Cancer survivorship care is a concept highlighted in a report by the Institute of Medicine (IOM) (Hewitt, Greenfield, & Stovel, 2005). In that report, cancer survivors described feelings of loss at the end of acute treatment, lack of attention to long-term sequelae of treatment, and a physical and emotional toll from their cancer diagnosis (Hewitt et al., 2005). In response to these concerns, the IOM challenged healthcare providers to establish cancer survivorship planning as a routine part of cancer care (Hewitt et al., 2005).

The IOM cancer survivorship initiatives have been embraced by oncology professionals at many academic medical centers; however, the work has been somewhat fragmented, perhaps from the lack of empirical evidence and widespread professional education (Klem, Frazier, Glennon, Trunecek, & Irwin, 2011). The need for institutional and professional support of a survivorship paradigm shift is evident (Earle & Ganz, 2012; Ganz, Earle, & Goodwin, 2012). Barriers to high-quality survivorship care include issues of reimbursement, resources, time, communication, coordination of care, and evaluation of results (Stricker et al., 2011). Some issues remain with the term survivor (Khan, Rose, & Evans, 2012). Survivorship care encompasses all patients, including those with metastatic disease and at the end of life (Lester & Schmidt, 2011).

Oncology care providers are accustomed to providing expert care, but the establishment of cancer survivorship care as a distinct phase remains a relatively new concept to most healthcare providers (Lester & Schmidt, 2011). A conceptual model of adult survivorship is not well described (Howell et al., 2012), and the operational model continues to evolve (McCabe & Jacobs, 2012). Oncology professionals typically discuss several of the recommended components of survivorship care planning with survivors (Haylock, Mitchell, Cox, Temple, & Curtiss, 2007). However, that occurs over a period of time, not in a concise package or at a designated time point in the cancer trajectory. The familiarity of survivorship care planning to nurses who worked at the James Cancer and Solove Research Institute, a National Cancer Institute-designated comprehensive cancer center in Columbus, OH, was relatively unknown. The institution