evaluated.

A non-experimental prospective study was used to assess the cancer survivors' FoR and their QoL using the Fear of A non-experimental prospective study was adopted to assess the cancer survivors' FoR and their QoL, using the Fear of Recurrence (FoR) and Quality of Life in Adult Cancer Survivors (QLACS) questionnaires. Both questionnaires have proven internal validity and reliability. Subjects were survivors from non-metastatic cancer of the nasopharynx, breast and colorectal. Analyses were performed using SPSS statistical package.

A total of 237 Asian subjects participated in this study. FoR and QLACS cancer specific-Distress Recurrence questionnaires both suggested moderate level of FoR among the survivors. The mean of FoR questionnaire overall score was 71.68 (sd 11.93), with the potential scores ranging from 22 to 110 while the mean of QLACS cancer specific-Distress Recurrence score was 12.94 (sd 6.57), with potential scores ranging from 4 to 28. The QLACS Total Generic and Cancer specific scores revealed an above average level of QoL among survivors, with the lower QLACS Generic and Cancer specific scores indicated better QoL. The Total Generic mean score was 71.63 (sd 23.74), with potential scores ranging from 28 to 196, and the Cancer specific mean score was 46.17 (sd 18.01), with potential scores ranging from 16 to 112. FoR was found to have mild positive linear relationship with both the QLACS Total Generic ($r = 0.486$, $p < 0.0001$) and Cancer specific ($r = 0.571$, $p < 0.0001$). Survivors' fear on cancer recurrence should be addressed during their annual clinic review or through new APN-led survivorship programme with additional education materials and support.

Underwriting/Funding Source: National Cancer Centre Singapore Research Fund

Relationship Explanation: Beng Le Tan is employed by National Cancer Centre Singapore.

908577

ADVANCE PRACTICE NURSE-STAFFED TELEPHONE PATIENT SUPPORT PROGRAM TO INCREASE ADHERENCE AND PERSISTENCE TO INTRAVENOUS CHEMOTHERAPY FOR RECURRENT OVARIAN CARCINOMA. Susan Moore, RN, MSN, ANP, AOCN®, MCG Oncology, Chicago, IL; Yvette S. Stoker, BSN, The URA Rx Group, Inc., Englewood Cliffs, NJ

Advance practice nurses (APNs) are challenged to develop programs supporting patient adherence and persistence to prescribed cancer therapies. There is a lack of solid evidence regarding adherence to therapy for advanced disease. Although nonadherence is more prevalent during oral regimens than intravenous (IV) regimens, nonadherence to IV regimens may be more prevalent than suspected, particularly among patients receiving ongoing treatment for advanced disease. Risk factors for nonadherence to IV therapy include unresolved adverse effects and complex, ongoing treatment cycles. Patients who have external resources in partnership with clinic staff may play a more active role in preventing and managing side effects and optimizing adherence and persistence.

The purpose of the project was to evaluate the effects of an APN-staffed telephone patient support program (TPSP) in increasing adherence to an IV chemotherapy regimen for recurrent ovarian carcinoma.

Participants who enrolled in the TPSP received inter-cycle calls from an oncology APN before and after each chemotherapy infusion for up to 6 cycles to reinforce patient education on adverse effects to chemotherapy and the importance of reporting serious adverse effects, and to stress the importance of completing chemotherapy as prescribed (persistence). Data for control group adherence were provided through pharmaceutical records.

Data were collected on a total of 617 patients consecutively enrolled in the APN-staffed TPSP from January 2006 - March 2010. The mean number of cycles (3.8) completed by patients enrolled in the TPSP was nearly twice the number in the control group (3.8 cycles vs. 2 cycles).

Data from this nonrandomized study indicate that patients on IV regimens are at risk for nonadherence. Inadequate management of adverse effects of therapy can be reversed by providing additional resources such as APN-staffed TPSPs for support. When TPSPs are not available, oncology APNs can develop similar internal programs for increasing intercycle contact with patients with the goal of increasing adherence and persistence to IV therapy.

911610

PUTTING EVIDENCE INTO PRACTICE: AN EARLY POST-OPERATIVE INTRAPERITONEAL CHEMOTHERAPY POLICY FOR PATIENTS WITH COLORECTAL CANCER. Sharon LaFever, RN, Oncology, St. Agnes Hospital, Baltimore, MD; Irina Rifkind, RN, School of Nursing, Johns Hopkins University, Baltimore, MD; Robin Cianos, RN, OCN®, Surgery, St. Agnes Hospital, Baltimore, MD; Terry Sparhawk, BSN, RN, CRNI, Oncology, St. Agnes Hospital, Baltimore, MD

Colorectal cancer (CRC) is predominantly a systemic malignancy. Even with complete cytoreduction and no macroscopically visible tumor, microscopic foci may remain in the abdominal cavity. Intraperitoneal chemotherapy (IC) is administered postoperatively to eliminate residual disease. Its primary advantage is the regional dose intensity, resulting in less systemic toxicity compared to conventional intravenous drug administration. There is limited literature on this process except in ovarian cancer; and even more limited resources for community oncology nurses to guide clinical practice. This project provided a unique opportunity for APNs to collaborate and contribute to high quality and safe community oncology nursing practice by applying best-evidence practices, and supporting new skill development.

The purpose was the Development and systematic implementation of nursing policy for early postoperative IC.

The project was a multidisciplinary effort driven by an organizational needs assessment, literature review, and consultations with other oncology centers. The policy resulted in development of a scope of practice, testing of new equipment, new nursing procedures, and revisions in nursing and patient education.

Initial project barriers included the need to train staff nurses in telemetry and intermediate care (IMC), and the need to insure adequate RN staffing to maintain patient safety. Alternative, administration strongly supported the project and recognized the need to address financial and organizational challenges.

The process evaluation was done during weekly project group meetings. These enabled the team to stay within the timeframe

and to critically consider the effects of the project's progress on safety. Practice performance data will be tracked to assess consequences of nursing interventions on patient outcomes.

The project is ongoing, and a pilot is planned. This was an excellent opportunity to employ many Clinical Nurse Specialist (CNS) competencies and roles. Research of evidence-based practice data, collaboration with multidisciplinary team members, consultation, and leadership were integral to project success. Dunphy and Winland-Brown's Circle of Caring used to promote successful collaboration during the process. The project made CNS efforts, inputs, and achievements more visible and appreciated within the health care system.

911653

STAGE III NON-SMALL CELL LUNG CANCER SURVIVORSHIP PROJECT. Nancy Leahy, RN, MSN, CRNP, AOCN®, Albert Einstein Cancer Center, Philadelphia, PA

With advances in cancer medicine, patients are living longer. Whether this is measured as an improved cure rate after combined-modality therapy or prolonged survival with a good quality of life, this is an exciting time. As a result of the increasing survival rates after cancer, issues concerning long-term cancer survivorship have become more important in clinical oncology. Many individuals and families continue to face complicated care issues resulting from cancer diagnosis and adverse effects long after completion of their treatments. The growing number of cancer survivors and their unique needs have been challenging our health care system to develop programs that support survivors' transitions from active treatment to survivorship care.

The purpose was to determine compliance with the NCCN Survivorship Guidelines for Stage III NSCLC patients. These patients are to be followed every 6 months with CT chest with contrast for 2 years as well as medical oncologist visit every 6 months. Routine health maintenance and cancer screenings are to be initiated and maintained by the PCP.

In 2009 the NSCLC Survivorship Program was initiated for Stage III NSCLC patients utilizing the ASCO Treatment Plan and Summary Form. Post the completion of therapy and the CT of chest with contrast, the patient had an appointment with Nancy Leahy, CRNP to receive and review the Survivorship Packet. The packet consists of treatment plan and summary form; copy of pathology report(s); initial CT scan and post treatment CT; NCCN Guideline NSCLC Cancer Survivorship Care.

Evaluation of benefit was assessed with a review of charts of comparable patients diagnosed between 11/06 and 5/07. The indicators reviewed included: follow-up patterns with medical oncologist and PCP; communication of treatment summary with PCP; health maintenance; cancer screening; follow-up scans (frequency and ordering physician).

The indicators reviewed showed the patients involved in the NSCLC Survivorship Program were in compliance with the NCCN guideline. The indicators reviewed for the non-participating patients were variable and not in compliance with the NCCN guideline. The participants in the NSCLC Survivorship Project have indicated their satisfaction with the packet and their individualized treatment plan and summary.

912887

CENTRAL VENOUS ACCESS DEVICES: AN INVESTIGATION OF ONCOLOGY NURSES' TROUBLESHOOTING TECHNIQUES. Sheila M. Ferrall, RN, MS, AOCN®, Nursing, Moffitt Cancer Center, Tampa, FL; Alice R. Boyington, RN,

PhD, Nursing, Moffitt Cancer Center, Tampa, FL; Tina M. Mason, ARNP, MSN, AOCN®, AOCNS®, Nursing, Moffitt Cancer Center, Tampa, FL; Richard R. Reich, PhD, Biostatistics, Moffitt Cancer Center, Tampa, FL

The significance of this study is associated with its importance to development of science to support oncology nursing practice. Findings will contribute to the body of knowledge related to care of patients with occluded central venous access devices (CVADs) and will help formulate direction for future CVADs research. Venous access is an issue of paramount importance to patients with cancer. Although oncology nurses assume responsibility for the care and management of CVADs, studies of troubleshooting techniques used for occluded CVADs were not found in the literature.

The purpose of this survey study was to explore troubleshooting techniques used for clearing an occluded CVAD by experienced oncology nurses and the perceived effectiveness of each technique. Associations between the troubleshooting techniques and select nurse characteristics were also explored. This study is consistent with the ONS Research Agenda, specifically Nursing-Sensitive Patient Outcomes: F.1.4 Evaluate strategies for the identification and prevention of adverse events related to treatment, such as vascular devices.

A formal-survey process framework, the Tailored Design, was used to guide this research.

A cross-sectional exploratory survey design was used to investigate the venous access troubleshooting techniques of experienced oncology nurses. Registered Nurse members of the Oncology Nursing Society (ONS) who met study criteria were solicited to complete an investigator-developed and tested Central Venous Access Device: Troubleshooting Techniques Questionnaire (CVAD: TTQ). A Web browser-based application that is housed securely on a server within our agency was used to administer the CVAD: TTQ.

All nurses (n = 224) reported using: ask patient to raise and or move arm. Most used: ask patient to lie down (n = 222), ask patient to cough (n = 218) and ask patients to take deep breaths (n = 218). Respondents consider instill a thrombolytic agent as the most effective technique with the following non-invasive techniques ranked as the next 3 for effectiveness: ask patient to lie down; use back and forth technique to flush; and ask patient to take deep breath. No associations were found between techniques and years in oncology nursing, work setting, certification, or academic degree. Future research should investigate the actual effectiveness of frequently used interventions.

913801

NURSING PERSPECTIVE OF CARDIOTOXICITY IN PATIENTS WITH BREAST CANCER. Wendy Vogel, MSN, FNP, AOCNP®, Kingsport Hematology Oncology Associates, Kingsport, TN; Marilyn L. Haas, PhD, RN, CNS, ANP-BC, CarePartners, Asheville, NC

Cardiac function is a primary consideration when treating breast cancer (BC). Therefore oncology nurses (ONs) require information about cardiac assessment and must be proficient in cardiotoxicity management.

The study's purpose was to assess the knowledge and practice patterns of ONs identifying cardiotoxicity issues with BC patients receiving human epidermal growth factor receptor 2 inhibitors/vascular endothelial growth factor inhibitors.

A 24-item survey was developed by expert ONs after reviewing the literature. A convenient sample was obtained from the IMER ON database. Surveys were distributed prior/

during ONS 10th IOL conference. The domains of the survey included demographics, knowledge, attitudes, and practice behaviors related to treatment of breast cancer, focusing on cardiotoxicity.

From 248 responses, 88% were in medical oncology settings and 26% identified themselves as nurse practitioners, 49% staff nurses, and 25% other. Fifty-eight percent were employed in the community outpatient setting, with 56% reported spending at least 1–2 hours per week in educating patients about cardiotoxicity. Only 12% felt very comfortable in assessing cardiotoxicity and a significant percentage (25%) felt less than comfortable in assessing cardiotoxicity. More than 10% of respondents were uncertain which agents used in BC treatment could cause cardiotoxicity. More than 20% were uncertain if chemotherapeutic agents were dose reduced or discontinued due to cardiotoxicity in their practice. When ranking primary sources for managing BC, textbooks (34%), pharmaceutical representatives (18%), national guidelines (18%), and the Internet (17%) were cited most frequently as important resources. Least important sources cited were colleagues (16%) and journals (11%). The greatest unmet need in BC education regarding cardiotoxicity was assessment of side effects (37%), identification of relevant guidelines (31%), and management of side effects (21%).

Cardiotoxicity occurs with agents used in the treatment of BC. A significant number of ONs, including advanced practice nurses, are not comfortable in assessing or managing patients with cardiotoxicity secondary to BC treatment. This is interpreted as a gap in knowledge and more cardiac education will strengthen the quality of nursing care. Also, evidence-based guidelines are needed to guide ONs in the assessment and management of cardiotoxicity in patients with BC.

915137

IDENTIFICATION OF COMPASSION FATIGUE AMONG NURSES CARING FOR CANCER PATIENTS. Heather Askren, NP-C, RN, BSN, OCN®, St. Elizabeth Regional Health, Lafayette, IN; Nancy Edwards, PhD, APN, RN, Purdue University, West Lafayette, IN; Roberta Schweitzer, PhD, RN, Purdue University, West Lafayette, IN; Jackie Nielsen, RN, MSN, AOCN®, St. Elizabeth Regional Health, Lafayette, IN

Cancer nurses provide education, emotional support, and a high level of care to acutely ill patients and family members. Nurses not only administer medications and treatments, but share pieces of themselves. A nurse with compassion fatigue may re-experience a traumatic event with a different patient. A consequence of compassion fatigue is that the cancer nurses are leaving the profession.

The purpose of this research project was to describe the prevalence of compassion fatigue among nurses caring for cancer patients, the characteristics of the nurse who experiences compassion fatigue and the risks associated with compassion fatigue.

The concepts of stress, appraisal, and coping were used as a framework for this study. Stress is the result of ones interaction with a situation in their life. There are three major areas to consider in the human response to stress. These include an individual's appraisal of the event, the choice of responses including coping options, and the emotional result.

A cross-sectional descriptive design was used to examine specific aims of the study. The nurses completed a demographic survey and the Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales – Revision IV.

The majority of the nurses were at a moderately high risk for compassion fatigue, moderate risk for burnout and moderate risk for compassion satisfaction. Nurses between the ages of 40–49 were at the highest risk for compassion fatigue with all other groups at a moderate risk. Having a family member with cancer, a BSN or diploma in nursing placed the nurses at a higher risk for compassion fatigue. Nurses who worked in oncology less than five years and more than ten years were at high risk for compassion fatigue than those who worked between 5–10 years. Insomnia, headaches, GI complaints, fatigue, and job dissatisfaction were the most frequent reported symptoms in nurses caring for cancer patients. There are implications for changing nursing education, relying on the advance practice nurse to provide more support and education for the nursing staff, teaching nurses to look for certain characteristics, and for health care institutions to recognize the risks and predictors of compassion fatigue.

918815

EXPLORING END-OF-LIFE KNOWLEDGE AND ATTITUDES TOWARD CERTIFICATION AMONG ONCOLOGY AND PALLIATIVE CARE NURSES. Laura F. Mitchell, MSN, RN, AOCN®, CHPN, Oncology Program, Baptist Hospital East, Louisville, KY; Carla P. Hermann, PhD, RN, School of Nursing, University of Louisville, Louisville, KY; John A. Myers, PhD, MSPH, Department of Bioinformatics and Biostatistics, University of Louisville, Louisville, KY

In 2008, a consensus panel was formed to develop recommendations to help guide hospitals in developing and sustaining palliative care programs. Recommendations fell within twelve domains and were created to serve as benchmarks for new and existing programs. The educational domain is the focus of this study. Hospital based oncology and palliative care nurses are called upon to provide end-of-life care on a daily basis for those that they serve. The amount of formal training gained in schools of nursing specific to end-of-life care varies among educational institutions. Exploring what is known about end-of-life care is essential in creating programs to meet the informational needs of these staff members. The ONS research agenda includes issues in End of Life as a research priority. Professional nursing certification is one means of validating theoretical knowledge in a specialty area. Exploring attitudes of nurses toward certification may help educators gain insight into barriers as well as opportunities to encourage certification.

The overall purpose of this study was to evaluate end-of-life knowledge and perceived value of certification among oncology and palliative care nurses in a community hospital setting. Specific aims were to: (1) evaluate knowledge specific to end-of-life care among oncology and palliative care nurses; and (2) determine the perceived value of certification among oncology and palliative care nurses.

This study was based on the concept of coaching within the scope of practice of the Oncology CNS, a key role of the advanced practice nurse.

Thirty-four Registered Nurses employed by a community hospital on the oncology and palliative care units participated in this descriptive study via an electronic survey. Basic demographic data was collected in addition to responses to an 18-item Perceived Value of Certification (PVCT) tool and a 50-item version of the End-of-Life Nursing Education Consortium Knowledge Assessment Test (ELNEC-KAT). Item

difficulty and discrimination was analyzed as well as the internal consistency of the ELNEC-KAT. Coefficient alpha was calculated for the PVCT. Total instrument measurement for the PVCT as well as Intrinsic and Extrinsic values were evaluated. Group comparisons between oncology and palliative care nurses were also summarized.

Findings from this study will help identify needs specific to end-of-life education among oncology and palliative care registered nurses as well as serve as a baseline in measuring the perceived value of certification among these nurses. The benefits to the profession of nursing would be an improved insight into the knowledge and attitudes of oncology and palliative care nurses which would build upon what is known about nurses in these specialty areas.

Underwriting/Funding Source: American Cancer Society

918920

COMPARATIVE EFFECTIVENESS RESEARCH: TOOLS FOR DECISION MAKING. Deborah Braccia, RN, DNSc, MPA, OCN®, Novartis, Hoboken, NJ

Comparative effectiveness research (CER) evaluates drug, technologies, healthcare delivery and treatment options through decision analyses methodologies. It is an important element of the health reform plan. Oncology nurse researchers must become involved with and understand how to conduct, review, and interpret CER, as it directly impacts nursing practice, research, and health policy. The American Recovery and Reinvestment Act of 2009 allocated 1.1 billion dollars to CER and established the Federal Coordinating Council for CER. Additionally the Institute of Medicine established the 100 Initial National Priorities for CER, of which approximately 20% were oncology related. The Agency for Healthcare Research and Quality and the Cancer DECIDE (Developing Evidence to Inform Decisions about Effectiveness) Centers conducted a Cancer Consortium Stakeholder Meeting (ONS was represented) in January to prioritize topics for CER in cancer. The importance and impact of CER has been growing.

The purpose was to provide an overview of CER methodology and implications for the oncology nurse researcher.

CER is applicable to real world needs and decisions faced by patients, clinicians and other decision makers. CER uses evidence-based tools to assist in decision making about what is best for the patient. Decision analyses methodology includes head to head trials, observational studies, syntheses and modeling.

The nurse researcher must understand CER methodology, be able to conduct as well critically evaluate CER studies.

The area of CER in oncology is rapidly evolving and will play an increasing important role in clinical decision-making and health policy. It is imperative for the nurse researcher to be able conduct as well as critically analyze CER.

918966

PATIENT SATISFACTION AND ACCEPTABILITY OF THE ADVANCED PRACTICE NURSE-LED BREAST CANCER SURVIVORSHIP PROGRAMME. Beng Le Tan, RN, NP, Department of Nursing, National Cancer Centre Singapore, Singapore; Clair Khoo, School of Health Sciences, Nanyang Polytechnic, Singapore; Mei Mei Chan, Department of Nursing, National Cancer Centre Singapore, Singapore; Heng Nung Koong, School of Health Sciences, Nanyang Polytechnic,

Singapore; Gay Hui Ho, School of Health Sciences, Nanyang Polytechnic, Singapore

In Singapore, traditionally, patients have always consulted doctors for their follow-up cancer care. The Advanced Practice Nurse (APN)-led clinical services in the Breast Cancer Survivorship Programme (BCSP) at National Cancer Centre Singapore (NCCS) is the new revolution of local nursing professional development to provide more comprehensive care for breast cancer survivors. However, little are known about the satisfaction and acceptance of local community toward this service.

The purpose was to determine the level of patient satisfaction with and acceptance of the care provided by APNs in BCSP, and to ascertain the information needs of these women.

The APNs adopt a systematic approach in providing comprehensive clinical health assessment, education on explain test results, initiate cervical and colorectal cancer screening, and provide education on healthy lifestyle. In BCSP, patients are reviewed by both the APN and surgeon at each consult. The concept of APN-led follow-up cancer care is a new novel for local context, therefore, assessing Oriental cancer survivor's satisfaction and acceptance are crucial for implementation of future model of care for survivors of other cancer types.

A prospective survey was conducted utilizing a 26-item questionnaire structured with positively words measured with Likert scale format, developed by the authors in reference to available published literature. Patients' satisfaction level was evaluated based on their perceptions of the clinical competency and communication skills of the APNs, and the adequacy of provision of health education. Analyses were performed using SPSS statistical package.

A total of 105 consecutive subjects were recruited in this study. Ninety-nine percent of the subjects were satisfied with the care provided by APNs. This programme was rated as excellent (33%) and good (51%), and 75% of the subjects would recommend this program to other patients. However, only 66.7% of them expressed acceptance to long-term follow up care by APN alone. The top three important information needs were long-term side effects of treatment (85%), fear of recurrence of breast cancer (81%) and lifestyle changes required after cancer diagnosis (78%). Majority of the breast cancer survivors were satisfied with the care provided by APNs, while the patient acceptability to APN-led care programme was only at moderate level.

Underwriting/Funding Source: Healthcare Quality Improvement Fund, Ministry of Health, Singapore

919241

QUALITY OF LIFE IN YOUNG ADULT SURVIVORS OF HEMATOLOGIC MALIGNANCIES. Marlana Mattson, MSN, ACNP-BC, AOCNP®, Genentech, South San Francisco, CA; Regan Demshar, RN, BSN, Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH

Hematologic malignancies, unlike many other cancers, occur frequently in young adults. With advances in aggressive treatment modalities, many patients are able to survive their disease. Issues of dependency, regaining peer group membership, dealing with alteration in appearance, and moving forward in to a career path appear to present unique challenges to this sub-set of cancer survivors. Given the life stage of young adults, the occurrence of a cancer diagnosis and treatment in the midst of important life transitions may require

specific supportive interventions. While our understanding of the issues faced by cancer survivors has grown over the past decade, little is known about the challenges and quality of life of young adult survivors.

The primary purposes are to examine QOL impairment in young adult survivors, identify the common areas of concern, and explore patterns associated with age, gender, and type of treatment. A better understanding of the unique challenges faced by this age group is needed in order to design and implement effective educational and psychosocial support programs during treatment to better prepare these patients for survivorship.

Ferrell's Four Domains of Quality of Life (physical, spiritual, psychological, and social well being) were used.

This was a descriptive pilot study of a convenience sample of young adult survivors. Interview instruments include a demographic data collection form and the City of Hope Quality of Life of Cancer Survivors questionnaire, supplemented with three open-ended questions.

40 subjects between the ages of 18 and 35 years have been enrolled. Analysis will consist of frequencies, measures of central tendency, and examination for patterns or trends. Differences among sub-groups (gender, age, time since treatment completion, type of treatment) in total QOL and domain subscale scores will be tested as appropriate. Effect sizes will be examined. Responses to the open-ended questions about major concerns will be summarized

919708

FATIGUE, PHYSICAL FUNCTIONING, AND QUALITY OF LIFE IN PATIENTS WITH PANCREATIC AND PERIAMPULLARY CANCERS FOLLOWING SURGERY, CHEMOTHERAPY AND/OR RADIATION THERAPY. Theresa P. Yeo, PhD, MPH, MSN, CRNP, School of Nursing and Department of Surgery, Thomas Jefferson University, Philadelphia, PA; Sherry Burrell, RN, MSN, Department of Nursing, Rutgers University, Camden, NJ; Anne Delengowski, RN, MSN, AOCN®, Department of Nursing, Thomas Jefferson University Hospital, Philadelphia, PA; Patricia Sauter, RN, ACNP, Department of Surgery, Thomas Jefferson University Hospital, Philadelphia, PA

39,000 cases of pancreas cancer and 9,250 biliary tract cancers are diagnosed annually in the US. Five-year post-resection survival rates approach 40% when performed at specialized major medical institutions. As patients experience improved survival rates, issues emerge regarding symptom management, physical functioning and quality of life. Fatigue is the most commonly reported symptom in cancer patients undergoing chemotherapy and radiotherapy. Exercise has been found to effectively decrease fatigue levels and improve functioning in these cancer patients. No research studies to date have reported on fatigue levels, physical functioning or quality of life in post-operative pancreas and periampullary cancer patients enrolled in a home walking program.

The purpose was to determine the effect of a home walking program on fatigue, physical functioning and quality of life in patients with pancreatic and periampullary cancers who have had surgery and/or chemotherapy and radiation therapy.

The study utilizes the Levine Conservation Model, which focuses on adaptation, conservation and integrity, as its guiding theoretical framework.

In this prospective, controlled, randomized unblinded study, intervention group subjects participate in a graduated home walking program with monthly telephone follow-up, while the

control group receives usual care. The FACIT-Fatigue Survey, Short Form-36 questionnaire, ECOG stage, and Fatigue and Pain Visual Analog Scale scores are obtained post-operatively and repeated 3 to 6 months after hospital discharge.

The data will be analyzed using exploratory methods, bivariate techniques, and logistic and linear regression modeling to determine the relationships between exercise, fatigue, and quality of life and the walking program.

Preliminary findings indicate: 53% of subjects are ECOG Performance Stage 2, 38% experience moderate fatigue, 63% experience mild pain, and scores on the Short Form-36 Health Survey indicate that physical functioning, mental health, general health, bodily pain, vitality, social functioning are below the 50th percentile for the cohort. The results of this study will inform nursing/medical practice with regard to post-operative symptom management, recommendations for exercise and physical activity, and educational needs of patients and their families.

Underwriting/Funding Source: Thomas Jefferson University School of Nursing Faculty Seed Money Award

Relationship Explanation: Associate Professor, Thomas Jefferson University School of Nursing

920340

GROWING OUR OWN: COLLABORATING WITH A COLLEGE OF NURSING TO IMPLEMENT A GRADUATE ONCOLOGY NURSING PROGRAM. Deborah Hanes, RN, CNS, The Ohio State University Comprehensive Cancer Center – The James Cancer Hospital, Columbus, OH; Danette Birkhimer, MS, RN, OCN®, The Ohio State University Comprehensive Cancer Center – The James Cancer Hospital, Columbus, OH; Amy Rettig, MSN, MALM, RN, CNS, CBCN®, The Ohio State University Comprehensive Cancer Center – The James Cancer Hospital, Columbus, OH

Several factors have coalesced to create actual and ongoing unfilled needs for specialized advanced nursing care in our cancer hospital. The aging population, rapid growth in research accrual, increase in patient referrals and expansion of facilities and programs require a depth and breadth of knowledge, skills and abilities of Clinical Nurse Specialists (CNS) and Nurse Practitioners (NPs) with advanced oncology education. Few graduate oncology nursing programs exist. While fast track "graduate entry" programs create nurse practitioners, specialty education is needed to ensure safe, appropriate and expedited care for cancer patients.

The purpose of this presentation is provide an overview of the process and planning for a graduate nursing oncology program and an Oncology Clinical Nurse Specialist Internship.

Clinical Nurse Specialists employed by The Ohio State University Comprehensive Cancer Center – The James Cancer Hospital (OSUCCC – James) began collaborating with The Ohio State University College of Nursing (CON) in the fall of 2008. The collaboration has resulted in a graduate oncology nursing program which will provide curriculum and clinical practicum sites by the CON and OSUCCC – James. Further, a work-study transition option will develop registered nurses to oncology CNSs. The framework for all educational experiences will be the cancer continuum with emphasis on survivorship. The graduate program and CNS internship are based on adult learning theory (Dreyfus model of Skill Acquisition and Benner's model from novice to expert).

One outcome is students' success rates on the Advanced Oncology Clinical Nurse Specialist exam.

This innovative program provides education and clinical practicum for advanced oncology nursing practice, addresses succession planning, nurse leadership development, and is a recruitment and retention tool. A collateral benefit is care for cancer patients founded in graduate level oncology nursing education with imbedded survivorship principles and practices.

920871

SEPSIS IN ADULT LEUKEMIA PATIENTS. Janice Garza, RN, MSN, AOCNP®, Leukemia, MD Anderson Cancer Center, Richmond, TX

Sepsis is estimated to affect 16.8% of the cancer population with hematologic malignancies leading to significant mortality. The incidence may be higher in elderly leukemia patients with concurrent comorbidities. Results of a case scenario questionnaire presented to leukemia nurses during a quality improvement project revealed a potential to increase recognition of systemic inflammatory response syndrome, commonly used to identify patients who are at high risk for sepsis, severe sepsis, and septic shock, by 20% among leukemia nurses. Systemic inflammatory response syndrome consists of (fever, leukocytosis, leucopenia, tachycardia, and tachypnea) and the presence of two or more criteria with infection symptoms, constitutes sepsis. Earlier recognition of the systemic inflammatory response syndrome by clinicians is thought to possibly reduce the mortality among those with leukemia.

The purpose of this poster is to present the pre-test/post-test results of an educational intervention aimed at increasing earlier recognition of SIRS and consequent sepsis, severe sepsis, and septic shock by 20% among 65 nurses on the leukemia units at a major cancer center.

A multidisciplinary team of Pharmacy and nurses, lead by an APN developed and presented an educational program to nurses on the leukemia units to support proposed changes in practice. Pre-test and post-test were used to determine the nurses knowledge prior to and after the educational intervention.

Analysis of pre and post test scores revealed a 61% increase in recognition of SIRS, sepsis, severe sepsis, and septic shock. There were no cases of systemic inflammatory response syndrome identified among 29 leukemia patients by nurses prior to the intervention compared to 9 of 16 post intervention.

Education of nurses on leukemia units revealed an increase in their knowledge base and improvement in recognition of systemic inflammatory response syndrome, sepsis, severe sepsis, and septic shock. Implications for nursing include a need to incorporate this education to all nurses who are assigned to units caring for hematologic malignancies to include lymphoma, stem cell transplant and myeloma. Our quality improvement project showed the need for on-going healthcare provider education to recognize the symptoms early which may save lives and reduce costs of healthcare.

924088

OUTCOMES TWO YEARS AFTER IMPLEMENTATION OF A CLINICAL GUIDELINE FOR HOSPITALIZED PATIENTS WITH SICKLE CELL ANEMIA. Deborah Hanes, RN, CNS, Ohio State University Comprehensive Cancer Center – The James Cancer Hospital, Columbus, OH

A quality improvement project led by a Clinical Nurse Specialist developed a clinical guideline and corresponding order set which outlined care of the hospitalized patient with sickle cell pain episode. The guideline and order set were imple-

mented in March, 2008 in response to patients' complaints of unrelieved pain, healthcare providers' observations of poor communication and increasing length of stay (LOS). Outcomes were defined on guideline implementation and data was first analyzed November, 2008. Data was extracted from an information warehouse consisting of encounter data, computerized order entry, pharmacy and laboratory test results by ICD9 codes 282.62, 282.64 and 282.69. Initial analysis demonstrated multiple positive outcomes: length of stay, reduced variability in length of stay, and time to first opioid after admission.

The purpose is to present the second year of outcomes data since guideline implementation.

Continued positive outcomes, for example, time to first opioid, as well as identifying opportunities for improvement in sickle cell patient care bestow a meaningful purpose to this guideline and order set. New findings of consistent seasonal variation in length of stay over the past three years encourage exploration of literature and research hypotheses.

These data add to the body of knowledge regarding care of patients hospitalized with sickle cell pain episode. Further, clinical guidelines have been shown to facilitate positive outcomes.

A CNS championed quality improvement project can support safe, effective care. Outcomes data are now resulting in research initiatives into various aspects of care and complications in patients with sickle cell anemia.

925352

EVALUATION OF SKILL BUILDING TELEPHONE WORKSHOPS FOR FAMILY CAREGIVERS OF ADULTS WITH CANCER. Julia A. Bucher, RN, PhD, Nursing, York College of PA, Mt Gretna, PA

Family caregivers of people with cancer often are not equipped with the information and skills needed for their role. Improving their skills in problem solving has been shown to reduce their anxiety and stress and help them cope.

The purpose of the pilot was to offer short interactive telephone workshops to family caregivers and evaluate their effect on participation, ability to identify specific problems, and confidence to apply problem-solving steps.

A 75 minute telephone workshop was offered to family caregivers on an advertised monthly topic such as getting information on what to expect or when treatment goals change from 'cure to care.' The topic was offered at two different times each month and caregivers registered then dialed into a toll-free number for a conference call. Three phases of cancer were described as well as six problem-solving steps using the COPE method. Then two specific examples were given where caregivers applied the steps and brainstormed solutions. Finally the phone lines were opened to apply the steps to their specific topic-related situations.

At the end of each 75 minute workshop participants were asked to answer a short online or mailed evaluation. They ranked ability and confidence, on a Likert scale, to identify problems and brainstorm options with others to cope with challenges. Participants also were asked if they would recommend the workshop, what they liked best about the telephone workshop, and what they would change.

Three hundred seventy-four adults participated in 32 workshops. Most were females aged 26 to 64 years old. Eighty-six percent agreed that they can be clear and specific in looking at problems related to cancer with an average 80% confidence level in their ability to specify problems. Eighty-five percent agreed that they can come up with many solutions to cope

with problems with 79% at a high confidence level. A large majority would recommend the workshop to others and offered many ideas for future workshops. The pilot education was well received, comments led to two changes to the workshop format, and interactive education can be offered in a conference call format.

Underwriting/Funding Source: South Atlantic Division of the American Cancer Society

Relationship Explanation: Volunteer advanced practice nurse educator for this intervention only

925531

LIMITED VALUE OF PHYSICAL EXAMINATION DURING FOLLOW UP OF STAGE I NON-SEMINOMA TESTICULAR CANCER. Kees Meijer, RN, MS, MA, Surgery, University Medical Center Groningen, Groningen, Netherlands; Arieke Prozee, RN, Surgery, University Medical Center Groningen, Groningen, Netherlands; Robert van Ginkel, MD, PhD, Surgery, University Medical Center Groningen, Groningen, Netherlands; Theo Wiggers, MD, PhD, Surgery, University Medical Center Groningen, Groningen, Netherlands; Maarten W. Nijsten, MD, PhD, Cardiology, University Medical Center Groningen, Groningen, Netherlands; Harald J. Hoekstra, MD, PhD, Surgery, University Medical Center Groningen, Groningen, Netherlands

Most patients (70%) after orchiectomy for non-seminoma testicular cancer (NSTC) appear to have no metastatic disease and are stage I disease. An intensive Wait & See policy of follow up can be instigated (25 outpatient visits in 5 years of which 18 in the first 24 months). Follow up consists of four components: medical history, physical examination and serum tumor markers: alpha-fetoprotein (AFP), beta human chorionic gonadotropin (beta HCG), lactate-dehydrogenase (LDH) determined during each visit; computer tomography scan [CT] of chest and abdomen nine times throughout the 5 years.

In contrast to physical examination the value of CT scanning and monitoring serum tumor markers has been studied extensively.

The aim of this study was to evaluate the value of physical examination during Wait & See in stage I NSTC.

From October 1999 until June 2010 all stage I NSTC patients in follow up were studied in retrospect. Disease specific physical examination consisted of palpation of scrotum and remaining testicle, loco-regional and supraclavicular lymph nodes, abdomen and presence of gynecomastia. Almost all patients were exclusively examined by two nurse practitioners.

During 128 months 133 patients made 2547 visits to the outpatient clinic. 104 patients remained free of disease. 29 patients (22%) developed metastatic disease. Recurrence was detected first by CT in 16 patients, elevated tumor markers in 12 patients (AFP 10; LDH 1; beta-HCG 2 [one also with rise in AFP]). One patient combined a sharp rise in tumor markers with groin recurrence. In one patient local recurrence was diagnosed without elevated tumor markers. CT and cytology confirmed local recurrent disease.

CT scanning and determination of tumor markers is of utmost importance in the follow up of stage I NSTC patients. Disease specific physical examination appears to be of limited value.

925872

PHYSICAL AND PSYCHOLOGICAL SYMPTOMS AND SUPPORTIVE CARE NEEDS IN PATIENTS WITH HEMA-

TOLOGIC MALIGNANCY. Ah Rang Jung, RN, OCN®, Asan Medical Center, Seoul, Republic of Korea; Myungsun Yi, DNS, RN, College of Nursing, Seoul National University, Seoul, Republic of Korea

Nurses must provide need-based care and total symptom management to effectively help patients with malignancy.

The purpose of this study was to describe and identify the correlates of anxiety and depression levels, physical symptoms, and supportive care needs in patients with hematologic malignancy.

The Revised Symptom Management Conceptual Model developed by Dodd et al. was adopted to guide this study.

This study employed a cross-sectional descriptive correlational survey design with 100 patients diagnosed with hematologic malignancy in a university-affiliated hospital in Korea. A structured questionnaire was used for data collection. The questionnaire included the Hospital Anxiety-Depression Scale (HADS) to assess anxiety and depression, M.D. Anderson Symptom Inventory (MDASI) to measure physical symptoms, and Supportive Care Needs Survey - Short Form 34 (SCNS-SF34) to assess supportive care needs. The data were analyzed using descriptive statistics, t-test, one-way analysis of variance (ANOVA), Duncan post hoc test, Pearson correlation, and stepwise multiple regression using SPSS/WIN 12.0.

Overall, patients with hematologic malignancy reported mild to severe levels of anxiety and depression. The most severe physical symptoms were lack of appetite, fatigue, pain, nausea, and sleep disturbance. Patients reported that they experienced the greatest amount of interference in enjoyment of life and work due to the disease. In terms of supportive care needs for patients, the health system and information domain showed highest among all domains, followed by patient care and support, physical and daily living, psychological health, and sexuality. Patients' supportive care needs had a statistically significant positive correlation with anxiety ($r=.538$, $p<.001$), depression ($r=.394$, $p<.001$), and physical symptoms ($r=.521$, $p<.001$).

The findings of this study can guide nursing interventions to meet the supportive care needs of patients with hematologic malignancy. Additional research aimed at developing nursing interventions to reduce anxiety, depression and physical symptoms, which impact supportive care needs, is warranted.

926049

MAJOR CONCERNS OF COLORECTAL CANCER SURVIVORS PREVIOUSLY TREATED AT AN NCI DESIGNATED CANCER CENTER. Mary Morgan, PhD, ARNP, Survivorship, Moffitt Cancer Center, Tampa, FL; Cindy Toftagen, PhD, ARNP, AOCNP®, College of Nursing, University of South Florida, Tampa, FL

Today there are approximately 12 million cancer survivors. Patient advocacy groups have voiced concerns that being told they are cancer free does not mean they are released from its burdens. Cancer survivorship has been identified as a distinct phase of care for cancer patients that should focus on physical, psychosocial and economic sequelae from a cancer diagnosis and its treatment.

The purpose of this study was to identify common concerns of colorectal cancer survivors. These patients were in the extended stage of cancer survivorship which follows completion of intense treatment. They may be in possible remission or receiving intermittent therapy during this stage. The study sought to identify challenges patients face includ-

ing uncertainty of treatment outcomes and fears of recurrence. They may be negotiating physical and psychosocial compromises.

Mishel's Uncertainty in Chronic Illness Theory explains how patients cognitively process illness related stimuli. The theory applies to cancer survivors as they attempt to structure or ascertain value in life and find a "new normal" after being diagnosed with cancer.

Between July 2009 and June 2010, 89 patients who received oxaliplatin based chemotherapy for stage III or IV colorectal cancer between 2002-2008 at a large Comprehensive Cancer Center in west, central Florida completed the Clinical Needs Assessment Tool for Cancer Survivors and returned the questionnaire by mail. Data were analyzed using descriptive statistics, including frequencies and percentages. The most frequently reported concerns that patients reported needing help with and concerns that they experienced but felt they were handling satisfactorily were identified.

Intimacy/sexual functioning (22.5%), fear of recurrence (12.4%), and sleep (11.2%) were the top concerns that participants felt they needed help with. Fear of recurrence (73%), pain, fatigue, and body changes (64%), stress in life (51%), sleep (51%) and information about their illness with need for follow up care (49%) were the top needs that patients reported having, but felt they were adequately met. Cancer survivors may have many concerns that should be addressed by health care providers. Identifying their unmet needs will enable providers to develop interventions or open discussions with survivors to identify appropriate resources.

926106

ASSESSING MAMMOGRAPHY SCREENING IN NONURGENT EMERGENCY DEPARTMENT PATIENTS BY NURSE PRACTITIONERS. Karen K. Paraska, CRNP, MSN, Nursing, Duquesne University, Pittsburgh, PA

There has been a documented increase in the use of Emergency Departments (ED), with those with nonurgent problems as high as 50% of the total patient population. This problem has necessitated the use of nurse practitioners. Since many patients use the ED as their primary care providers, women may have access only there for receiving information about mammography screening.

Mammography can detect 80-90% of breast cancers, however only 69.7% women aged 40 and over have had a mammogram in the last two years. With the increased use of nurse practitioners in the ED, it places them in excellent position to fulfill this role.

This project was part of a larger study describing the use of mammography screening in women with chronic diseases with the ED group as the comparison. The purpose was 1. To determine the feasibility of collecting mammography screening behaviors in the ED by nurse practitioners practicing in the ED, and 2. To determine the knowledge of women in the ED regarding mammography screening.

The Expanded Health Belief Model was used and focused on perceived susceptibility and severity, or the extent of a person's knowledge of breast cancer and it's potential outcome of mammography screening.

Instruments were given to women in the ED by the nurse practitioner. Knowledge was assessed by true and false questions of the Breast Cancer Knowledge Test, which has been used for years to assess breast cancer and perceived risk

among women in a primary care setting. Descriptive statistics as well as predictors using univariate logistic regression models were used.

A total of 95% of those who were asked to participate by the NP in the study agreed. The mean age was 52, with physician recommendation seen in 78% of the group, yet only 56% compliant. The scores were only 66% for knowledge, yet 89% for curability.

Despite knowing the seriousness of the disease, these women had less knowledge of their susceptibility. Nurse practitioners in the ED are ideally positioned to form alliances with women by functioning as their advocate and creating an environment of health promotion in the ED setting.

Underwriting/Funding Source: Pennsylvania Department of Health Commonwealth Universal Research Enhancement (CURE) Grant

926452

CLINICAL NURSE SPECIALIST: GUIDING STAFF IN EVIDENCE-BASED PRACTICE. Tina M. Mason, ARNP, MSN, AOCN®, AOCNS®, Nursing Administration, H. Lee Moffitt Cancer Center, Tampa, FL

The delay of translating new knowledge into practice continues to be an issue in healthcare. Clinical Nurse Specialists (CNS) operating within the 'nurses within the nursing practice sphere' are key to improving nursing practice, ensuring care is evidenced-based, and providing initiative/guidance in developing standards and best-practice guidelines. Inherent in this role is guiding staff in developing their own evidence-based practice (EBP) skills.

The purpose of this abstract is to describe the CNS' role in developing staff nurse EBP skills.

At our institution, an EBP Working Group (EBPWG) set the goal to conduct a review of the literature, summarize findings in a Table of Evidence (TOE), and rate the strength of the evidence. Although members worked to create an EBP tool kit for staff, they remained novices and were now at a point of learning to use the tools themselves in order role model to their peers. The CNS of the EBPWG offered to guide the members in this process. After conducting a review of the literature, two research studies were reviewed, rated, and outlined in a TOE as a group. The Johns Hopkins Nursing EBP Research Evidence Appraisal scale was used for ratings. Members were provided research studies to summarize and rate. The next two meetings consisted of members reviewing their assignments as well as designing a plan to collect hospital data on the subject matter based on the review.

Ten nursing research studies were summarized and rated within three meetings. In addition, based on discussion of various methodologies reviewed, a plan was formulated to obtain data at our institution in July. Members reported increased comfort with the EBP review process. The CNS will provide an EBP inservice on the topic in August, including the summaries and data collected.

The CNS role is multifaceted. In addition to providing clinical expertise, CNSs support the professional development of the nurse. With CNS support, staff can develop skills for reviewing and rating the evidence in nursing research studies. Assisting staff in developing EBP skills can increase comfort and appreciation of nursing research and the EBP process ultimately extending to improving care for patients.

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