



# Symptom Management Excellence Initiative: Promoting Evidence-Based Oncology Nursing Practice

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Accessing and using the best evidence for cancer symptom interventions are prerequisites for nursing excellence. To incorporate evidence into direct care practice, staff at the Dana-Farber Cancer Institute implemented the Symptom Management Excellence initiative to compare patients' and nurses' reports of their most frequent and highest priority cancer symptoms. Interdisciplinary teams then convened to design and test the feasibility of bringing symptom management evidence into clinical practice. This article describes how the initiative has successfully used patient-reported data, direct-care nurse input, research evidence, and expert opinion to systematically improve cancer symptom management.

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Nursing care and science remain focused on patient-centered outcomes, improving the patient experience (Berger, n.d.), and providing effective, up-to-date care. Oncology nursing is a dynamic practice in which evidence is available to manage cancer symptoms and treatment side effects. However, without practically applying such evidence, relevance is lost to journal articles and textbooks, with little impact on patient outcomes.

The Dana-Farber Cancer Institute (DFCI) aimed to meet the need for evidence-based practice (EBP) through the Science and Practice Aligned Within Nursing (SPAWN®) process (Berry, 2011). Recognizing the mandate to address cancer symptoms, the Symptom

Management Excellence (SME) initiative (Berry, Boucher, Underhill, Roper, & Saunders, 2011) was developed and led by nursing and patient care services. This article will illustrate the SME process and present implications for practice.

## Background

Individuals treated for cancer often live with a high symptom burden because of the physiologic and psychological side effects of the disease process and treatment modalities (Schulmeister & Gobel, 2008). Guiding patients and families toward self-care activities to reduce symptom burden and improve psychosocial functioning can enhance

patients' cancer experience across the illness trajectory (McCorkle et al., 2011). Oncology nurses are responsible for assessing, intervening, and evaluating symptoms at each patient contact, making the improvement of symptom management a priority objective within practice and research (Berger, n.d.; Given, 2010).

The Oncology Nursing Society (ONS) developed the Putting Evidence Into Practice (PEP) initiative (Doorenbos et al., 2008), which aims to synthesize and disseminate best evidence-based symptom management practices from systematic review; meta-analysis; and randomized, controlled trial literature (level I and level II). Despite wide publicity for PEP, few publications have described successful implementation of PEP resources in clinical settings.

Direct care nurses and cancer care institutions are challenged to ensure that available symptom management evidence is translated into patient care. EBP is the integration of clinical expertise, current research evidence, and patient care preferences to improve patient care practice (Fineout-Overholt, Melnyk, & Schultz, 2005; Rycroft-Malone et al., 2002). EBP is part of the nursing role at all levels and is an integral mechanism for advancing nursing as a profession (Melnik et al., 2004). In addition, EBP has been identified as essential to nursing practice (American Nurses Credentialing Center, 2012; Reigle et al., 2008; Turkel, Reidinger, Ferket, & Reno, 2005).

The role of the institution's administration is central to all aspects for EBP implementation in promoting a nursing culture that values EBP and provides a well-resourced infrastructure (Stetler,