Breast Cancer Survivors’ Satisfaction and Information Recall of Telehealth Survivorship Care Plan Appointments During the COVID-19 Pandemic

Stacey L. Teicher, DNP, MSN, PNP, AOCNP®, BSN, RN, Robin L. Whitney, PhD, RN, and Raymond Liu, MD

Breast cancer is the leading type of cancer in women (Iacoviello et al., 2021) and has a survival rate of nearly 90% at the five-year mark following cancer treatment (Runowicz et al., 2015). Although a person is considered a cancer survivor from the time of diagnosis until the end of life (Doyle, 2008), survivors of cancer have unique physical, psychological, and social needs after active treatment has ended. To address these needs, the Institute of Medicine and National Research Council of the National Academies (Nekhlyudov et al., 2017) recommend that oncology providers create a survivorship care plan (SCP) for cancer survivors and their primary care provider after completion of treatment to ensure that proper surveillance and psychosocial needs are met (Jacobs & Shulman, 2017). The SCP should include a customized list of the patient’s providers, a summary of treatments received (e.g., surgery, radiation therapy, chemotherapy, endocrine therapy), a recommended follow-up schedule (e.g., clinic visits, surveillance tests), healthy lifestyle recommendations (e.g., exercise, nutrition, supplements), and education on detecting signs of possible recurrence (Nekhlyudov et al., 2017). When the patient receives the SCP, the provider should also offer additional resources as needed, such as referrals for social work, a dietitian, physical therapy (e.g., lymphedema clinic), acupuncture, and support groups.

SCPs have traditionally been delivered via in-person visits, which have shifted to telehealth because of the COVID-19 pandemic. Telehealth provides an opportunity for nurse practitioners (NPs) to continue their survivorship clinics virtually by providing services, offering education, and managing symptoms while avoiding direct physical contact.

OBJECTIVES: To examine patient satisfaction and information recall after telehealth breast cancer survivorship visits with a nurse practitioner.

SAMPLE & SETTING: Female survivors of breast cancer after their first visit with a nurse practitioner in the outpatient survivorship clinic post-treatment.

METHODS & VARIABLES: Participants included female survivors who were originally diagnosed with stage 0–III breast cancer and have since completed an initial telehealth appointment to review the survivorship care plan. Survivors were invited to complete a 20-question electronic survey about their satisfaction and recall of visit information.

RESULTS: 62 participants completed the survey and indicated an overall high level of satisfaction with telehealth survivorship appointments. Most recalled key survivorship information from the visit and felt the appropriate amount of information was discussed. Overall satisfaction was significantly correlated with the length and convenience of the appointment, and the personal manner and technical skills of the nurse practitioner. Survivors’ age was not associated with significant differences in overall satisfaction.

IMPLICATIONS FOR NURSING: Telehealth for initial survivorship visits demonstrated high satisfaction with telehealth and the overall visit as a low-cost intervention to treat symptoms.

KEYWORDS: telehealth; survivorship care plan; survivorship care visits; breast self-examination
ONF, 49(3), 223–231.
DOI 10.1188/22.ONF.223-231