

Innovation, Creation, Inspiration

Katz is a clinical nurse specialist at the Manitoba Prostate Centre, an adjunct professor in the Faculty of Nursing at the University of Manitoba, and a sexuality counselor for the Department of Psychosocial Oncology at CancerCare Manitoba, all in Winnipeg, Manitoba, Canada.

Katz can be reached at ONFEditor@ons.org.

Key words: clinical practice; immunotherapy; research

ONF, 43(2), 131-132.

doi: 10.1188/16.ONF.131-132



For so long, changes in practice were about tweaking this and modifying that, and with the introduction of new therapies, innovation that has application in clinical practice is a meaningful advance.

The end of each year and the beginning of the next usually involves the media printing lists of what was talked about in the past year and what is going to be “hot” in the coming 12 months. The world of oncology is no different. *MedPageToday* conducted a non-scientific survey of readers (Sergel, 2015), asking oncologists what game changers they saw in 2015. Seventy-four percent said that the use of immunotherapy in different cancers had changed the playing

field and was a significant breakthrough in treatment for many patients. This is great news for oncologists, patients, and their families. For so long, changes in practice were about tweaking

this and modifying that, and, with the introduction of new therapies, innovation that has application in clinical practice is a meaningful advance. Although we did not know about the results of the survey at the time, the Editorial Board of the *Oncology Nursing Forum* identified immunotherapy as a hot topic in mid-2015 and sought out manuscripts on the topic. You can see three of these articles in the pages of this issue, reflecting new nursing knowledge on the use of tyrosine kinase inhibitors.

I’ve been thinking about innovation recently. How can I innovate the way I do the work I do? It is

more than providing better care for my patients because when I do the same things over and over in the same way, I tend to get bored, and boredom is not a state of being that I enjoy. So there is some selfishness in my motivation to be more creative. I need to be engaged and excited about coming to work every day (and I am 98% of the time); I hope that most of us do.

One of my few out-of-work interests is fine dining, and I follow a number of chefs on social media. Food and restaurants is one area in which innovation can be seen, and the creativity of these chefs is something that inspires and often amazes me. When eating in some of the restaurants I have been privileged to visit (and I am more than willing to share the names and locations offline), I have literally been rendered speechless at the beauty and originality of what has been set before me on the plate. And more than once, I have actually been brought to tears. There’s a cancer connection to this experience too; chef Grant Achatz and his business partner, Nick Kokonas, of the Chicago restaurant Alinea have written movingly about Achatz’s experience with stage IV tongue cancer (Achatz & Kokonas, 2012).

Of course, I know that putting food on a plate (or many plates) is very different from the work we do as oncology nurses, educators, and researchers. But I have learned some lessons from these chefs that I think about often and deeply and challenge myself as to how these may translate into my own professional life.

First, these chefs do not work alone. They work in teams and often look outside the kitchen for team members. They brainstorm, reinvent, and think not only out of the box about how to make the food, but also about food as more than just ingredients and rather as a sensation, memory, and experience using all the senses. As clinicians, researchers, and educators, we, too, must work in teams, and not just the traditional nurse and physician teams. Many of us already are including information technology specialists, computer programmers and analysts, allied health professionals, and patients and family members in our research teams. Who else can we include when planning clinical or research programs? Who else may see things through a different lens than our traditional perspective, and how can they help us to include all the senses that our patients use when they experience a healthcare crisis or go through treatment?

Second, the dining experience has to be an immersive experience for the guests. It starts before you enter the restaurant and continues with the greeting received at the door and the eventual goodbye as you leave the building at the end of the evening. One of the things that often has amused me when dining in some of these restaurants is being accompanied to the door of the restroom; as an adult, this can feel

slightly odd, but, on reflection, is this not an elevated form of navigation? A staff member is ensuring that you get where you need to go and that you do not get lost or wander off where you should not be. Our patients and our students also experience the world of oncology as an immersive experience, and we need to ensure that they are served from beginning to end in a way that is helpful to them and with a clear map of where to go and who to go to if they feel lost.

Third, at the end of the evening, the guest is provided with a copy of the menu to take home. I personally love this and have a collection of menus that are framed and displayed in my home, where they serve as a reminder of the meal and are a great talking point for visitors. I think about this as the “take-home” message that our patients should have because they are not going to remember everything we tell them. It applies to the participants in our research studies, too; what do they learn from their participation in our studies and how do we communicate this to them, if at all?

And finally, these chefs do not stop in their quest to improve, to innovate, to imagine, and they keep trying, over and over and over, to bring something new to the plate, to the experience of their guests, and, ultimately, to their own work

life. They do this by avoiding repetition in the dishes they serve, traveling to eat in each other’s restaurants to broaden their own experiences, experimenting and failing, and, ultimately, presenting a new vision of what something simple—food on a plate—can be. I strive to do that in my clinical work by thinking of new ways to explain complex issues to patients, creative ways to educate students, and novel approaches to some of the repetitious issues that I deal with.

There have always been innovators in oncology, and their discoveries have paved the way for better treatments, less invasive treatments, and improved outcomes for patients. Each and every one of us has the resourcefulness and the drive and energy, I hope, to be innovators and creators in our own areas of interest and careers. Let’s be on the cutting edge of discovery and make a real difference in the lives of our patients in 2016 and beyond.

References

- Achatz, G., & Kokonas, N. (2012). *Life, on the line: A chef's story of chasing greatness, facing death, and redefining the way we eat*. New York, NY: Gotham.
- Sergel, R. (2015). Immunotherapy is game-changer for oncology: NSCLC, breast cancer, multiple myeloma all respond to checkpoint inhibitors. *MedPageToday*. Retrieved from <http://www.medpagetoday.com/HematologyOncology/OtherCancers/55421>

Correction

In Yuki, Ishida, and Sekine’s *Oncology Nursing Forum* article (Vol. 42, No. 6, November 2015), the third sentence under Findings on page 667 and the second sentence under Discussion on page 668 should read as follows: “The total amount of CPA excreted by patients . . . was 108.3–181.5 ng. . . .” In addition, the value for the vertical axis Excretion in Patient’s Urine in Figures 1–3 should be ng.