

2013 Oncology Nursing Society Annual Congress: Education Abstracts

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80099 (Poster)

CENTRAL LINE CARE—NURSING PRACTICES. Joan Mervine, RN, Geisinger Medical Center, Danville, Pennsylvania; Michele Long, RN, BSN, MS, Geisinger Medical Center, Danville, Pennsylvania; Laura Allaman, RN, BSN, OCN®, Geisinger Medical Center, Danville, Pennsylvania; Mary Jo Cochrane, RN, Geisinger Medical Center, Danville, Pennsylvania; Sandra Henrie, RN, AD, Geisinger Medical Center, Danville, Pennsylvania; Adrienne Lonczynski, RN, BSN, OCN®, Geisinger Medical Center, Danville, Pennsylvania; Margaret Reed, RN, OCN®, Geisinger Medical Center, Danville, Pennsylvania

Significance and Background: The nursing staff has been working on reducing central line associated blood stream infection (CLABSI) on the Hematology/Oncology unit since October 2011 and they discovered the “knowing the right thing to do but not doing the right thing all the time” statement was true. A team of nursing management, nursing, infection prevention and clinical innovations staff was developed to specifically research and address nurses’ practices in the care of the immunocompromised patients with a central venous catheter (CVC) and develop best practice for these patients.

Purpose: The team collected data on the standard of care for patients with CVC’s through observations of practices and competencies on their unit. The team then took responsibility in engaging the front line nurses to standardize the care that is provided.. The staff researched and created standard work processes for every step in care and maintenance of the CVC. Checklists were developed for flushing, assessment of site and catheter, dressing changes and accessing mediports. All licensed staff was educated on the checklists and observations were completed again. Through feedback from staff, some final revisions were made. These checklists have been finalized and approved by the Central Line committee and will be attached to the policy July 1, 2012 for the Geisinger system to use.

Evaluation: Standardization of practice and revalidation of checklists has helped reduce the rate of CLABSI’s in the immunocompromised patient. Creating standard work processes for every work process is a must do every time. This is critical for prevention of CLABSI’s and “obtaining zero”..

Discussion: The processes that were developed from this work then became pocket size checklists for staff to use. These checklists are also used for monitoring staff while doing these tasks. This guarantees the same process is completed the same each time. All staff have received the same information which eliminates any error in the care of central lines in an immunocompromised patient. This group also developed a handout for patient education on the eight things everyone with a central line needs to know; “SAVE YOUR LINE.”

87098 (Poster)

USE OF FOCUSED EDUCATION REGARDING RECONSTRUCTION IN PATIENTS WITH HEAD AND NECK CANCER TO IMPROVE OUTCOMES. Colleen O’Leary, MSN, RN, AOCNS®, The Ohio State University Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, Ohio; Jody Knisley, MSN, RN, CNP, The Ohio State University Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, Ohio

Significance and Background: Head and neck cancer will constitute 6% of all newly diagnosed cancers in 2013 with an estimated 96,710 new cases. Resecting HNC can create large defects that have a profound effect on cosmesis and function. Reconstruction aims to restore form and function. Donor sites

where tissue, with its own blood supply, is removed in order to be reattached elsewhere have been identified. Regional flaps take tissue near the defect allowing it to be moved but anchored by a pedicle. Free flaps use distant sites where the tissue is brought along with an artery and vein that are anastomosed to blood vessels in the neck to ensure a robust blood supply. A free flap including bone from the donor site is used when reconstruction of bone is required.

Purpose: Education is imperative to positive outcomes with reconstruction. Information about types of flaps including use, advantages/disadvantages, and postoperative care should be developed for patients/families and staff. For staff, a poster was developed depicting types of flaps. Included was a description, indications, advantages/disadvantages and post-op care and complications. Flaps reviewed included local flaps, regional flaps including fasciocutaneous and myocutaneous flaps and free flaps including radial forearm, fibula, rectus, latissimus dorsi, scapular and anterolateral thigh flaps. Concurrently similar patient/family educational materials were created. Both tools included pre and post procedure pictures allowing everyone to see end results thus alleviating some of the fear and anxiety in the immediate post-op period.

Evaluation: Feedback from staff regarding lessons learned, changes in practice and suggestions for improvement will be elicited after education has been implemented. Discussion with patients/families regarding effectiveness will be completed during post-op visits.

Discussion: Deformities of the head and neck have devastating effects on appearance and function of the patient and are among the most disabling and socially isolating defects. Desire to alleviate this while restoring form and function has lead to improved methods for reconstruction. In order to improve patient outcomes including decreased infection, flap failure, and distress while increasing quality of life, rigorous education of patients/families and staff is necessary. 343 words

91385 (Poster)

FERTILITY PRESERVATION OPTIONS FOR THE PATIENT WITH CANCER. Ann Scalia, RN, BSN, CNOR, Walgreens Specialty Pharmacy, Milton, Massachusetts; Judith Greve, LPN, Walgreens Specialty Pharmacy, Milton, Massachusetts

Significance and Background: According to the American Society of Clinical Oncology 2006 Guidelines, fertility preservation options should be addressed by oncologists and physicians as part of standard care for cancer patients – both male and female – who are in their reproductive years. The guidelines also recommend referrals to a reproductive endocrinologist (REI) and psychosocial providers when appropriate. Despite these guidelines, a report in the Journal of Cancer Survivorship found that 88 percent of cancer survivors had not received information about fertility and cancer treatment. Fertility preservation options should be addressed whenever reproductive function is threatened. This presentation is designed to give oncology nurses more information regarding the various options available to patients.

Purpose: Both men’s and women’s fertility can be affected both during cancer treatment and after. In fact, even 30% of childhood cancer patients face infertility. For patients who want to have children, this can be devastating. This interactive presentation will provide nurses with an overview of the physiologic and psychological issues faced by the oncology patient regarding fertility preservation options in the Assisted Reproductive Technology (ART) practice.

Evaluation: Nurses who attend this presentation will learn how to identify common concerns when considering reproductive potential, describe biological effects cancer treatment can have on various aspects of reproduction, briefly describe technologies available for fertility preservation and provide resources available for the oncology patient.

Discussion: Fertility Preservation options available are rapidly advancing and it is a new specialty emerging even within the reproductive endocrinology. This course will review the effects of various cancer treatments on reproduction along with updates on new options for fertility preservation. The oncology nurse will gain information on resources available for their patients, as well as advances and updates on various treatment options. After this session, the oncology nurse will be able to give patients an overview of what to expect if a patient elects to seek a fertility preservation consultation.

91942 (Poster)

DEVELOPING A NURSE NAVIGATOR PROGRAM AT AN NCI DESIGNATED COMPREHENSIVE CANCER CENTER.

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Significance and Background: Oncology Nurse Navigation continues to grow in importance as nurses assist with the diverse needs of this patient population. In 2015 the American College of Surgeons Commission on Cancer (CoC) will require a navigation program at all cancer centers to obtain accreditation. At the Arthur G. James and Richard J. Solove Research Institute, a 205 bed comprehensive cancer center located in the Midwest navigation was explored reflecting the Relationship Based Care nursing model. Roles within The James provide aspects of the navigation function, without the full impact a designated role could demonstrate. Complex care needs within a diverse, multi-site healthcare system require a concerted effort to coordinate care with best practice outcomes.

Purpose: Utilizing the patient-centered relationship-based care model as a framework, a group of nurses functioning in a care coordination role formed a workgroup and completed the following:

- literature review, conference attendance for knowledge
- surveying patients, families, advisory group for gaps in experience
- local market and NCI institution competitive assessment
- tracking and outcome software review

Evaluation: The job description was drafted, a Pilot Study of the Nurse Navigator role was approved and the first Nurse Navigator is in place. Existing roles are currently being evaluated, actively identifying barriers and the workgroup is systematically addressing these as the role develops to ensure the effective use of the navigator allowing for the expansion of the program.

Discussion: Analysis of current care coordination demonstrates many resources are available, yet consistent implementation of access to care and services would add value to the organization. Education and reallocation of staff to meet new role expectations is being explored to maintain a budget-neutral program implementation. Software design is in process and a research study has been proposed to evaluate the effectiveness and outcomes of patient navigation. The successful implemen-

tation will include the designation of a disease management expert accessible to patients and providers to expand resources, increase patient compliance and ease care burden.

98309 (Poster)

PREPARING THE ADULT SIBLING TRANSPLANT DONOR FOR COLLECTION AND BEYOND.

Sherry H. Sorensen, MSN, RN, OCN®, CPHQ, NEA-BC, Texas Tech University, Lubbock, Texas; Veronica Smith, DNP, MD Anderson, Houston, Texas

Significance and Background: Siblings are frequently called upon to donate stem cells for their brother or sister who has a life threatening illness. They feel obligated to donate, and may not always understand the process, potential adverse events, complications for the recipient, or how the success or failure of the transplant may impact their quality of life. Providing for the educational needs of the sibling donor is essential to enhancing the related donor experience. A goal of this process improvement project is to develop a consistent educational resource for sibling stem cell transplant donors to better prepare them for the process and potential outcomes. Providing this information to the sibling donor encompasses the unique role of the oncology nurse.

Purpose: The aim of this project is to: Develop and evaluate a sibling donor manual designed to assist in preparing sibling stem cell donors for the transplant process and associated outcomes. The manual will include the following: An introduction to the multidisciplinary team, an Overview of stem cell transplant including the donation process, specifics regarding allogeneic stem cell transplants, important resources available, frequently asked questions, and a section for the donor to take notes or write down any questions they have. This is important because: Currently education of the sibling stem cell donor is primarily done by telephone until the donor comes in for their workup. After donation, sibling stem cell donors do not have routine follow-up visits and are not given the chance to express their concerns or receive support from health care providers. A standardized educational approach will assure that all donors have needed information about the transplant process and prepare donors for their potential response to the transplant outcome, particularly if the outcome is not positive. The conceptual models used are Watson's Theory of Caring and the Holistic Caring Processes. Using Watson's Body, Mind, and Soul, and the Holistic connection linking philosophy to science, science to culture, and culture to being, action research (as defined as this quality improvement project) can be employed to bridge the gap between theory, research and practice to develop an educational program to prepare the donor for all aspects of stem cell donation and transplantation.

Evaluation: The sibling donor manual will be discussed in depth with twenty adult sibling donors by the nurse on a day of collection in the Apheresis Unit. Donors will be informed that the manual being discussed is new and that it would be helpful to have feedback so that any needed changes could be made. Permission to contact the donor 30-60 days post-transplant by telephone regarding feedback will be requested. Those donors who agree to the follow-up phone call will be contacted by the Apheresis Advanced Practice Nurse (APN) within 30-60 days of donation. The questions that will be asked are as follows: These questions which have been used by Patient Education in the past to evaluate manuals and programs. The first three questions will be rated on a 5 point Likert Scale: Did the Manual give me all the information I needed? (Was it useful?) Was the Manual easy for me to read? (Was it efficient?) I learned a lot from reading this manual (Was it effective?). The next four questions will be narrative: What part of the Manual was most helpful? What part of the Manual was least helpful? What additional information would you like included in the Manual? What

information would you suggest we remove from the Manual? A copy of these questions will be given to the donor at the time the educational material is presented. The results of the telephone call backs will be discussed in a monthly Apheresis Quality Improvement meeting and revisions to the manual will be decided upon by the group. Using the plan, do, check, act quality improvement process, the manual has been developed and the donor feedback will be used to revise the manual as necessary. The outcomes of this project affect all stem cell transplantation centers, providing the donor with the information they need is essential to the emotional health of related sibling transplant donors. Oncology nurses are best prepared to educate and provide follow up for these related donors.

Discussion: Determining the educational needs of the related stem cell donor is essential to enhancing the sibling donor experience. Working with an interdisciplinary team is necessary for the development of a sibling donor program. All transplant programs could benefit from the outcomes of this project, simply stated, any stem cell donor could benefit from this project.

101524 (Poster)

EARLY IMPLEMENTATION AND DOCUMENTATION OF BMT PATIENT AND CAREGIVER DISCHARGE EDUCATION. Laura B. Cole, RN, BSN, OCN®, Stanford Hospital and Clinics, Palo Alto, California; Sara Carney, RN, MS, OCN®, Stanford Hospital and Clinics, Palo Alto, California

Significance and Background: Preparing the BMT patient for discharge is a complex process. Nurses and other members of the BMT team provide a substantial amount of teaching for the immunocompromised patient and their FC prior to discharge. Teaching topics include medications, central venous catheter care, and reportable signs and symptoms. This information is vital to the BMT patient's successful transition to home and outpatient care. The bulk of the teaching is often left until the day of discharge, can be sporadic while the RN cares for other patients, can increase stress, and result in a delayed discharge. This practice leaves little opportunity for the learners' comprehension to be evaluated. A literature review indicated that adult learners retain only a small portion of information presented at one time and early implementation and repetition of the material increased learning and comprehension. There is no standardized method of tracking discharge teaching, increasing the likelihood that material may be duplicated or omitted.

Purpose: To improve and standardize the discharge process on an inpatient adult Blood and Marrow Transplant (BMT) unit through Evidence Based Practice. The goal was to increase BMT patient and family caregiver (FC) readiness for discharge and standardize education and evaluation of their knowledge.

Evaluation: Over a 6-week period, 16 of 28 eligible patients were discharged and all had discharge education documented using the form. Ten patients and caregivers completed the readiness assessment, and 100 % indicated complete readiness for discharge on discharge day. Discharge teaching was initiated at least 1 day prior to discharge for 40% of learners. Staff also provided informal feedback, indicating overall satisfaction with using the new form to document discharge education. Implementing early discharge education enabled the BMT patient and FC to be ready for discharge and allowed time for the RN to reinforce knowledge.

Discussion: Members of the interdisciplinary team found the discharge education documentation form useful and used it as a guide for discharge teaching, validating the feasibility of the form. The form also served as a method to track the material as it was taught, reinforced, and evaluated. While this was a successful start in improving the discharge process there is more to be done in the future. Recommendations include improving the form based on staff feedback, utilizing it for all BMT patients, and incorporating the form into the electronic medical record.

Implications for oncology nursing practice are improved patient readiness for discharge, decreased stress on the day of discharge, and a streamlined method for documenting education done over a period of time. The form, or the concept is easily adaptable to other areas of oncology nursing by customizing it to the specific field, disease, or treatment plan.

103795 (Poster)

THE SIGNIFICANT VARIABLE MISSING IN ONCOLOGY RESEARCH EDUCATION IS TECHNOLOGY. Cynthia Chernecky, PhD, RN, AOCN®, FAAN, Georgia Regents University, Augusta, Georgia; Julie Zadinsky, PhD, RN, Georgia Regents University, Augusta, Georgia; M. Katherine Maeve, PhD, RN, Veterans Administration Hospital, Augusta, Georgia; Denise Macklin, BSN, RN, Vascular Access Consultant, Marietta, Georgia

Significance and Background: Model development for oncology nursing practice research and education is in its infancy. The focus in oncology clinical research has included the variables of patient and practice but few include the significant variable of technology products. In the specialties of interventional and medical cardiology and orthopedic surgery, products used are significant variables impacting clinical outcomes, comparative effectiveness research (CER) and subsequent recalls. Oncology nursing must include technology and associated products into its formal education on research methods and in programs of research. Some initial work in oncology focusing on variable technology has included the products of intravenous connectors and their association with catheter related bloodstream infections but much more research specific to technology is needed. The significance of the variable "technology" in oncology is underappreciated and underutilized and therefore is a study limitation that can significantly impact research outcomes.

Purpose: To define the three main variables of patient, product and practice in the HATS model and its use in oncology nursing research and education, including comparative effectiveness research.

Evaluation: The outcomes of oncology nursing education and research, including CER, utilizing the HATS model, inclusive of the variable technology, makes the development of nursing curriculum and interventions based on research results easy to implement and insert into policies as well as clinically specific to oncology nursing practice and education.

Discussion: Appropriate development and evaluation of research for oncology patients and practice that includes the variable of technology has implications for the areas of curriculum development, cost-benefit analysis, product evaluation and best practices based on patient and setting including appropriate oncology nursing interventions.

105290 (Poster)

CARNEY'S TRIAD: AN UNUSUAL ASSOCIATION OF THREE RARE TUMORS. JoAnn Coleman, DNP, ANP, ACNP, AOCN®, Sinai Hospital of Baltimore, Baltimore, Maryland

Significance and Background: An association of three rare tumors was described by Carney in 1977. A 29-year-old female presented to her PCP complaining of dull chest pain that intensified when she was supine. Imaging showed several left upper lobe masses adjacent to a mass in her anterior mediastinum, a gastric mass and multiple liver lesions. Biopsy of the gastric mass and liver lesions demonstrated a gastrointestinal stromal tumor (GIST) with liver metastases. Chest lesions were not biopsied as they appeared consistent with pulmonary chondromas and a paraganglioma.

Purpose: Carney's triad consists of multifocal pulmonary chondromas (benign tumors of bronchial cartilage), GIST, and

extra-adrenal paraganglioma (commonly in the mediastinum). Two tumors are required for diagnosis. Most patients are young women (mean age of 21 years at presentation). 20% of patients have all 3 tumors; the remaining has 2 are commonly GIST and pulmonary chondroma. Tumors may occur in any order and with varying combinations. The prevalence of Carney's triad is unknown. Cause has not been identified, genetic basis is suspected. Management involves surgical resection of tumors with follow-up for recurrence and investigation for other elements of the triad.

Evaluation: Symptoms are determined by the first presenting tumor. Upper GI bleeding is a frequent sign of GISTs as most develop in the gastric antrum in the triad, lack response to targeted therapy with slow progression of metastatic lesions. Pulmonary chondromas appear early in the disease with absence of symptoms and usually an incidental finding. No surgery need be performed if lesions are asymptomatic and indolent. Functioning paraganglioma symptoms include headache, hypertension, and facial flushing caused by elevated plasma catecholamines.

Discussion: Key features include young age at presentation, preponderance of women, and multifocal lung lesions. These should prompt screening for other disease components. Two tumors have potentially fatal consequences and early detection is mandatory. Surgery is best for controlling GIST and paraganglioma. To create an awareness of this rare, but recognizable, condition there must be a high index of suspicion when any of the 3 tumors is found in a young female. Oncology nursing can assist with patient education and encourage regular screening for new or recurrent tumors.

107206 (Poster)

END OF LIFE TOOLKIT FOR PATIENTS/FAMILIES AND NURSING STAFF. Patti A. Akins, BSN, RN, OCN®, Cleveland Clinic, Cleveland, Ohio; Christina Shane, MSN, RN, AOCN®, Cleveland Clinid, Cleveland, Ohio; Anne Fitz, MBA, RN, Cleveland Clinic, Cleveland, Ohio; Diana Karius, MS, RN, AOCN®, Cleveland Clinic, Cleveland, Ohio; Kolby Verrona, MSN, RN, Cleveland Clinic, Cleveland, Ohio

Significance and Background: End of life (EOL), according to Kirsti A. Dyer, MD, MS, FT, FAAETS, is defined as the symptoms or impairments resulting from the underlying irreversible disease that require formal (paid, professional) or informal (unpaid) care and can lead to death. End of life is also referred to as the final stage of the journey to life. This final journey is a time for healthcare providers to lead patient and families on the path with as much knowledge and education that they can provide. Many healthcare providers either do not have much experience or knowledge on how best to do this.

Purpose: In an effort to bridge the knowledge gap, a team of healthcare leaders from nursing and social work collaborated to discuss how best to meet the needs of nurses as they strive to provide seamless, quality care for patients approaching end of life. Nurses from six pilot units at the Cleveland Clinic were surveyed with five questions addressing comfort levels in providing end of life care and the education they felt was needed to improve their knowledge for providing that care. Approximately 57 caregivers responded and using information from the responses a toolkit was developed. The toolkit was divided into two components, one for nursing staff and one for patients and families.

Evaluation: The goal for the nursing component was to provide tools for continuity of quality care by enhancing nurses' level of comfort and breaking through educational barriers. The goal for the patients and families was to provide information to ease hopeful struggle and address uncertainty. Each component of the toolkit was divided into different sections. Nursing sections include: signs and symptoms of different dying phases, management of common EOL symptoms, spiritual needs, communication, grief, post-mortem care, and religion/beliefs/traditions/rituals. Sections in the patient/family component contain

information on physical and emotional/mental changes, hospice and palliative care information, bereavement websites and resources specific to Cleveland Clinic. The toolkit was shared during in-services on the nursing units. The information was also made available for each unit in a hard copy binder and electronically on the Cleveland Clinic nursing website.

Discussion: Following an opportunity to review and use the toolkit a post survey was distributed to evaluate the impact the toolkit had on caregiver comfort in providing EOL care, and identifying remaining knowledge gaps. The toolkit is currently under final revisions through the patient education department at the Cleveland Clinic to be certain that the content is at appropriate reading level and is standardized in format. The toolkit was presented to the Nurse Manager group at the Cleveland Clinic to make available house-wide to all nursing units. Once finalized all sections of the toolkit will be available to the staff on the nursing website and in the teaching section of our electronic documentation system.

107731 (Poster)

ONCOLOGY-SPECIFIC NEW EMPLOYEE ORIENTATION. Barbara Kingsbury, RN-BC, BSN, OCN®, Orange Coast Memorial Medical Center, Fountain Valley, California

Significance and Background: Nurses hired to work on the inpatient oncology unit were not familiar with all aspects of the cancer center and did not have a full understanding of their patients' experiences or available resources. This problem was the focus of an article published in *Oncology Nursing Forum* in March of 2011: "An Interdepartmental Team Approach to Develop, Implement, and Sustain and Oncology Nursing Orientation Program". Upon completion of the program, it became evident that the nurses' increased confidence and knowledge translated to more effective and insightful patient care.

Purpose: The rationale for this project was to increase employee and patient satisfaction by increasing the nurse's knowledge of all aspects of the cancer center. A ten-hour orientation was designed to include an overview of the cancer center, tours through the various treatment areas, speakers representing essential resources and specialties, a luncheon with the cancer center director, attendance at a tumor board, and information about nursing research, evidence-based practice and certification, and inservices on three oncological emergencies.

Evaluation: Baseline data about awareness of aspects of the cancer center were collected from current staff nurses who had not participated in the program. Evaluations were collected from the program participants at the completion of the orientation, at ninety days, and at one year. Participants were asked to comment on employee satisfaction, ability to enhance patient satisfaction, the effect on their knowledge level and any other benefits, comments or suggestions. Evaluation of the data showed a clear difference between the baseline group and the program participants. The increased confidence and knowledge of the participants became evident to the rest of the staff such that all of the nurses now wish to complete the program. They have come to value this information as necessary to high-quality care of the oncology patient.

Discussion: Oncology patients deserve to be cared for by nurses who possess knowledge about all of the treatment areas and resources available at their cancer centers. Knowledgeable nurses tend to be more confident and this creates greater comfort for their patients. Designing and providing an oncology-specific orientation above and beyond the general hospital or general nursing orientation program has value and is feasible in cancer centers both large and small.

108603 (Poster)

PROVIDING PROFESSIONAL DEVELOPMENT THROUGH AN ONCOLOGY EDUCATION FAIR. Jennifer Martens, RN,

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Significance and Background: The care of the oncology patient is complex. Nurses need to demonstrate proficiency in accessing central venous ports, understanding and verification of chemotherapy orders, safe handling of chemotherapy agents and management of extravasations and chemotherapy spills. Experienced oncology nurses, nurses who practice outside of the medical oncology setting and nurses who are new to the specialty of oncology need to have these skill sets evaluated for continued competency.

Purpose: To provide safe quality care to patients with cancer, nurses must be competent and confident in the essentials of oncology nursing care. Competency assessments are an annual validation among nurses independent of the practice setting. It is important to create an assessment format where skills are evaluated in the context of live, rather than computer modules. The purpose of the oncology education fair was to provide a non-threatening simulation setting. The nurse would be participating hands on with skill scenarios facilitated by oncology certified nurses.

Evaluation: Participants of the oncology education fair were given pre and post surveys to rate their level of confidence in five specific oncology skills. The evaluation of the data shows a 31% average increase in nurse confidence and proficiency of the specialized skill sets.

Discussion: Managing the oncology patient population requires developing clinical knowledge and specific skill sets. These skills are imperative for any nurse to achieve, regardless of the clinical setting of where they may care for an oncology patient. In the simulation environment nurses are able to visualize and practice oncology skill sets to enhance their professional practice. The oncology education fair will be conducted annually throughout the hospital and its affiliated organizations.

108811 (Poster)

STEM CELL TRANSPLANTATION NURSING BOOT CAMP. Denice Gibson, RN, MSN, CRNI, AOCNS®, Cancer Transplant Institute at the Virginia G. Piper Cancer Center Scottsdale Healthcare, Scottsdale, Arizona; Michelle McCreary, RN, BSN, Cancer Transplant Institute at the Virginia G. Piper Cancer Center Scottsdale Healthcare, Scottsdale, Arizona; Selma Kendrick, RN, MS, OCN®, Cancer Transplant Institute at the Virginia G. Piper Cancer Center Scottsdale Healthcare, Scottsdale, Arizona

Significance and Background: The creation of a center of excellence in stem cell transplantation required the establishment of a concrete educational structure. The foundational education was determined to include medical/surgical core competencies, Cancer Basic's Course, End of Life Nursing Education Consortium, Advanced Pain Management, Oncology Nursing Society Chemotherapy and Biotherapy, Oncology Nursing Society Bone Marrow Transplantation Course, and review of Standard Operating Procedures (SOPs) throughout the process of orientation. Annually or biannually as applicable it is the expectation that each nurse will maintain a CPR and ACLS certification, current ONS Chemotherapy and Biotherapy provider card, annual review of the SOPs and 10 approved continuing education credits (6 general oncology and 4 must be related to stem cell transplantation).

Purpose: Creating competencies and a development pathway for Bone Marrow Transplant Nurses is essential to maintain quality indicators, Magnet designation, Foundation for the Accreditation of Cellular Therapy (FACT) and the American Col-

lege of Surgeons Accreditation (ACOS). Specialized education and preparation of the nurse who cares for the complex aggregate of stem cell transplantation population requires a complete, well-rounded educational program inclusive of standards that have been established by the Oncology Nursing Society and other professional associate nursing organizations.

Evaluation: A quarterly review of the quality indicators monitored for positive and potential problems. The expectation of nursing is that after the completion of the education over approximately a 2.5 year period the nurse will successfully sit for the Oncology Certified Nurse (OCN) Examination. This process is established upon hire and the nurse is paired with a mentor of their choice after the completion of their probation period.

Discussion: It was also important to progress nurses through their foundational education, so nurses that are hired with less than 10 years of experience with an Associate Degree in nursing are expected to obtain their Bachelor's Degree in nursing, with the support of tuition reimbursement and mentoring. Like most aggregates in Oncology, rapid scientific and technologic advances require nurses to know and do more than ever before. Safe and competent care is essential to the stem cell transplantation aggregate.

109937 (Poster)

PALLIATIVE NURSING FELLOWSHIP. Maureen Lynch, MS, APN, BC, AOCN®, ACHPN, FPCN, Dana-Farber Cancer Institute, Boston, Massachusetts; Katie Fitzgerald, MS, NP, ACHPN, Brigham and Women's Hospital, Boston, Massachusetts

Underwriting or funding source: Funding for the fellowship was provided by Y.C. Ho/Helen and Michael Chiang Foundation

Significance and Background: Palliative care is often equated with end-of-life care, but its true focus is the multifaceted concept of quality of life for patients and families living with life threatening illness. Patients with cancer can benefit from palliative care from diagnosis, through disease treatment and end of life or the early adjustment to survivorship. Recent studies suggest that early integration of palliative care with cancer care not only improves quality of life but survival. Advance practice nurses are key to expanding access to specialty palliative care and ideally suited to providing integrated palliative care and oncology care.

Purpose: The Dana Farber Cancer Institute. Brigham and Women's Hospital Advanced Palliative Nursing Fellowship was designed to provide specialized training for an experienced nurse practitioner seeking to integrate palliative nursing and oncology care. The purpose of this presentation is to describe the implementation of a one year advance practice palliative nursing fellowship. The fellowship design focused on role preparation for clinical practice and education. The perspective of the fellow, her mentor and the fellowship director provide unique perspectives of the challenges and strengths of the program.

Evaluation: The fellowship goals are :

1. Training of an palliative NP competent as a clinician, educator, and consultant
2. Creation of a unique, replicable, sustainable fellowship for palliative NPs
3. Dissemination of results and replication of program.

Discussion: At the core of nursing is palliative care; an approach to care that focuses on quality of life. Palliative care, as a model of health care delivery, offers patient and family centered care that enhances well being, improves communication between patient and healthcare providers, increases patient and family satisfaction with care, promotes continuity of care and decreases health care costs. Given the interface between nursing and palliative care, nurse practitioners are ideally suited to

provide expert primary and specialty palliative care to acutely and chronically ill patient populations across multiple settings of care. The efficacy of nurse practitioner-provided palliative care has been established in multiple studies over the past few years. Beyond “on the job training” and continuing education classes, there are limited opportunities for nurse practitioners to obtain the knowledge and clinical experience need to deliver competent palliative care. Clinical nursing fellowships that provide mentored learning and experience are needed to assure not only clinically competent practitioners, but to foster development of leaders and educators in advanced practice palliative nursing. The DFCI/BWH Nurse Practitioner Fellowship in Palliative Care seeks to prepare such clinicians

112542 (Poster)

MOLECULAR PROFILING: HOW DOES IT IMPACT ONCOLOGY NURSING PRACTICE AND PATIENT EDUCATION IN LUNG CANCER? Michell Jacqueline Berg Manu, RN, BSN, OCN®, MBA, Clinical Research Directorate/CMRP, SAIC-Frederick, Inc., Frederick National Laboratory for Cancer Research, Frederick, MD; Guin Chun, RN, BSN, Medical Oncology Branch, Center for Cancer Research, National Cancer Institute, Bethesda, MD; Arlene Berman, RN, MS, Medical Oncology Branch, Center for Cancer Research, National Cancer Institute, Bethesda, MD; Corrine Keen, RN, MS, Medical Oncology Branch, Center for Cancer Research, National Cancer Institute, Bethesda, MD; Barbara Scepora, CRNP, Medical Oncology Branch, Center for Cancer Research, National Cancer Institute, Bethesda, MD

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Significance and Background: Lung Cancer is the leading cause of cancer related deaths. In 2012, approximately 226,160 patients will be diagnosed with lung cancer and of them 160,340 patients will die from the disease. Erlotinib and Crizotinib are Food and Drug Administration (FDA) approved for Lung Cancer patients whose tumor harbor Epidermal Growth Factor Receptor (EGFR) mutation or Echinoderm Microtubule-Associated Protein-like 4 Anaplastic Lymphoma Kinase (EML4-ALK) translocation, respectively. Not only as frontline therapies but as targeted therapies, these drugs prolong progression free survival and increase quality of life substantially. However, only about 15% of lung cancer patients in the US have an EGFR mutation and less than 5% have an ALK translocation. Approximately 40% of patients do not have any of the known actionable mutations which cause one to wonder if there are other targetable mutations. Molecular profiling of tumors is an emerging practice that is expected to answer this question.

Purpose: Researchers at the National Cancer Institute (NCI) collected tissue samples from both newly diagnosed and previously treated patients. Of the collected tissue samples, approximately 70% were adequately analyzed for genetic alterations in 12 genes including EGFR, EML4-ALK, PIK3CA, ERBB2, and PDGFR. In this study 21% had an EGFR mutation, 25% with a KRAS mutation, 8% with ALK, and 30% with no mutation at all. The remaining 16% of patients had various types of other mutations tested under this research study.

Evaluation: Molecular profiling is a complex process that is steadily making its way through the healthcare arena. Patients are often confused and overwhelmed by the information provided. Nurses need to be educated in the field of targeted therapy so that we can educate our patients to identify their options, weigh the risk versus benefits, know potential treatment outcomes, and make informed and realistic decisions.

Discussion: Science and technology is advancing. It is essential for oncology nurses to have working knowledge of existing

and future targeted therapies in order to assist patients in understanding potential treatment options. Our hope is that oncology nurses will apply the knowledge of tumor profiling in their roles as direct caregiver, educator, consultant, and researcher to improve patient education and outcomes.

113256 (Poster)

NUTRITIONAL AND CANCER-RELATED FATIGUE ASSESSMENT NEEDS IN OLDER ADULTS WITH LUNG CANCER.

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Significance and Background: Nutrition and cancer-related fatigue issues are important aspects of oncology nursing. Once patients are assessed for nutrition and cancer-related fatigue, appropriate interventions can be effective in preventing and treating these problems.

Eating well can help patients feel better, keep up their strength and energy, maintain weight, tolerate side effects, decrease risk of infection and improve recovery. When patients are treated for cancer, it may be difficult to eat enough food to get nutrients and required calories, especially if they experience treatment-related side effects. Cancer-related fatigue is defined as a distressing, persistent, subjective sense of physical, emotional and/or cognitive exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning. Because fatigue is a subjective experience, it is best assessed by patient self-report.

Purpose: Questionnaires assessed nutritional needs and cancer-related fatigue in newly diagnosed lung cancer patients who received treatment (surgery, radiation and/or chemotherapy) at Central Florida Health Alliance for the months of October 2011 through March 2012. The Patient Navigator contacted patients by telephone to complete the questionnaire.

Evaluation: Thirty-nine percent of the patients received nutrition information; 14% of the patients had nutrition-related questions; 32% of patients wanted to speak with a healthcare provider about nutrition. Thirty-two percent of the patients received cancer-related fatigue information; 50% of the patients had fatigue-related issues; 25% of patients wanted to speak with a healthcare provider about cancer-related fatigue. Approximately 21% of the patients polled live alone. Many patients didn't consider surgery a treatment and weren't expecting these issues to be a concern.

Discussion: This study engaged cancer patients in an open discussion regarding their nutritional and cancer-related assessment and education needs. This study identified process improvement opportunities: 1) Educate staff and physician offices regarding the importance of discussing nutritional needs and cancer-related fatigue issues with patients; 2) The referral processes were defined for a dietitian consult and healthcare professional for cancer-related fatigue.

113507 (Poster)

DECREASING CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) RATE BY STANDARDIZING NURSING USE, CARE AND MAINTENANCE OF CENTRAL LINES.

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Vermont; Kelly Cueman-Sargent, BSN, RN, OCN®, Fletcher Allen Health Care, Burlington, Vermont; Kristen Gray, BSN, RN, OCN®, Fletcher Allen Health Care, Burlington, Vermont; Julie Hart, BSN, RN, OCN®, Fletcher Allen Health Care, Burlington, Vermont; Maureen Tremblay, MSN, RN, Fletcher Allen Health Care, Burlington, Vermont

Significance and Background: Central venous access is an essential component in the care of patients with malignant, infectious, and chronic diseases; however, their use is associated with a risk of developing a CLABSI. CLABSIs may lead to life-threatening consequences with high morbidity, mortality, prolonged hospitalization and increased hospital costs. The neutropenic patient population is at increased risk for CLABSIs. Patient safety is dependent on staff nurses being knowledgeable and compliant in the use, care and maintenance of all central lines.

Purpose: The purpose of this project was to improve outcomes by reducing the rate of CLABSIs and to save healthcare dollars by standardizing practice through the re-education of the nursing staff. We retrospectively reviewed the incidence of CLABSIs for the six months prior to the initiation of this project along with the current organizational policy related to central line care and maintenance. A multiple choice pre-test was developed to identify the knowledge deficits and disseminated to staff via an online survey. A two-part educational series was then designed to address the identified knowledge deficits. The first part of the series focused on obtaining blood cultures, labs, and the care and maintenance of central lines. The second part of the series focused on accessing and de-accessing implanted venous access devices, central line dressing changes, and heparin flushes. Both parts of the series utilized simulation with a central line task trainer.

Evaluation: Competency was evaluated by return demonstration of proper techniques and a post-test. Upon completion of the educational series, the post-test demonstrated a 16.9% increase in nursing staff competency related to the use, care and maintenance of central lines.

Discussion: Through the findings of this educational program, the authors identified the following recommendations: 1) hospital-wide re-education including outpatient areas that routinely care for patients with central lines; 2) annual competency evaluating the use, care and maintenance of central lines; 3) audits to assess staff compliance; and 4) central line super-user group to assist in educating staff.

113534 (Poster)

THE PINK RIBBON SURVIVORS NETWORK: AN INTERNET RESOURCE FOR BREAST CANCER SURVIVORSHIP EDUCATION FOR PATIENTS AND THE HEALTHCARE PROVIDERS THAT CARE FOR THEM. Laurie Lahr, MS, RN, OCN®, Regis University, Denver, Colorado; Robert Fisher, MD, Rocky Mountain Cancer Centers, Longmont, Colorado

Significance and Background: Three virtual libraries for breast cancer survivors and healthcare providers were developed: A collection of relevant publications from cancer specialties regarding breast cancer survivorship housed in one virtual library, an online collection of guidelines and relevant publications as a resource for primary care providers and an online collection of resources, organizations, supportive programs, and selected readings for breast cancer survivors. Pink Ribbon Survivors Network assembled a group of experienced cancer care professionals to meet these objectives and addressed the belief that, "breast cancer survivors are underserved, if their healthcare providers are undereducated."

Purpose: To identify utilization of three virtual libraries by breast cancer survivors and healthcare providers since the launch of Pink Ribbon Survivors Network in July 2012. The

website will be continuously updated with current, evidence-based research, resources, and publications available. By collecting viewership "hits" online, a ranking of most viewed topic areas in the three virtual libraries will be identified. Using the information obtained from this survey, nurses could educate patients and healthcare providers regarding this important online collection of tools.

Evaluation: Since its launch in July 2012, the website had 4500 page views from 37 countries on six continents. The top five countries by visits were the United States, Canada, Australia, United Kingdom, and Japan. In the United States, the website has been viewed in 39 states. In the Curriculum for Recovery Library, the most popular topics were fatigue, leaving a legacy, doubt and hope, exercise, self-care and survivorship documents. In the Primary Care Survivorship Library, the most frequently visited topics were sexuality and fertility, survival and prognosis, menopause, hereditary breast cancer and genetic counseling and testing. On the Cancer Care Professional site, the most popular topics were survival issues from a psychosocial perspective, radiation effects and fatigue.

Discussion: The Pink Ribbon Survivors Network now provides over 500 separate listings designed to help oncology nurses educate and support breast cancer survivors and their healthcare professionals. These collective libraries serve as innovative breast cancer survivorship tools for the 2.5 million breast cancer survivors and nearly 500,000 healthcare providers involved in the care of these survivors.

113615 (Poster)

DEVELOPMENT AND APPLICATION OF AMBULATORY INFUSION PUMP PATIENT EDUCATION. Jennifer Goodman, BSN, RN, OCN®, UT Southwestern Medical Center at Dallas, Texas

Significance and Background: A need was found in the ambulatory oncology setting for instructions when patients are being connected to ambulatory infusion pumps. Many of the chemotherapy regimens administered in the ambulatory setting require patients be connected to an ambulatory infusion pump that administers chemotherapy over varying time frames. Oncology nurses in the ambulatory infusion center at my institution were giving patients and their caregiver's verbal instructions upon connection to the ambulatory infusion pumps and there was no consistency to these instructions. Several potentially harmful incidents occurred after patients were connected to the ambulatory infusion pumps that could have been prevented if the patient had been provided detailed verbal and written instructions prior to discharge with the ambulatory pump. We also instituted a dual verification of ambulatory pump connections verifying the rate, connections secure, and ambulatory pump infusing which also addresses patient safety concerns.

Purpose: The purpose of the ambulatory infusion pump patient education tool was to provide consistency in patient education between oncology nurses in the ambulatory setting and to provide the patient with an education tool to refer back to once in the home setting for any questions that could potentially arise with the patient's ambulatory infusion pump.

Evaluation: Since institution of the ambulatory infusion pump patient education tool and dual verification of the ambulatory pump at the time of connection, no incidents have occurred that could cause patient harm during ambulatory infusion pump connection and infusion. Oncology nurses in the ambulatory setting could utilize the patient education tool created and use the tool as developed or modify the instructions based on the needs for their institution.

Discussion: The ambulatory infusion pump patient education instructions are part of the electronic medical record (EMR). This tool is verbally discussed with the patient and their caregiver at time of connection. The patient is also provided a written

copy in the patient instruction section of the EMR, so the patient leaves the clinic with verbal and written instructions. These instructions are part of the patient's EMR; in addition, these instructions are viewable in MyChart which is accessible by the patient from their home computer.

114002 (Poster)

PERCEPTIONS THAT INFLUENCE PARTICIPATION IN CLINICAL TRIALS. Vicki Tolbert, RN, BSN, OCN®, CCRP, CJW Medical Center, Richmond, Virginia

Significance and Background: Much of the current literature dealing with clinical trial recruitment focuses on the mechanics of the process such as finding eligible patients and ways to increase enrollment. There is little information that describes how a patient's perspectives influences their decision to participate in a clinical trial.

Purpose: Eligible oncology patients through an outpatient oncology office were given the opportunity to participate in this study. A 5 page self reporting Likert questionnaire was used to evaluate the patient's knowledge, beliefs, attitudes and exposure to clinical trials.

Evaluation: Results were reported by total participants (N=60) and categorized by experience versus no experience in a clinical trial. Further analysis was done to evaluate the impact of patient demographics, age, gender, education and ethnicity. Both groups had varied responses to the survey questions. In response to the knowledge question, "Subjects participating in a clinical trial will be on a placebo?", 40% of clinical trial experienced patients stated this was false, but 90% of patients with no experience in a clinical trial stated this was true. In addition, the non-clinical trial group had a greater belief that clinical trial participants "Will be treated like a guinea pig." All groups saw the greatest advantage to participating in a clinical trial was to help others and develop new treatments.

Discussion: This study identified the need to address patients' perceptions including myths and fears. As a result, patient education interventions are planned to evaluate access to information about clinical trials, to reevaluate written materials for readability and to enhance education of staff and patients. Understanding the factors that influence patients' participation will help research nurses to develop approaches that will bring about increased receptiveness and accruals to clinical trials.

114127 (Poster)

SAKAI: A COLLABORATIVE LEARNING ENVIRONMENT FOR ONCOLOGY NURSES. Andrea Mayfield, BSN, RN, OCN®, MD Anderson Cancer Center, Houston, Texas; Chris Whitcher, MBA, BSN, RN-BC, OCN®, MD Anderson Cancer Center, Houston, Texas; Reynato Francisco, BSN, RN, MD Anderson Cancer Center, Houston, Texas; Andrea Mayfield, MSN, RN, OCN®, MD Anderson Cancer Center, Houston, Texas; Patsy Stocklin, MBA, BSN, RN, CCRN, OCN®, MD Adnerson Cancer Center, Houston, Texas; Lydia Coleman, BSN, RN, OCN®, MD Anderson Cancer Center, Houston, Texas; Falana Adams, AA, MD Anderson Cancer Center, Houston, Texas

Significance and Background: This topic is significant as daily operations of an acute care hospital require substantial communication between leadership and staff. Time constraints, shift work, and the needs of a complex patient population create challenges for staff development and communication, crucial for an ever-changing practice. Sakai is a collaborative learning environment software program with potential to be used beyond the classroom. The implementation of a program like Sakai provides leadership with a centralized communication

platform and a collective environment for staff to discuss issues, solve problems, and develop team dynamics. Further, it empowers the clinical nurse to prioritize patient care bedside practice without compromising a unique role of contributing to patient care management decision activities.

Purpose: The Quality Caring Model's caring factors were considered in designing the Sakai learning environment. Adopting Sakai was meant to assist staff by enabling them to participate in unit activities at their convenience, thereby reducing patient care interruptions. Training was provided regarding centralizing unit communications to Sakai features, i.e. calendar, announcements, discussion forums, chat rooms, Wiki, and resources.

Evaluation: Specific measures were implemented with the goal of improving communication by enabling use of an available interactive learning environment - Sakai. Assessment instruments and instructional aides, were developed. The instructional strategy consisted of 1-1 instructor-led training and field trial evaluations with skills validation at the nurses' station for ease of learner access and patient safety. Sessions were evaluated using a formative and summative approach to assess outcomes. Clinical staff was receptive to this learning method and its' functionality for recording their input to help establish best practice.

Discussion: Given the ever-changing practice needs of the Oncology specialty, utilizing a web-based venue to promote ease of communication has potential to amplify evidence based practice while reducing patient care interruptions. Sakai provides a repository for current resources and an interactive platform for engagement. The demonstration unit offers a structure that can be replicated on other units.

114267 (Poster)

COMPREHENSIVE ONCOLOGY ORIENTATION PROGRAM FOR NEWLY HIRED REGISTERED NURSES. Reiko Torgeson, MN, RN, OCN®, University of Washington Medical Center, Seattle, Washington; Lenise Taylor, MN, RN, AOCNS®, Seattle Cancer Care Alliance, Seattle, Washington; Terri Cunningham, MSN, RN, AOCN®, Seattle Cancer Care Alliance, Seattle, Washington

Significance and Background: Appropriate on-boarding of new registered nurses to an institution is critical in delivery of safe, quality care. Recruitment and retention of qualified candidates are essential in maintaining fiscal viability. This urban, academic medical center has 98 oncology designated beds divided between five units. From July 2011 through October 2012, those units have on-boarded 75 new graduate RNs and 31 experienced RNs. The orientation program includes a two day general new employee orientation, one-and-a-half day nursing central orientation, twelve hours of electronic medical record training and preceptored unit-specific orientation. An eight hour Skills Day is scheduled within 2 weeks of hire to provide overview of oncology specific content such as Central Venous Access Devices dressing change, care of the oncology patient, blood transfusion details and Falls information specific to this patient population. In addition, those new to oncology attend a four day Fundamentals of Oncology course offered by the local ONS Chapter, two day ONS Chemo/Bio course, and two day Blood and Marrow Transplant course. New Graduate RNs are part of the RN residency program and attend a four day New Graduate symposium and participate in a mentoring program. The goal is for all new RNs to attend all courses within twelve months of hire.

Purpose: Purpose of the orientation program is to provide comprehensive, fundamental education to care for an oncology patient. For those caring for Blood and Marrow Transplant patients, course specific to that patient population is offered and required.

Evaluation: All courses are approved for continuing credit hours and course evaluations are filled out at the end of each course. Evaluation of effectiveness of attendance is conducted by Leader Rounding of patients, inquiring about the care provided by the RNs on the unit.

Discussion: Caring for an oncology patient requires additional skills beyond medical-surgical nursing. It is imperative that all who practice in the oncology setting receive education related to caring for the oncology patients to provide quality, safe care.

114566 (Poster)

IMPROVING CARE OF THE PATIENT RECEIVING CHEMOTHERAPY AND BIOTHERAPY BY A NON-CHEMOTHERAPY PROVIDER NURSE. Roque Anthony Velasco, BSN, RN, PHN, CMSRN, University of California San Diego Health System, San Diego, California; Aran Tavakoli, RN, MSN, AOCNS®, University of California San Diego Health System, San Diego, California

Significance and Background: Although oncology nursing has developed as a specialist area, oncology patients are increasingly being cared for in many non-oncology settings. To ensure that the complex needs of the oncology patient and their families are met, it is essential to strengthen the knowledge and skills of the nurse working in non-oncology areas.

Purpose: The purpose of this project was to enhance the non-chemotherapy provider nurse's (NCPN) ability to provide competent care for patients receiving chemotherapy by improving the NCPN's basic knowledge about chemotherapy, the administration process, and the handling of hazardous drugs and waste. Skill acquisition theory principles were utilized in the project especially in the creation of teaching tools and collaboration between the chemotherapy provider nurses (CPN) and NCPNs.

Evaluation: A four-phase process was designed to guide the project. It included consultation and creation of teaching tools including competency and handoff forms, chemotherapy and biotherapy teaching sessions, and baseline and post intervention data collection through surveys and internal measures. A comparison between the baseline data and follow up data revealed an enhancement of the NCPN's chemotherapy-related knowledge and skills. The number of chemotherapy-related electronic Quality Variance Reports decreased by 80%. The number of certified chemotherapy provider nurses increased by 280%. The average time between acknowledgement of chemotherapy orders to infusion decreased by 18% and could be attributed to the NCPN's enhanced knowledge in preparing the patient for the chemotherapy administration and working collaboratively with the CPN. Post survey data illustrated an improvement in the NCPN's self-rating on ability of handling of hazardous drugs and waste, documentation, and ability to care for patients receiving chemotherapy. Post survey data also revealed that 100% of respondents feel that CPNs are a good resource. Finally, feelings and attitudes towards chemotherapy and chemotherapy provider certification improved.

Discussion: With the ever-increasing number of oncology patients being cared for in non-oncology settings, NCPNs must be equipped with the proper knowledge and skills in providing competent care for this vulnerable population. With a focus on competency and patient safety, other non-oncology patient care areas where chemotherapy is administered could easily adopt this project's structure.

114895 (Poster)

LYMPHEDEMA IN THE BREAST CANCER PATIENT: EDUCATING NURSES AND PATIENTS. Paula Keating, RN, BSN, CBCN, Fairview Hospital—A Cleveland Clinic Hospital, Cleveland, Ohio; Jean Ellsworth-Wolk, RN, MSN, AOCNS®,

Fairview Hospital—A Cleveland Clinic Hospital, Cleveland, Ohio; Michele Ljubi, RN, BSN, OCN®, CBCN®, Fairview Hospital—A Cleveland Clinic Hospital, Cleveland, Ohio; Rosemary Miles, RN, BSN, Fairview Hospital—A Cleveland Clinic Hospital, Cleveland, Ohio

Significance and Background: Oncology nurses caring for breast cancer patients need a consistent process in educating our breast cancer patients to prevent, report and manage lymphedema. Though 15 – 25 % of breast cancer patients with axillary dissection present with breast cancer related lymphedema, nurses caring for breast cancer patients at the Cleveland Clinic Cancer Center and Breast Health Center Fairview Hospital's Moll Pavilion, Cleveland, OH were not able to consistently define those at increased risk. There was no consistent protocol to educate, determine, then manage, lymphedema in a patient. Patients are overwhelmed with information during cancer care. Lymphedema risk is not always remembered, thus precautions were not being taken and symptoms were not being reported until very noticeable upper extremity swelling had taken place. Thus, lymphedema information should be initiated and reinforced along the path of care, from surgery through chemotherapy, radiation therapy into survivorship. A process was needed to provide education to nurses so that our education and care for our patients was less confusing and manageable for both nurses and patients.

Purpose: The Breast Surgery Education Committee at the Cleveland Clinic Cancer Center and Breast Health Center at Fairview Hospital consists of oncology surgical nurses, nurse navigators, and RN cancer wellness coordinator, all caring for our breast cancer patients. As we discussed care for our lymphedema patients, we realized inconsistency in our care and education of patients at risk for breast cancer related lymphedema. We took steps to educate ourselves by various resources including the National Lymphedema Network, ONS PEP and American Cancer Society. We invited our lymphedema therapists to educate us on taking baseline arm measurements, lymphedema precautions, information needed to initiate a referral for treatment and what compression garments should be worn by at risk patients. We developed a standard operating procedure for assessing, identifying and managing our breast cancer patients in reference to lymphedema. This was a great process but we found that unless other nurses caring for our patients understood this process, there would be no continuity of education and care with our patients. We developed a process to educate nurses which included a lymphedema education module. This module includes pathophysiology, symptoms, precautions and managing lymphedema. We shared our standard operating procedure which includes step by step instructions on baseline arm measurements, recording them on our electronic medical record system, ordering compression garments, educating a patient and placing a physician ordered referral for therapy. Surgery oncology, medical oncology and radiation oncology nurses were educated through clinical meetings, committee meetings and journal clubs. We shared all of our steps with other interdisciplinary oncology related committees such as Breast Health Task Force, Cancer Liaison Committee and the Leadership Committee. We then carried the information out to patients through lymphedema education classes, fitness classes as well as our survivorship class.

Evaluation: At least 178 nurses, have taken our on line Lymphedema module. Documentation on the electronic medical record now includes arm measurements, the number of axillary lymph nodes removed, appropriate referrals made to lymphedema therapy, and education of patients. Once the lymphedema standard operating procedure and the on-line Upper Extremity Lymphedema Module were put in place we found our patients were reporting symptoms of lymphedema earlier and requested re-measurement of their arms with symptom onset. Patients are attending the Lymphedema Education class in larger numbers. They are able to state measures to prevent lymphedema and ask

about appropriate steps to take to return to their fitness programs. The whole educational process was a key factor in our breast center re-accreditation by the National Accreditation Program for Breast Centers. Nurses are more consistent and more comfortable in the knowledge that we share with our patients. With the right tools in place, lymphedema in the breast cancer patient is a risk that we, as oncology nurses, can address along the continuum of care using a process that works.

Discussion: There is great information available on lymphedema but until we as oncology nurses, have a process for using this information and a realistic protocol to help us take specific steps in identifying and managing lymphema, our patients do not benefit. It is important that we share our best practices. The educational process for nurses and patients included in this presentation can be taken and used in other breast cancer nursing practices. The process highlighted gives information specific enough that we can be comfortable about our knowledge and thus be confident in the way we manage our patients. The risk of lymphedema is a great fear of breast cancer patients. Once educated, given the tools to identify and resources to manage this complication, they can be more in control of their care.

114926 (Poster)

WHISTLEBLOWERS NEED NOT APPLY: PROMOTING A CULTURE OF SAFETY THROUGH FULL DISCLOSURE.

Claire Carmody, RN-BSN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York; Patricia McTague-Allen, RN, MSN, FNP-BC, Memorial Sloan-Kettering Cancer Center, New York, New York; Diane Llerandi, RN, MA, AOCNS®, Memorial Sloan-Kettering Cancer Center, New York, New York; Anna Schloms, RN, MSN, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: JCAHO requires all hospitals to employ an event reporting system. Reporting to Improve Safety and Quality (RISQ) is the system used at our comprehensive cancer center. The Nursing Quality Assurance Department reviews significant events each month. The Nursing Quality and Safety Council, comprised of staff nurses from each inpatient unit, develop a quarterly lecture series to disseminate information from specific events to frontline staff. The lecture series, Promoting a Culture of Safety, brings awareness of reportable events to frontline nursing personnel. This education system encourages healthy discussion about obstacles to safe practice and methods to prevent future mistakes.

Purpose: The purpose of the lecture series is to promote a culture of patient safety, which endorses event reporting for its educational value, not as a punitive measure. Such a culture fosters professional relationships in which staff support each other, rather than pass judgment in the event of a mistake. In preparation, the Nursing Quality and Safety Council reviews RISQ events. Common themes and potential knowledge deficits are identified. A lecture is then created in collaboration with other hospital departments. Each lecture is devised of four components: RISQ event summaries, system failure evaluation, educational elements, and prevention of future occurrences. Staff involved with each event share their experiences; guest speakers are invited to impart expert opinions. Lectures are one hour in length and are offered repeatedly to maximize attendance.

Evaluation: To date over 600 nurses and nursing personnel have attended our Promoting a Culture of Safety series. With overwhelming positive feedback, our leadership has defined a goal to continue to utilize the educational series. Topics covered thus far are applicable to the oncology setting: chemotherapy, narcotics, blood products, escalation of care in the septic patient, and patient transfer between levels of care. Event analysis has led to implementation of system enhancements focusing on preventing future events.

Discussion: Event reporting is an important aspect of quality improvement and patient safety. Our unique lecture series helps to advance a culture of safety that is supportive. Our well-received method of sharing events, maximizes learning in a non-punitive atmosphere ultimately improving patient safety.

115139 (Poster)

HIGH FIDELITY SIMULATION: A SAFE AND EFFECTIVE TEACHING MODALITY FOR CHEMOTHERAPY ADMINISTRATION.

Linda Farjo, RN, BSN, OCN®, York Hospital, York, Pennsylvania; Ann Proctor, RN, MSN, OCN®, York Hospital, York, Pennsylvania

Significance and Background: Errors occurring in the use of chemotherapeutic drugs are potentially catastrophic. Specialized education and preparation of the registered nurse (RN) who administers these drugs is required in order to maintain safe practices. Advances in technology have created alternative methods for teaching and reinforcing best practices. One of the most exciting innovations is high fidelity simulation (HFS). Research demonstrates the use of HFS not only improves confidence levels and critical thinking skill, but also ensures an acceptable level of safety for the patient and nurse. These evidence based outcomes served as the drive to design a chemotherapy orientation program encompassing HFS.

Purpose: The Oncology Nursing Society (ONS) recommends chemotherapy education should consist of didactic learning followed by a practicum. The design and implementation of our chemotherapy administration orientation program focused on defining the practicum experience to best serve the needs of the novice oncology nurse. The chemotherapy practicum consisted of two components. HFS was incorporated into part one of the practicum with the goal of providing a safe environment to gain the specialized skill set necessary for chemotherapy administration prior to implementation in the clinical setting. The HFS component utilized case scenarios to demonstrate proper dose verification, administration and management of adverse events. Skills were taught, practiced and tested until established competency criteria and a comfort level was achieved. Transference and reinforcement of skills occurred in the clinical setting component of the practicum.

Evaluation: The incorporation of HFS has been a positive change. Twenty one nurses have gone through the chemotherapy administration practicum. Surveys demonstrate the outstanding effectiveness of HFS as a teaching modality for chemotherapy administration. Twenty nurses (95%) indicated that the level of achievement in meeting the overall goal of acquiring essential skills was very good or excellent. HFS has been readily accepted and bridged the transition to the clinical environment.

Discussion: The incorporation of HFS has strong implications for nursing. It sets the foundation for a positive and effective learning experience that provides the closest possible environment to actual clinical practice without jeopardizing patient safety. Utilization of HFS will continue to provide opportunities for oncology nurses to expand their professional growth.

115741 (Poster)

IMPLEMENTING THE ROLE OF A SURVIVORSHIP NURSE NAVIGATOR IN A COMMUNITY CANCER CENTER.

Darcy L. Burbage, RN, MSN, AOCN®, CBCN®, Helen F. Graham Cancer Center, Newark, Delaware

Significance and Background: Currently, there are more than 11 million cancer survivors in the United States; representing 4% of the population. This number continues to increase with improved methods in early detection, the treatment of certain cancers along with the growth of the aging population. With the new Commission on Cancer standards addressing navigation,

psychosocial distress, and survivorship, institutions are looking for innovative ways to provide information that not only meets the standard, but ensures quality care is provided.

Purpose: The purpose of this program is to provide an overview of survivorship program development which utilizes a nurse navigator to provide survivorship education, counseling, and care plans.

Evaluation: Since implementation, the Nurse Navigator has met with over 700 patients. Patient satisfaction survey results are overwhelmingly positive regarding the role of the survivorship nurse navigator and the information provided. Physician and ancillary staff satisfaction survey results reveal that having this role has benefited their patients and are now seeking the nurse navigator to assist patients who have completed treatment prior to the role being implemented. Because of the success of the nurse navigator role, psychosocial distress screening results are being utilized to triage patients for early intervention for those patients in need of additional support prior to the end of treatment.

Discussion: Since the 2006 Institute of Medicine report documenting the concerns of cancer survivors after completing treatment, cancer programs have been seeking ways to incorporate survivorship care into their programs. In November, 2010, a Nurse Navigator began to meet with breast cancer patients as they were completing their radiation therapy to provide them with education on the potential physical and psychosocial long-term and late effects of cancer treatment. At their one month follow-up appointment, the patients are given a quality of life survey which is reviewed individually with each patient. Based on the results of their survey, patients are connected to resources within the Cancer Center or those in the community. At this time, patients are also offered the opportunity to have a survivorship treatment summary and care plan completed by the nurse navigator.

116173 (Poster)

DEVELOPING, IMPLEMENTING, AND EVALUATING A SURVIVORSHIP PROGRAM THAT BEGINS WITH DIAGNOSIS.

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Underwriting or funding source: Israel and Mollie Myers Foundation, Inc.

Significance and Background: Cancer patients are considered survivors from diagnosis until the end of their life. Most cancer survivorship programs address patient needs after they have completed treatment despite unmet needs at diagnosis and throughout treatment. Nurse led survivorship programs have eased the transition from active treatment to follow-up. The impact of a survivorship program that starts at diagnosis on addressing patient needs is unknown.

Purpose: This project sought to identify the needs of our cancer patients and provide newly diagnosed cancer patients with a survivorship program that focused on the information, resources and support needed to navigate the University of Maryland Marlene and Stewart Greenebaum Cancer Center as well as

cope with their illness, treatments, and side effects throughout the disease trajectory. To identify patient needs, a small cross-sectional sample of inpatients and outpatients responded to an online survey. Findings indicated consistent needs throughout their illnesses, validating that our survivorship program should provide support starting with diagnosis. A nurse-led interdisciplinary team revised a patient handbook that serves as a guide throughout the cancer experience, describes cancer center and regional support services, and provides disease specific information. The handbook and symptom management educational materials are available on the cancer center website. Patients and families attend orientation classes prior to starting treatment where they are introduced to the handbook, our patient navigator, patient educator, and other cancer center personnel. This program has been piloted in patients with lung, esophageal, and head and neck cancer and is expanding to other diagnoses.

Evaluation: Feedback from patients throughout the cancer trajectory resulted in minor handbook changes. Pilot group class evaluations resulted in some program modifications and additional patient, family and multidisciplinary staff educational needs. One unexpected finding was the considerable interest of patient families. A needs survey will be deployed again this spring to patients and family members who have attended the classes and used to inform other changes to the program.

Discussion: A nurse-led multi-faceted interdisciplinary survivorship program beginning at diagnosis in an inner city academic medical center has received positive feedback from attendees and may be transferable to other oncology settings.

116442 (Poster)

VEMURAFENIB—TREATMENT AND NURSING MANAGEMENT OF SIDE EFFECTS.

Jill Davison, RN CertOnc, Peter Mac Callum Cancer Centre, Melbourne, Virginia; Rosetta Hart, RN BachApplSci (Nursing), Peter MacCallum Cancer Centre, Melbourne, Washington; Carol Russell, RN, Peter MacCallum Cancer Centre, Melbourne, Nevada; Donna Milne, RN, PhD, Peter MacCallum Cancer Centre, Melbourne, Nevada; Hannah Burrell, RN, Peter MacCallum Cancer Centre, Melbourne, Montana

Significance and Background: Melanoma is the third most common cancer in Australia; > 11,000 cases diagnosed every year.¹ Approximately 50% of melanomas have mutations in the BRAF gene.² Vemurafenib works by inhibiting mutated BRAF.² Although vemurafenib is generally well tolerated, it is associated with specific side-effects (including photosensitivity, skin rash, fatigue) which can be challenging for patients if not treated adequately in the early stages of onset. Peter MacCallum Cancer Centre has been involved from the early stages of the clinical trial programs involving vemurafenib, including the BRIM 3 study where vemurafenib was compared to dacarbazine.² The role of the melanoma nurses was paramount to the management of the adverse events associated with the treatment.

Purpose: The aim was to establish a patient centred educational intervention led by cancer nurses to prevent/minimize and manage the more common adverse effects associated with vemurafenib.

Evaluation: Patients who enrolled through vemurafenib trials and those with access to the treatment via an access program in Australia met with melanoma nurses and were provided with details on how the treatment works, how to take vemurafenib and how to manage potential adverse events. Diaries were provided which enabled patients to record their treatment and monitor any adverse events. The nurses discussed with the patients the dosing schedule and potential interruptions/dose reductions, as part of the management of the adverse events. Effective communication of adverse events by the patients was encouraged to enable early

intervention and management, including regular reviews by dermatology and ophthalmology. All patient's general practitioners were notified by letter post each consultation of the patient's management and treatment plan.

Discussion: Early education about what to expect and interventions to treat adverse events is likely to decrease the need for treatment interruptions/dose reductions. Cancer nurses have a significant role to play in educating not only patients but also other health professionals, such as general practitioners. This is particularly important for patients from rural areas who are monitored less frequently.

116543 (Poster)

FROM A CLINICAL QUESTION TO A CLINICAL TRIAL—AN EDUCATIONAL JOURNEY. Mia Bergenmar, PhD, Department of Oncology, Karolinska University Hospital, Stockholm, Alabama; Lena Sharp, RN, PhD, Department of Oncology, Karolinska University Hospital, Stockholm, Alabama

Underwriting or funding source: European Nursing Oncology Society (Major research grant), Swedish Breast Cancer Patient Organization, Ulrika's Charity Trust, and Swedish Society of Nursing

Significance and Background: Most patients undergoing radiotherapy (RT) for breast cancer experiences acute radiation skin reactions (ARSR). Guidelines regarding skin care vary a lot and a number of topical agents are suggested. A patient brought our attention to a topical agent (calendula) for the prevention of skin reaction and we found a randomized study with promising results. Our aim was to test, in a randomized way, if skin care with calendula was better compared to the standard skin care at the department.

Purpose: In order to calculate the sample size of the randomized study we needed to know the frequency and severity of ARSR and also how to measure ARSR in a reliable way. Thus, we started a pilot study. In parallel with the pilot study, we investigated requirements for the randomized study with disappointing result. Despite the tested products were freely available for anyone to purchase we had to follow all regulations for clinical drug trials. After analysing the results from the pilot study we started with protocol writing, applying to the ethical review board, contacts with an accredited pharmacy for the purchase and packaging and blinding of the skin care products, planning the computerized randomisation procedure and organizing routines for the informed consent procedure and monitoring of the study.

Evaluation: Between February 2011 and March 2012, 420 women with breast cancer were included in the study. ARSR were assessed by oncology nurses and patients reported on symptoms from the treatment area, health related quality of life and sleep disturbances. The results showed no superiority for one skin care product over the other.

Discussion: We would like to further present our results and lessons learned in taking up a research question, relevant to patients and nurses and also the problems and solutions encountered during the journey that resulted in answers in form of four scientific papers including one blinded randomized trial.

116581 (Poster)

THE DEVELOPMENT OF PATIENT EDUCATION JOURNEY BINDERS. Heather Askren, NP-C, RN, OCN®, Franciscan St. Elizabeth Health, Lafayette, Indiana

Significance and Background: Our unit is a 20 bed medical oncology unit that also serves as the outpatient oncology when needed. Having a mixture of patients and a lower volume than outpatients posed some challenges to completing patient education. Staff nurses reported being uncomfortable completing teachings. They were not sure of what to cover and felt they often

missed areas like clinical trials and genetic testing. The majority were uncomfortable with discussing sexuality and advance care planning with patients. We surveyed past and current patients and families to discuss what they felt would have been beneficial to them during and after treatment. Current patients felt more information was needed on side effect management and local resources. Past patients felt they needed more information on infection prevention, more information on healthy diets, and resource options. Family members wanted more information on advance care planning, side effects, and place to hold callendars and take notes. Family members wanted this to be portable tool.

Purpose: After surveying our patients, families, and nurses we decided that we needed to new tool to aid the staff in teaching as well as serve as a resource for patients and families. It was decided to utilize binders. From the information gathered and from using COC standards we decided upon 10 Sections: Diagnosis, Treatment, Side Effects, Dietary Concerns, Infection Prevention, Resources, Genetic and Clinical Trials, Advance Care Planning, Survivorship, and Note Section. Information that is in the binder is from the National Cancer Institute, American Cancer Society, and handouts for local resources, appropriate web site searches, and taking charge of your healthcare future booklet printed by our hospital. We also chose to include a welcome letter in the front. Explaining a little about our program and commonly used phone numbers.

Evaluation: We had 2 goals we wanted to accomplish with this project. Our nursing goal was to have one standard consistent education plan for the nursing staff. These binders have helped our nurses complete education in a system approach. Nurses are more confident in knowing what to teach and feel they understand the concerns of the patient better. Our patient goal was to empower them with education. Patients and families have been extremely pleased with the binders. They have felt that they have an easy resource at home to look up answer. Many patients bring the binder back with them at subsequent visits to help aid them in getting questions answered.

Discussion: This has made our nurses more engaged in teaching. Our chemo volume is small and our nurses were often scared to complete new teaching in fear that they might miss something. With completing surveys and engaging the nursing staff we have shown them how they can make positive changes in their practice and in the patients cancer journey.

116634 (Poster)

AN EDUCATIONAL PROGRAM TO SUPPORT THE NEEDS OF THE CAREGIVERS OF THE HEMATOPOIETIC STEM CELL TRANSPLANT PATIENT. Teresa Brennan, RN, BSN, Roswell Park Cancer Institute, Buffalo, New York

Significance and Background: Hematopoietic stem cell transplant (HSCT) has the potential to be a lifesaving procedure for many hematologic cancers. All HSCT patients are required to have a dedicated primary caregiver before they are allowed to undergo transplant. Many of our caregivers have no previous medical experience to help them assimilate to the role of caregiver. With the majority of the post-transplant care shifting to the outpatient setting; we find that the primary caregiver of the HSCT patient is asked to assume a large role. The complexity of the care HSCT patients require challenges the caregiver's knowledge and skills. The caregiver will be responsible for basic medical procedures that may include, administering both oral and intravenous medication, transporting the patient to and from hospital visits, various household duties and symptom management for the patient.

Purpose: The purpose of this project was to develop an education and support program that addresses the needs of the caregiver. The program consist of a two hour discussion with the aid of a power point presentation and a caregiver binder. Each primary caregiver receives a binder to use as reference. Through education we can help the caregiver prepare for the

role they are about to assume. Educational interventions have been shown to enhance the quality of life of the caregiver. We can also help decrease caregiver burden and stress.

Evaluation: The goal of this project is to increase the knowledge of the caregiver. Oncology nurses are in a good position to reinforce the learning that has begun with this program. It is the health care team's responsibility to ensure that the caregiver and the patient have a plan of care and have the resources and education to carry out this plan of care.

Discussion: Caregiver's need to be trained and have guidance, along with access to information that will help them perform the role of caregiver safely. Caregiver education must begin early to include all necessary skills that will be needed to enhance a smooth transition to home care.

116669 (Poster)

BEDSIDE REPORTING. Cathy Zmolik, BSN, RN, OCN®, Baylor University Medical Center, Dallas, Texas; Gena Rangel, BSN, RN, OCN®, Baylor University Medical Center, Dallas, Texas

Significance and Background: Oncology is a complex, diverse disease process. Inpatients have a high acuity and require multiple therapies to resolve clinical complications. It is vital for nurses to have effective and thorough communication tool to relay assessment data, current patient status, therefore ensuring optimal patient care.

Problem: Decreased patient satisfaction score on "I am well informed of my care" reflected concerns with communication related to the continuum of care.

Purpose: Hospital leadership encouraged implementation of bedside reporting within all units at our facility. Bedside reporting was not immediately adopted on the medical oncology unit because nurses suspected there were unique barriers to utilizing bedside report with the oncology patient population. We subsequently surveyed patients regarding bedside reporting and discovered a unanimous desire to have bedside report utilized. Nurses were also surveyed to identify specific barriers to implementation of bedside reporting. The identified barriers were then targeted in an effort to improve nurse patient communication. Rationale: Increase patient satisfaction, safety, and quality of care for the patient by providing effective communication between shifts.

Interventions: 1. Developed a communication tool for use in bedside reporting. 2. Tool was shared with staff at staff meetings and one-on-one between individual staff and the unit supervisor or unit educator. 3. Worked to change unit culture to embrace bedside reporting.

Evaluation: 1. Review patient satisfaction scores for improvement in "I am well informed of my care". 2. Management rounds on staff to obtain patient feedback on process. 3. Update communication tool.

Discussion: Improved communication between clinical staff provides a means for optimal patient handoff, better patient safety, and enhanced quality of care in the management of a complex patient population.

116712 (Poster)

FERTILITY PRESERVATION EDUCATION FOR CHILD-BEARING ONCOLOGY PATIENTS. Lori Jemison, RN, OCN®, Froedtert Hospital, Milwaukee, Wisconsin; Amy Granlund, BS, Froedtert Hospital, Milwaukee, Wisconsin; Paul Robb, MD, Medical College of Wisconsin, Milwaukee, Wisconsin; Jay Sandlow, MD, Medical College of Wisconsin, Milwaukee, Wisconsin

Significance and Background: On May 1, 2006 the American Society of Clinical Oncology (ASCO) released guidelines on fertil-

ity preservation which recommended oncologists should address and educate patients on fertility preservation as part of the informed consent prior to cancer therapy. As a Clinical Coordinator preparing bone marrow transplant (BMT) patients for transplant, patients often stated they had not received any information on fertility preservation or they were told they were not able to do it. After talking with oncology and reproductive medicine staff we identified educational opportunities that could be addressed to improve nursing education related to fertility preservation.

Purpose: After meeting with oncology nurses and reproductive medicine staff, it was apparent fertility preservation education was needed for staff and oncology patients. With increasing numbers of cancer survivors the need to address this topic as early in the treatment process is crucial and nursing staff need education and information on this topic readily available to feel comfortable approaching this subject and educating the patient.

Evaluation: Baseline statistics were gathered for measuring oncology patient referrals to the Reproductive Medicine Center. Development of an EPIC documentation tool to help collect QM data related to referrals is being discussed with a multidisciplinary team.

Discussion: Nursing can have a positive impact on increasing early education and referrals to Reproductive Medicine of childbearing oncology patients. Referral data will be collected and information will be shared with oncology staff and Reproductive Medicine staff. Process improvements can be developed as needed.

116748 (Poster)

A MULTIDISCIPLINARY CARDIAC WELLNESS PROGRAM FOR LYMPHOMA CANCER SURVIVORS AND PROVIDERS. Fran Zandstra, MBA, RN, OCN®, The University of Texas MD Anderson Cancer Center, Houston, Texas; Katherine Gilmore, MPH, CCRP, The University of Texas MD Anderson Cancer Center, Houston, Texas; Guadalupe R. Palos, DrPH, LMSW, RN, The University of Texas MD Anderson Cancer Center, Houston, Texas; Tina Daigle, MSN, RN, ANP-C, The University of Texas MD Anderson Cancer Center, Houston, Texas; Kristin Simar, RN, ANP, NPONC, The University of Texas MD Anderson Cancer Center, Houston, Texas; Chesley Cheatham, MED, MCHES, The University of Texas MD Anderson Cancer Center, Houston, Texas

Significance and Background: Empirical and clinical evidence demonstrates lymphoma patients who receive radiation treatment or chemotherapy are at greater risk to cardiac toxicities. An educational wellness curriculum was developed to integrate cardiac health into a survivor's summary care plan (SCP).

Purpose: To develop a cardiac wellness program teaching the importance of screening for cardiac toxicities post-treatment and using self-care techniques to reduce risk.

Evaluation: A 3-phase evaluation plan will be implemented. The first phase will measure a provider's satisfaction with the lymphoma overview and treatment effects on survivors. The second phase will focus on content validity of the educational curriculum and will be conducted with a multidisciplinary team of health education specialists, nutritionists, medical oncologists, cardiologists, and advanced nurse practitioners. The third phase will use a pre/post test design to assess the survivors' knowledge and skills relevant to cardiac toxicities and self-care techniques.

Discussion: The cardiac wellness program will educate both survivors and providers. A lecture series will educate providers about lymphoma, its treatment, and late/long-term effects experienced by survivors. Additional tools for providers will include survivorship practice algorithms and the SCP. In a visit, the SCP becomes the primary component of the wellness curriculum to teach survivors about potential cardiac toxicities. Educational

tools for survivors include the SCP, a 2-page brochure, and a booklet. Using these tools, a lymphoma survivor can become an active partner in learning how to manage adverse effects, such as cardiac toxicities. The 2-page educational brochure is designed to help lymphoma survivors understand factors increasing their risk to cardiac toxicities, ways to reduce risk, and simple explanations of complex examinations or diagnostic procedures used to evaluate cardiac function. Another important resource for survivors will be the cardiac self-care educational booklet with visually appealing graphics and positive messages to increase survivors' self-efficacy about performing recommended risk reduction techniques. The cardiac wellness resources will be available in hard or electronic formats. The risk of cardiac toxicities can be overwhelming to a lymphoma survivor. The Cardiac Wellness Program provides a uniform approach to help both providers and survivors understand treatment effects, which can have a significant impact on a survivor's quality of life.

116776 (Poster)

THE PERFECT STORM: EDUCATORS FROM THREE SPECIALTIES CONVERGE TO RAPIDLY PREPARE STAFF RNs TO CARE FOR AN ONCOLOGY PATIENT IN NON-ONCOLOGY SETTINGS. Devon Bandouveres, MSN, RN, OCN®, St. Francis Hospital and Medical Center, Hartford, Connecticut; Dawn Hydes, MSN, RN, CNOR, CGRN, ENB, St. Francis Hospital and Medical Center, Hartford, Connecticut; Meredith Dodge, MSNc, RN, St. Francis Hospital and Medical Center, Hartford, Connecticut

Significance and Background: Oncology patients frequently maneuver through various non-oncology specialties along their cancer journey; however those specialties usually do not have advanced knowledge of oncology specifics. When a rare clinical situation appeared at this 617-bed, urban teaching hospital that would place an oncology patient in 2 non-oncology areas, a "perfect storm" of education needs emerged. A new surgeon would be performing a novel HIPEC (Hyperthermic Intra-Peritoneal Chemotherapy) procedure which was unfamiliar to staff. HIPEC involves surgical tumor debulking followed by a 90-minute perfusion of heated chemotherapy into the peritoneal cavity in the operating room. This procedure would introduce the hazards of high volumes of chemotherapy exposure risk to operating room and critical care staff, as well as the need to observe the patient's critical post-operative course through an oncology lens.

Purpose: Under extreme time constraints, educators from three specialties; peri-operative, oncology and critical care converged and rapidly collaborated to develop an education plan that infused oncology standards into peri-operative and critical care settings. Our institution's newly adopted Relationship-Based Care model provided the framework from which we derived our project plan, as a tenet of this model is the convergence of multi-disciplinary team members with a shared purpose. The OR and critical care educators examined the procedure and extracted nursing care actions in their respective specialties then developed nursing care guidelines for each. The oncology educator then mapped out the critical points of care requiring oncology-specific knowledge and embedded appropriate evidence-based oncology points into the intra-operative and critical care post-operative education plan. Staff was quickly convened in both surgical and critical care services and in-services took place within a rapid timeframe on proper handling of chemotherapy agents and important side effects that would have nursing implications in the post-operative phase.

Evaluation: Following the education sessions, competency was evaluated via direct observation by the oncology educator. Results demonstrated achievement of staff competence in safe handling and post-chemotherapy care, a sense of personal safety.

Discussion: Implications for oncology nurse educators include exploring opportunities to provide essential oncology education in non-oncology settings to empower staff from other specialties to keep patients and staff safe along the continuum.

116830 (Poster)

EASING MEMBERSHIP AND PROGRAM REGISTRATION: ONE CHAPTER'S USE OF TECHNOLOGY. Maria Tucker, RN, BSN, OCN®, The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, Ohio; Kristina Mathey, RN, MSN, NP-C, The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, Ohio; Nancy Merriman, RN, OCN®, CCRC, The Zangmeister Cancer Center, Columbus, Ohio; Gail Rhodes, RN, MS, BSN, The Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Columbus, Ohio

Significance and Background: The Oncology Nursing Society (ONS) encourages its members to join a local chapter to network with other oncology nurses and to advance the mission and vision of ONS on a local basis. The local chapter of the Columbus, Ohio Area (CCONS) is a metropolitan based chapter with 178 members. As a large chapter it is important to look for innovative ways to communicate with members. Because of the growth of technology in this generation, it is imperative to utilize technology to assist with membership growth, program attendance, and electoral voting.

Purpose: The purpose of using technology initially was to make it convenient for members to access the quarterly newsletter which provides chapter updates. This has expanded to include ease for members to renew membership or register for programs. The use of technology provides the treasurer and membership committee a more efficient manner in which to conduct transactions and maintain membership data. In 2010 the new editor of the CCONS newsletter created a link from the ONS website, making our quarterly LINK newsletter electronic and accessible to all members. In the same year the newly elected treasurer suggested implementation of a Pay Pal account in an effort to streamline the annual membership process. Establishing this account was so well received that it has expanded for registration of an educational event that receives 200+ attendees. This year the program committee started using Survey Monkey to collect information from members about upcoming program topics and the nominating committee chose the same route for annual chapter elections.

Evaluation: The use of technology has impacted several areas of the chapter allowing each committee ease. Members state having our newsletter, the LINK online is a great resource. Members also renewed annual memberships much more timely than in past years, membership has continued to increase, program attendance is up and annual chapter voting occurred with greater ease.

Discussion: Having an energetic and enthusiastic chapter invigorates all of Oncology Nursing in the Columbus area. Through support of the chapter President and board members the use of technology has considerably improved the chapter's efficiency, while saving time for the treasurer and committee members.

116885 (Podium)

IMPLEMENTING AN INNOVATIVE TRANSITION INTO PRACTICE MODEL FOR NEW HIRES IN ONCOLOGY SERVICES. Abby L. Viall, RN, MSN, OCN®, Northwestern Memorial Hospital, Chicago, Illinois; Jill Rogers, PhD, RN, NEA-BC, Professional Practice and Development, Northwestern Memorial Hospital, Chicago, Illinois; Barbara Holmes-Gobel,

RN, MS, AOCN®, Northwestern Memorial Hospital, Chicago, Illinois; Yvonne Rucker, RN, MSN, OCN®, Northwestern Memorial Hospital, Chicago, Illinois

Significance and Background: The Transition into Practice (T.I.P.) model builds on the concepts of Benner's Novice to Expert research and the concept of situated cognition while complementing the training recommendations of the Association of Nurse Executives (AONE) and the Institute of Medicine (IOM). A guiding principle of T.I.P. is that it may take up to one year for a Novice nurse to progress through the stages of skills acquisition to become an Advanced Beginner. The T.I.P. model utilizes Communities of Learning where new hires are mentored by all staff members and are supported by regularly scheduled meetings with the Education Coordinator (EC) and Practice Manager as well as through monthly cohort clinical/regulatory discussions (Continuing Conversations) and socialization activities.

Purpose: Unlike traditional models of orientation which assigned a specific length of time to complete the process, this Transition into Practice experience looks at the entire year, with a focus on a competency based approach to transition the new hire gradually into practice. In oncology services new hires are provided a checklist of competencies that are divided up into stages (I-weeks 1-3, II-weeks 4-12, III months 4-12). The three stages have varying focuses, which include novice oncology concepts such as management of the patient with pancytopenia, central venous access device management, to more advanced oncology concepts such as care for patients across the palliative care spectrum from diagnosis through treatment to rehabilitation or end of life care and management of an oncology emergency situation.

Evaluation: Oncology Services at Northwestern Memorial Hospital (NMH) has seen great success with the T.I.P. program orienting more than 50 new nurses to the department since the program's inception in 2011. NMH Oncology Services FY 12 nurse turnover was 2.2% and patient satisfaction scores met or exceeded FY11 scores with > 66% good or very good responses.

Discussion: While the new nurse in Oncology Services is viewed as an adult learner where learning is self-directed and contextual, the expectation is that every staff nurse will be considered a unit Community Mentor to coach and address immediate situational learning needs with Teaching Moments that are short and focused around an individual skill and/or procedure.

117042 (Poster)

HODGKIN LYMPHOMA SURVIVORSHIP GUIDELINES: HOW TO MONITOR SURVIVORS AT HIGH RISK FOR BREAST AND LUNG CANCER. Kristin Simar, RN, ONP, University of Texas MD Anderson, Houston, Texas

Significance and Background: According to the National Cancer Institute, there are approximately 12 million cancer survivors. It has been estimated by the SEER database that 8,830 people were diagnosed with Hodgkin lymphoma in 2011. Hodgkin lymphoma is one of the most potentially curable malignancies. Hodgkin lymphoma is typically diagnosed between the ages of 16-34 and is treated with chemotherapy and/or radiation therapy. Since many patients are diagnosed at a young age and can be cured of their disease, patients must be monitored for late effects of treatment. Breast and lung cancer are 2 devastating late effects of Hodgkin lymphoma treatment.

Purpose: The purpose is to evaluate and apply consensus/evidence-based guidelines to survivorship care. The guidelines will be compared and contrasted to evaluate their utility in the identification of an early breast or lung cancer in Hodgkin lymphoma survivors. National Comprehensive Cancer Network (NCCN), MD Anderson Cancer Center (MDACC), and American College of Radiologist (ACR) have established expert-guidelines to assist clinicians in monitoring lymphoma survivors. The guidelines in-

clude breast cancer and lung cancer screening techniques. Nurses should be aware of the presence of the expert-lead guidelines to educate and inform their patients of the variety of late effects of therapy. Risk factors compound the risk of development either cancer. The guidelines recommend radiographic surveillance based on a survivor's risk factors.

Evaluation: Nurses will be able to ascertain the most appropriate screening modality for their patients. They will have an improved understanding of the frequency of breast and lung cancer in Hodgkin Lymphoma survivors. They will be able to educate and guide their patients in the early detection and risk assessment of breast cancer and lung cancer.

Discussion: The guidelines will assist clinicians to determine the most appropriate tests/exams needed for accurate surveillance of breast and lung cancer. Nurses will have a better understanding of the guidelines to be able to provide high quality nursing management to Hodgkin Lymphoma survivors.

117105 (Poster)

SHINING A LIGHT ON COMMUNITY AWARENESS. Carrie Friedman, RN, BS, Inova Health System, Falls Church, Virginia; Miranda Gingerich, RN, BSN, OCN®, Inova Health System, Falls Church, Virginia

Significance and Background: Increasing community awareness through education is an important part of oncology nursing. For many years, lung and gynecological cancers have carried stigmas, and through partnering with local and national awareness programs such as the Lung Cancer Alliance, we can educate the community about these diseases and dispel the myths that are associated with them. The original goal of our events was to increase community awareness about specific cancer diagnoses but ultimately, with the structure of the events, patients and families were educated about advances in disease research and treatments, and were witness to specific stories from cancer survivors.

Purpose: Our goal was to increase awareness and knowledge of two types of devastating cancers, share current treatment options, emphasize the call to action, and provide patients and family members with a chance to leave the events with a sense of hope.

Evaluation: All participants were given the opportunity to provide a subjective evaluation of the event using a standard format. It is the hope that positive feedback can be maintained and negative feedback can be examined in greater detail so that an action plan can be put in place for improvement with future events.

Discussion: Through direct feedback from the participants of these events, we have found that there is a distinct need for community events that focus on cancer education and psychosocial support. With the advances in medical treatments and new information about genetic mutations and its implications, there will be a growing need to educate the community. By collaborating with advocacy organizations, we are able to share common goals and take that information to impact patient and families' lives both during treatment and into survivorship. Both events took place at the Inova Life with Cancer Family Center, which provides guests with a calm and healing environment. Participants were notified of the events via the Life with Cancer calendar, fliers, local newspapers, the national awareness programs, PR via the marketing team, mailing through the Tumor Registry, and a joint project with a local radio station. Guests were invited to an evening of presentations by physician experts, advocacy leaders, and cancer survivors.

117114 (Poster)

PROVIDING PERSONALIZED HEALTH CARE: NURSING ASSESSMENT AND EDUCATION OF THE PATIENT WITH A HEREDITARY KIDNEY CANCER SYNDROME. Geri Hawks, RN, BSN, National Cancer Institute, Bethesda,

Maryland; Martha Ninos, RN, MSN, FNP, National Cancer Institute, Bethesda, Maryland; Lindsay Middleton, RN, CGC, National Cancer Institute, Bethesda, Maryland; Sarah Fowler, RNC, CAPA, BSN, National Cancer Institute, Bethesda, Maryland

Significance and Background: Every year over 65,000 Americans will be diagnosed with kidney cancer and of those nearly 13,000 will die. It is estimated that 4 to 8% of patients diagnosed with kidney cancer will have a genetic mutation that has resulted in the development of their cancer, and places their family members at risk. Over the past 20 years, a number of genes have been identified in which mutations not only predispose to renal cell cancer, but require lifelong surveillance and management. The role of the oncology nurse is to identify kidney cancer patients who may have an inherited form of kidney cancer, make appropriate recommendation for genetic diagnosis, and provide education about the hereditary cancer syndrome. However, many nurses are not familiar with the knowledge of genetics and genomics to identify and/or educate these patients.

Purpose: Our purpose is to delineate the impact of a hereditary kidney cancer diagnosis, identify at-risk individuals and make appropriate recommendations for diagnosis and treatment.

Evaluation: An essential component of assessing a patient with a renal mass or history of renal cancer is exploring their family history using a three generation pedigree. A positive family history of kidney cancer prompts the oncology nurse to explore other clinical manifestations associated with inherited kidney cancer syndromes. This will describe the genetic and phenotypic characteristics of four well defined kidney cancer syndromes; von Hippel-Lindau (VHL) Hereditary Papillary Renal Cell Cancer (HPRCC); Birt-Hogg-Dubé (BHD), and Hereditary Leiomyomatosis and Renal Cell Cancer (HLRCC). The clinical, histological, and biochemical manifestations of each syndrome will be presented. Finally, nursing education for these individuals will be described as it evolves along the continuum of care.

Discussion: Early identification and referral of individuals who may have an inherited kidney cancer syndrome is essential for management of these patients and their families. In addition, patient and family education can have a significant effect overall long term survival and quality of life. With proper knowledge and training, the oncology nurse can have a significant and profound impact, not only upon the longevity of a single patient, but upon future generations as well.

117215 (Poster)

BACCALAUREATE ONCOLOGY NURSING EMPHASIS IN ONCOLOGY: OUTCOMES AND IMPLICATIONS OF A FIVE-YEAR COLLABORATION. Deborah Spitzer, MSN, RN, OCN®, University of Texas Southwestern Medical Center, Dallas, Texas; Suzy Lockwood, PhD, MSN, RN, OCN®, Texas Christian University, Fort Worth, Texas; Susan Sayles, MS, RN, OCN®, University of Texas Southwestern Medical Center, Dallas, Texas; Irene Selbrede, BSN, RN, OCN®, University of Texas Southwestern Medical Center, Dallas, Texas

Significance and Background: Nursing students frequently see cancer as a fatal condition and believe that oncology nursing lacks the complexity or excitement found in other clinical settings. Although oncology nursing is an established specialty, many nursing programs lack focused oncology clinical and didactic experiences resulting in a failure of students to explore careers in oncology. The Baccalaureate Nursing Emphasis in Oncology (BNEO) is an innovative strategy to promote interest and skill development in oncology nursing among BSN students

Purpose: The BNEO program used the Oncology Nursing Society (ONS) Standards of Oncology Nursing Education: Gener-

alist Level Education as the framework for development of the oncology curriculum and collaborative clinical experiences. The foundation for the BNEO is two undergraduate upper-division courses. Aspects of Oncology Care is a three-credit course that requires didactic and outpatient rotations coordinated with the Simmons Comprehensive Cancer Center at the University of Texas-Southwestern Medical Center (UTSW). The second course, Oncology Residency, is a three-credit hour, precepted internship with an oncology certified registered nurse on the adult general oncology unit, bone-marrow unit or pediatric oncology unit at one of three hospitals associated with the UTSW medical system.

Evaluation: Since the inception of BNEO, 140 students have completed Aspects of Oncology Care and 50 students have completed the Oncology Residency. Ninety-seven students have entered oncology nursing upon graduation. Graduates of the program have been able to immediately contribute to institutions and communities as knowledgeable providers regarding services and needs of cancer survivors along the cancer continuum.

Discussion: By providing focused clinical experiences in different oncology settings and oncology-specific curricula, the BNEO has achieved its major aim which was to increase the number of BSN graduates that select a career in oncology nursing.

117373 (Poster)

QUEREMOS SABER/WE WANT TO KNOW: DEVELOPING SPANISH LANGUAGE MULTIMEDIA PATIENT EDUCATION MATERIALS FOR STEM CELL TRANSPLANT. Farahnaz Hassanshahi, RN, BSN, OCN®, Clinical Center, National Institutes of Health, Bethesda, Maryland; Mike Krumlauf, RN, BSN, OCN®, Clinical Center, National Institutes of Health, Bethesda, Maryland; Gwenyth R. Wallen, PhD, RN, Clinical Center, National Institutes of Health, Bethesda, Maryland; Georgie Cusack, MS, RN, AOCNS®, National Heart, Lung and Blood Institute, National Institutes of Health, Bethesda, Maryland

Significance and Background: SCT is a complex process with potential life threatening co-morbidities. Adequate education is vital for patients and caregivers to be able to recognize these complications early and to communicate them to their providers. Language, literacy and culture are potential barriers that may lead to gaps in the education process. Evidence suggests using educational videos in the Hispanic, African American and Deaf communities, can increase knowledge and promote behavior change to learn a variety of health topics. The use of culturally developed vignettes, "telenovelas" (soap operas) and having the same ethnic speaker as the participants, allows for further interest in the topic and positive response from the participants.

Purpose: With an increasing number of Hispanic participants undergoing SCTs in the hematology/oncology program at the National Institutes of Health (NIH), there was a need to re-assess the most appropriate pre-transplant educational tool for this population. The following unit-based research question was addressed: Upon admission, will adult Hispanic pre-SCT patients increase their knowledge about transplant care by viewing Spanish language educational video when compared to written education materials in Spanish?

Evaluation: This project was divided into two phases. In phase one, an English pre-SCT video was used to translate into Spanish. Translation was completed independently by a professional translator and a native Spanish speaking SCT clinical nurse. Proper forward and backward translations were performed on the two translated documents along with the English version for verification (English-Spanish and Spanish-English), word choice including cultural context, and appropriate level of literacy. Spanish speaking post-transplant patients were then also asked to review. Phase two involved the film including: the

narration and the two vignettes. Native Spanish speaking nurses were selected to role-play the vignettes. The video was edited and uploaded on the NIH virtual community website and on a DVD for patient/family access. Piloting will be done using the same pre and post multiple choice knowledge questionnaires as an evaluation tool for the video.

Discussion: Developing this education video for Hispanic pre-SCT patients allows the patients and families to increase their knowledge and become more confident about the SCT process.

117417 (Poster)

INTEGRATING GERIATRICS INTO ONCOLOGY: A PILOT PROGRAM. Peggy Burhenn, MS, RN, AOCNS, City of Hope National Medical Center, Duarte, California; Shirley Johnson, RN, MS, MBA, City of Hope National Medical Center, Duarte, California; Betty Ferrell, PhD, MA, FAAN., FPCN, City of Hope National Medical Center, Duarte, California; Arti Hurria, MD, City of Hope National Medical Center, Duarte, California

Significance and Background: The U.S. population is aging. Almost 60% of cancers occur in patients over 65 years old and 70% of cancer mortality. We surveyed our nurses at a comprehensive cancer center using a validated tool about their knowledge, attitudes and perceptions of care of the older adult (n=422). Results showed that knowledge of geriatric conditions was lower than a national benchmark, but attitudes of nurses caring for older patients were higher than benchmark. Nurses made suggestions for improving care of older adults in the survey such as: increase staff education about geriatrics, add geriatric specific resources, increase staffing, and increase involvement/education of family caregivers.

Purpose: The purpose of our project is to utilize our collected data to develop a program that meets the needs of oncology nurses and prepares them to care for older adults with cancer.

Evaluation: The pilot was successful in training nurses from one unit to serve as resources to their colleagues regarding geriatric issues. The pilot nurses have expressed a new appreciation for the older adult and are more aware of additional assessments that are needed. We will resurvey the staff in 2013 to identify changes in the knowledge, attitudes and perceptions of caring for older adults.

Discussion: Nationally there are few opportunities for geriatric oncology nursing education. Oncology nurses need education in geriatrics to meet the needs of our aging society. The GRN role is crucial to geriatric care and is the link between the elderly, their caregivers and other clinical staff. Care of older patients is more complex and oncology nurses will need to be prepared to manage this growing population. Innovative programs need to be developed to merge oncology and geriatrics.

117490 (Poster)

A BACCALAUREATE ONCOLOGY NURSING EMPHASIS: THE STUDENT PERSPECTIVE. Suzy Lockwood, PhD, MSN, RN, OCN®, CHPN, Texas Christian University, Fort Worth, Texas; Deborah Spitzer, MSN, RN, OCN®, Simmons Cancer Center/UTSW, Dallas, Texas

Significance and Background: Although oncology nursing is an established specialty, Baccalaureate of Science in Nursing (BSN) students lack focused clinical and didactic experiences in this area. Development of an innovative program for new nursing roles outside the acute - inpatient setting, as recommended by the Institute of Medicine, provided rationale for the project. Targeted at undergraduate nursing students, the Baccalaureate Nursing Emphasis in Oncology (BNEO) Track was developed in partnership with an NCI-designated Cancer Center. Students

enrolled in the elective course for a variety of self-reported reasons the majority of which included an opportunity to further explore oncology as a practice area at graduation.

Purpose: The BNEO program included didactic presentations delivered by inter-professional partners and completion of 24 clinical hours, at minimum, in the ambulatory oncology setting. While in the clinical setting, students had the opportunity to work alongside oncology certified nurses and oncologists in the specialty areas of Breast, Surgery, Radiation, Infusion Center and Bone Marrow Transplant. As part of their experience students were required to submit a weekly journal, sharing with course faculty and Cancer Center staff "memorable" and "frustrating" experiences that occurred during their clinical hours.

Evaluation: Over 100 students have participated in the BNEO, the statements and stories provided by the students serve as an evaluative mechanism not only for the baccalaureate curriculum but for the collaborating center which is pursuing Magnet designation. Specific examples will be shared to illustrate the strategic usefulness for an oncology nursing emphasis program at the baccalaureate level as a potential method to motivate undergraduate nursing students to explore the field of oncology as a viable and exciting clinical practice option after graduation.

Discussion: Nursing students frequently see cancer as a fatal condition and believe that oncology nursing lacks the complexity or excitement found in other clinical settings. By providing focused clinical experiences in different oncology settings coupled with oncology-specific curricula, the oncology nursing emphasis track has achieved its major aim to increase the number of baccalaureate nursing graduates that select a career in oncology nursing.

117504 (Podium)

ENHANCING BACCALAUREATE NURSING GRADUATE PLACEMENT IN THE AMBULATORY ONCOLOGY SETTING THROUGH INNOVATION AND COLLABORATION.

Suzy Lockwood, PhD, MSN, RN, OCN®, CHPN, Texas Christian University, Fort Worth, Texas; Deborah Spitzer, MSN, RN, OCN®, Simmons Cancer Center/UTSW, Dallas, Texas

Underwriting or funding source: C-Change Cancer Career Promotion Grant

Significance and Background: Given the current nursing shortage, concurrent aging of the oncology workforce, increased number of cancer survivors, and the changing landscape of the healthcare system, the Institute of Medicine (IOM) has recommended that nursing education be transformed in ways that prepare graduates to work in non-traditional settings. Although oncology nursing is an established specialty, Bachelor of Science Nursing (BSN) students lack focused clinical and didactic experiences in oncology, in particular, opportunities in ambulatory setting.

Purpose: Rationale for development of the innovative program was based on IOM recommendation for new nursing roles outside the acute care setting. Targeted at undergraduate nursing students, the oncology ambulatory externship, was conducted in partnership with an NCI-designated Cancer Center and supported with a C-Change Cancer Career Promotion Grant. The goal of the program was to prepare BSN graduates for new roles outside of the acute care setting was held during the summer while students were not enrolled in other courses.

Evaluation: Students participated in a series of didactic presentations entitled "Patient Care Management in the Ambulatory Setting" for 64 hours of content which was delivered by inter-professional partners and advanced practice oncology nurses. Additionally, students completed 192 hours of preceptored clinical in the ambulatory setting with the same oncology certified nurse over the course of eight weeks providing care to patients and their caregivers. Program participants were evalu-

ated using a pre- and post-assessment test developed from the Oncology Nursing Society Core Curriculum Study Guide. In addition to weekly preceptor clinical evaluations of performance, students presented a Cancer-Specific Care Continuum Project; required presentation content included prevention/screening, diagnostics, treatment, surveillance, and survivorship.

Discussion: Implications of the collaboration for oncology include: (1) replication of a program that prepares practice-ready BSN graduates for the ambulatory oncology clinical setting, as well as oncology nursing; (2) opportunities for clinical nursing staff mentorship and career advancement, and (3) promotion of academic and clinical partnerships that facilitate implementation and discovery of best practices in oncology nursing. Lessons learned, curriculum methodologies and student outcomes will be shared. Implications for replication in other BSN programs and ambulatory oncology settings will be suggested and recommended.

118014 (Poster)

EFFECT OF SEXUAL ENHANCEMENT PROGRAM FOR GYNECOLOGIC CANCER PATIENTS AND PARTNERS. Ju-Hee

Nho, RN, MSN, APN, OCN®, Asan Medical Center, Seoul, Washington

Significance and Background: Gynecological malignancy has an immense impact on the well being of women and their partners. There has been an increased interest in the psychological and sexual problems that commonly follow cancer treatment, as well as the happiness issues faced by gynecological cancer survivors. Also gynecological cancer can often exacerbate multiple psychosexual problems. Sexuality should be considered a critical health issue that has a profound impact on these women's quality of life.

Purpose: The purpose of this study was to evaluate the effectiveness of the Permission, Limited Information, Specific Suggestion, Intensive Therapy (PLISSIT) model sexual health enhancement program (SHE program) on sexual function, sexual distress, marital intimacy, subjective happiness for women with gynecologic cancer and their partners. The SHE program was applied King's goal attainment theory. Goal attainment theory focused reaction, interaction, transaction between nurse and patients and partners. SHE program was developed integrative 6hr (90minutes per session). It provided every week. 1st session was consist assessment of women and their partners. 2nd session was consist of LI (information of sexual function, change of body, lubrication, dilator etc.) 3rd session was consist of SS (communication of partners). 4th session was physical activity (stretching).

Evaluation: Sexual function of women was measured FSFI (female sexual function index), Sexual distress of women was measured FSDS (female sexual distress scale), Marital intimacy of women and partners was measured marital intimacy scale. And subjective happiness of women and partners was measured subjective happiness scale. All measurement were checked before intervention, and after intervention (5th week). The subjects consisted of 43 couples who had a gynecologic cancer of A hospital. They were assigned to one of two groups: an experimental group (n=21 couples) that had sexual enhancement program for 4 weeks and a control group (n=22 couples). The sexual enhancement program applied PLISSIT model based on King's goal attainment theory. Sexual function, sexual distress, marital intimacy, subjective happiness of women with gynecologic cancer, marital intimacy, happiness of partners were determined by self reported questionnaire before and after the sexual health enhancement program. The data were collected from July 2012 to November 2012. The data were analyzed by Chi-square, t-test, Fisher's exact test using IBM SPSS version 20.0 for windows program. Statistical significance was accepted at a p value less than .05. The results were summarized as follows:

1. Total score of sexual function of women with gynecologic cancer in the experimental group was higher than in the control group ($p < .001$).
2. Total score of sexual distress of women with gynecologic cancer in the experimental group was lower than in the control group ($p < .001$).
3. Total score of marital intimacy of women with gynecologic cancer in the experimental group was significant higher than higher than in the control group ($p < .007$).
4. Total score of subjective happiness of partners in the experimental group was higher than in the control group ($p < .012$).

In conclusion, sexual health enhancement program applied PLISSIT model based on King's goal attainment theory is effective in improving sexual function, sexual distress, marital intimacy and happiness for women with gynecologic cancer and partners.

Discussion: In practice, SHE program applied PLISSIT model was helpful for gynecologic cancer patient and their partners. And the role of oncology nurse was extended. In research, SHE program applied King's goal attainment theory was evaluated its effectiveness. In education, it was individualized educational program for gynecologic cancer patient and their partners.

118216 (Poster)

STONE SOUP PROJECT: COMFORT FOR AN ONCOLOGY ICU TEAM. Carina Marasigan-Stone, RN, Memorial

Sloan-Kettering Cancer Center, New York, New York; Evangelina Santa Teresa, BSN, CCRN, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: The project focused on promoting healthier eating options at work for the staff of the ICU in the cold months ahead. In November of 2011, our 'Stone Soup' program was launched. The idea was based on an old folklore written by Marcia Brown. The story focused on cooperation amongst a group of strangers. All contributed to make the best soup that sustained the whole town. This would enhance team-building in the ICU.

Purpose: A crockpot was brought in. The "Stone Soup" book by Marcia Brown, and a poster were displayed in the ICU lounge to describe the program. A weekly date was set and announced through signs and email. Staff were encouraged to bring what was available in their home to eliminate incurring expenses. Our first soup was a classic 'chicken soup'. Ingredients were placed into the crockpot before the shift began. By 12 noon, the soup was ready for all to enjoy. The creation of these soups throughout the winter season enabled the staff to experience a variety of flavors from the multiple cultures that represent the ICU. We created a Filipino soup, "sinigang", a Caribbean "chicken dumping" soup, and a Spanish soup 'asopao', to name a few. The soups were not only comforting and fulfilling, but they also promoted cohesiveness in the team.

Evaluation: This program was healing for the staff, for it gave them a 'good feeling' and evoked memories and provided a healthy nutritional pick. It promoted a sense of 'community' and caring for each other. The project was well received by the staff. As seasons changed, enthusiasm for the program grew. The recipes have expanded beyond soups, to complete meals and desserts. What started as a winter endeavor has become a permanent fixture in the staff lounge.

Discussion: Our crockpot has absorbed different cultures and flavors with each pot of soup created. We enjoy the soups as a shift. It is comfort for the staff as we continue to care for the critically ill. We look forward in 2012 to begin to formulating our recipes in a book for all staff to be able to create these soups at home.

118222 (Poster)

EVIDENCE-BASED ONCOLOGY SYMPTOM MANAGEMENT PATIENT EDUCATION TOOLS IN A COMMUNITY

CANCER CENTER. Meghann Horst, RN, BSN, OCN®, Paoli Cancer Center, Paoli, Pennsylvania; Sara Hollstein, MSN, AOCNP, Paoli Cancer Center, Paoli, Pennsylvania; Joann Moore, RN, BSN, OCN®, Paoli Cancer Center, Paoli, Pennsylvania; Martha Kline, RN, BSN, OCN®, Paoli Cancer Center, Paoli, Pennsylvania; Christine Szarka, MD, Paoli Cancer Center, Paoli, Pennsylvania; Sandra Urtishak, MD, Paoli Cancer Center, Paoli, Pennsylvania

Significance and Background: Oncology certified nurses are knowledgeable in the symptom management of cancer side effects, but may struggle with providing succinct written materials due to lack of computer skills and limited knowledge on how to successfully create evidence based patient education tools. Several websites and sources of information are available to patients related to cancer symptom relief that are not necessarily evidence based. Patient education is often reinforced with written materials and allows patients a tool to reference at home with reliable information.

Purpose: The purpose of this education model was to create a step wise process and template for a team of oncology certified nurses to develop evidence based patient symptom management sheets that could be used for patient education on common cancer side effects.

Evaluation: Nurses used the five step process and provided Publisher template to successfully complete a two page patient symptom management sheet on a common cancer side effect. The tool was based on provided evidence based websites on non-pharmaceutical and pharmaceutical interventions. Each tool went through a two person Suitability Assessment (SAM) testing, and pictures were selected with a certified art therapist. Finally, the nurses presented their completed draft to administration and physicians for approval to use the tool in our community patient population.

Discussion: Oncology certified nurses can successfully create evidence based symptom management education tools for patients if guided with a template and available evidence based resources. Mentoring the nurse through proper assessment tools such as SAM testing, and developing presentation skills instills confidence in clinical skills. Presenting their created tools also enhances leadership engaging nurses further in patient care and cancer center quality improvements. The patient education sheets also provide a consistent foundation for evidence based patient care. Providing patients with reliable reference tools allows them to make educated decisions regarding control of their symptoms and be active participants in their care during the course of treatment.

118262 (Poster)

EFFICACY AND TOXICITY PROFILE OF NAB-PACLITAXEL IN PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER: NURSING IMPLICATIONS AND MANAGEMENT STRATEGIES. Beth Eaby-Sandy, MSN, CRNP, OCN®, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; Amy Ko, MPH, Celgene Corporation, Summit, New Jersey; Hui Zhang, MS, Celgene Corporation, Summit, New Jersey; Markus Renschler, MD, Celgene Corporation, Summit, New Jersey; Mark Socinski, MD, University of Pittsburgh Cancer Institute, Pittsburgh, Pennsylvania

Underwriting or funding source: Celgene Corporation offered editorial assistance only.

Significance and Background: In October 2012, nab-paclitaxel received FDA approval in combination with carboplatin for the first-line treatment of advanced NSCLC. The approval came as a result of a phase III trial comparing weekly nab-paclitaxel (100 mg/m²) vs every-3-weeks solvent-based paclitaxel (200

mg/m²), both with carboplatin, in advanced NSCLC. Weekly nab-PC demonstrated a significant increase in overall response rate vs sb-PC in patients with advanced NSCLC (33% vs 25%; P=.005), and a trend toward improved overall and progression-free survival. There was significantly less neuropathy, neutropenia, arthralgia, and myalgia with nab-PC, and less thrombocytopenia and anemia with sb-PC.

Purpose: The most common grade 3/4 non-hematologic adverse events were fatigue, sensory neuropathy, anorexia, nausea, myalgia, and arthralgia. Rates of grade 3/4 neuropathy were 3% in the nab-PC arm compared with 12% in the sb-PC arm (P=.001). The total score of all 16 questions, including the neuropathy, pain in hands/feet, and hearing loss scores from the patient-reported Functional Assessment of Cancer Therapy (FACT)-Taxane, significantly favored the nab-PC regimen. Time to improvement in grade 3/4 neuropathy to grade 1 was 38 days with nab-PC vs 104 days with sb-PC.

Evaluation: Neuropathy is a common and debilitating side effect of chemotherapy. The FACT-Taxane is a comprehensive tool used to evaluate neuropathy by asking specific questions about the side effects of taxanes, including pain, numbness, and specific activities of daily living (ADLs), such as buttoning a shirt. Patient-reported outcomes such as this are important for assessing the impact of chemotherapy on patients' quality of life, and using tools such as this may allow healthcare providers to accurately assess neuropathy and act to mitigate severity. Management of neuropathy centers around delaying treatment, reducing taxane doses, lifestyle modifications, and medication management.

Discussion: Oncology nurses are often at the forefront of evaluating and managing toxicities related to chemotherapy. The information provided from this phase III study will prepare nurses for the expected side effects of therapy with nab-PC and sb-PC and will help to ensure that these side effects are managed quickly and treatment doses are adjusted accordingly so that patients continue to receive the appropriate therapy.

118361 (Poster)

GETTING CONNECTED: A RESOURCE FOR AFRICAN-AMERICAN BREAST CANCER SURVIVORS. Arin Ahlum Hanson, MPH, CHES, Living Beyond Breast Cancer, Haverford, Pennsylvania; Patricia Bradley, PhD, RN, FAAN, Villanova University College of Nursing, Villanova, Pennsylvania; Janine Guglielmino, MA, Living Beyond Breast Cancer, Haverford, Pennsylvania

Underwriting or funding source: Avon Foundation for Women, AstraZeneca, and National Philanthropic Trust

Significance and Background: African-American women (AAW) affected by breast cancer prefer culturally specific resources to educate and support them through their breast cancer experience. In the mid-1990's, Living Beyond Breast Cancer (LBBC) conducted focus groups of African-American women (AAW) affected by breast cancer. The educational publication, Getting Connected: African-Americans Living Beyond Breast Cancer was written to fill the gap in resources for this population. In 2011 the second edition was published reflecting changes in breast cancer treatment, cancer disparities and perceptions of breast cancer. Oncology nurses served as advisors on the professional advisory board created to ensure the quality of life aspects of care were included. Oncology nurses caring for AAW affected by breast cancer can use this resource to gain insights into the unique concerns of this population and to distribute to their patients as a source of support and information.

Purpose: To aid AAW in developing trusting relationships with their healthcare providers, a culturally specific consumer-focused resource was needed to educate the community on their needs and preferences. A qualitative, community-based participatory

approach was utilized during the revision process for the second edition of *Getting Connected*. It involved three components: 1) A national advisory committee of community leaders and health providers 2) Five focus groups with AAW (n=44) diagnosed within two years of the project and 3) Interviews of eight informants who work closely with AAW. LBBC worked with community-based organizations to hold focus groups in Philadelphia, PA, Little Rock, AR and Chicago, IL. Focus groups were audio recorded, transcribed and analyzed for salient themes. *Getting Connected* was revised and redesigned using "plain language" principals. The second edition of *Getting Connected* is a 50-page culturally relevant resource designed for and to be used by African-American breast cancer survivors, their caregivers and supporters and their healthcare providers. Published in October 2011, this resource promotes informed decision-making, while providing support and inspiration.

Evaluation: Since publishing the second edition of *Getting Connected*, more than 10,000 copies of the resource have been distributed to healthcare providers and African-American women affected by breast cancer. Evaluation feedback indicates that 92% of readers felt more prepared to connect and communicate with their health care providers as a result of reading this publication and 85% of readers strongly related to the personal stories shared in the book. All readers agreed that they would keep this book for future reference and 86% indicated they would seek other education and support services from LBBC. This evaluation feedback indicates that the resource is a relevant and useful tool for oncology nurses to employ when offering support and information to African-American women diagnosed with early-stage or metastatic breast cancer.

Discussion: *Getting Connected* addresses how one can build trusting patient-provider relationships and live positively beyond breast cancer. The consumer-focused approach of *Getting Connected* makes it a valuable resource for healthcare providers working with AAW. Oncology nurses can disseminate and utilize the resource as a tool to initiate quality of life discussions with AAW affected by breast cancer, present themes included in the publication as ice-breaker topics at support group meetings, and as a support tool to encourage AAW affected by breast cancer to talk to their family and friends about their support needs. Oncology nurses can effectively meet the educational needs of AAW by relying on this up-to-date culturally relevant resource written for a consumer audience.

118460 (Poster)

EDUTRAINMENT: A HANDS-ON TEACHING FORUM.

Joan F. Aaron, RN, BSN, OCN®, National Institutes of Health, Bethesda, Maryland; Sharon Flynn, RN, MS, ANP-BC, OCN®, National Institutes of Health, Bethesda, Maryland

Significance and Background: Validating yearly competencies is often considered a burdensome and boring activity by the nursing staff. Previous methods used to validate competencies included in-services, written tests, and one-to-one time with the Clinical Nurse Educator. Staff was reticent to interrupt their patient care activities to participate in the competency revalidation. A change was needed to decrease the hours needed to validate competencies as well as support the staff in their preference to not be pulled away from the bedside. The Proposal: Implementing the Carnival of Competencies using Edutrainment. Edutrainment is a hands-on teaching forum in which education, annual training, entertainment and fun all come together. A carnival theme was selected by the Clinical Nurse Educator and the Clinical Nurse Specialist. Two dates were chosen to accommodate the maximum number of nurses from each of the three traditional shifts. The outpatient unit provided coverage for participating nurses. The Carnival of Competencies learning stations consisted of Walking the Tightrope (neurological assessment in-service), a House of Horrors (Environment of Care Competency), and Taming the

Tiger (Hazardous Drug Competency). Other stations included a photo booth, a fortune teller, games, food, and prizes.

Purpose: This event decreased the number of hours needed to revalidate staff competency and to make yearly education more meaningful for the staff. It added levity to a high stress oncology unit.

Evaluation: Fifteen out of twenty staff nurses were revalidated during the two carnival sessions. Participants actively engaged in learning stations and games. Staff comments were very positive about this method for competency validation. The Clinical Nurse Educator and the Clinical Nurse Specialist spent additional planning time to coordinate supplemental staff and the fun activities to frame the event. The overall time invested in the competency revalidation by the Clinical Nurse Specialist and the Clinical Nurse Educator decreased.

Discussion: Edutrainment is a valuable approach for oncology units to validate competencies, promote team-building, and create a positive environment that reduces stress. This format has been implemented on other oncology units with success. There is potential for Edutrainment to have an impact on competency revalidation for both oncology and non-oncology units.

118538 (Poster)

CANCER FAMILY CAREGIVER SUPPORT GROUPS: NEEDS AND CHALLENGES.

Jo Hanson, RN, MSN, CNS, OCN®, City of Hope, Duarte, California; Betty Ferrell, PhD, FAAN, FPCN, City of Hope, Duarte, California; Marcia Grant, RN, DNSc, FAAN, City of Hope, Duarte, California

Underwriting or funding source: National Cancer Institute grant #R25CA132664

Significance and Background: An estimated 75-80% of cancer patient care is provided outside the hospital by Family Caregivers (FCG). Although FCGs are considered a key component of the healthcare system, they report feeling unprepared for their role and need more support. Stressed caregivers rely on professional healthcare providers, especially outpatient oncology nurses, as their primary support.

Purpose: The purpose of this presentation is to report on institution-specific goals focused on cancer FCG support groups and to provide examples of successful groups. Using the FCG Quality-of-Life Model, three-day educational courses were presented to oncology healthcare providers to better understand caregivers' needs and how to support these needs.

Evaluation: To date, 154 2-person interdisciplinary nationwide cancer center teams have participated in 1 of 3 courses (March and July 2011, July 2012). Participating teams developed unique FCG goals to implement in their home institution. Seventy immediate post-course team goals related to developing new or energizing existing support groups. Twelve and 18-month goal updates and follow-up phone calls revealed an even larger focus on FCG support groups. Many teams revised at least one of their initial goals to include some aspect of caregiver groups. Characteristics of FCG groups varied widely in format, session content, and recruitment strategies. Format considerations included population, cancer center setting, and geographic area. Session content was based on type of group, i.e. educational, psychosocial, or psychosocial-educational. Recruitment is the biggest barrier for successful groups. Although FCGs indicate they want support groups, they rarely attend. Issues such as time away from their loved one, personal fatigue, traffic, have been identified, but even with changes, group participation remains low.

Successful psychosocial-educational group examples:

- Weekly, Ronald McDonald House family-room, 5:00-8:00 p.m., patients/family members/ FCGs share potluck dinner, then break into three separate groups
- Monthly, cancer center meeting room, 10:00-11:30 a.m., prostate cancer patient and spouse/significant other meet together

- Monthly tele-conference, hospital meeting room, 10:00-11:00 a.m., FCGs only
- Weekly, community support center, 2:00-3:30, patient and FCG meet together

Discussion: Developing and sustaining support groups provides an important resource for FCGs. To reach caregivers, groups must be tailored to meet their specific needs and recruitment strategies developed.

118575 (Poster)

CHEMOTHERAPY COMPETENCY—MORE THAN JUST A CARD. Jill Benedeck, RN, BSN, OCN®, Centegra Health System, McHenry, Illinois

Significance and Background: Chemotherapy nurses across our healthcare system work in various areas, and have different opportunities to maintain their skills. The nurses who work in our outpatient ambulatory areas see chemotherapy patients on a daily basis. Our nurses who work on inpatient units, however, see chemotherapy patients much less often. The issue was how to address the clinical skill needs of these nurses.

Purpose: I developed a course that all current chemotherapy nurses are required to attend annually. It is a 4 hour course that reviews chemotherapy drug categories, side effect management, documentation issues/electronic record management, use of electronic patient education materials, and current policy and procedure. Each nurse then needs to complete a case study based on a current "hot topic". For new chemotherapy nurses, after they obtain their ONS Chemotherapy/Biotherapy Provider Card, they must attend an 8 hour Critical Thinking Class where we discuss case studies as a group before going on to work with a chemotherapy preceptor on the unit.

Evaluation: Feedback was extremely positive. Nurses expressed increased confidence in continuing their role as a chemotherapy nurse. One suggestion made from the class was that there be a way to keep current on newly approved drugs. An "Oncology Nurse Educator Update" email goes out to the nurses every other month or more often if needed. The letter includes current new drug approvals, any change in current drug data, and any pertinent practice information. One other change I am implementing for this current fiscal year is to evaluate how often a nurse administers chemotherapy. If he/she does not administer chemotherapy during a quarter, an opportunity to shadow a nurse in our Outpatient Chemotherapy Infusion Center will be given to allow for competency support.

Discussion: My hope is that with these new implementations, the excellent satisfaction and safety rate for our chemotherapy nurses will be maintained. Chemotherapy administration can be a scary endeavor, and providing support and education is key to maintaining a successful and safe oncology program. My goal is that other healthcare system educators can take some of these ideas back to their institutions and implement similar programs.

118592 (Podium)

SIMULATION EDUCATION FOR MANAGING INFUSION REACTIONS. Diane Muench, RN, MBA, OCN®, NorthShore University HealthSystem, Evanston, Illinois; Vida Vizgirda, RN, PhD, JD, OCN®, NorthShore University HealthSystem, Evanston, Illinois; Linda Green, RN, MS, AOCN®, NorthShore University HealthSystem, Evanston, Illinois; Pam Aitchison, RN, BSN, NorthShore University HealthSystem, Evanston, Illinois; Anna Palafox, PharmD, BCOP, NorthShore University HealthSystem, Evanston, Illinois; Peggy Ochoa, RN, MS, C-OB, NorthShore University HealthSystem, Evanston, Illinois

Significance and Background: Numerous chemotherapeutic and biologic agents have the potential to induce a hypersensitivity reaction. Hypersensitivity reactions (HSRs) during outpa-

tient infusions are a major concern for the oncology nurse given their complex nature and potential for severe adverse outcomes. HSRs can rapidly lead to serious cardiovascular and respiratory compromise. Our institution developed a novel approach for educating oncology treatment nurses on managing severe drug-related hypersensitivity infusion reactions.

Purpose: We began with a formal review of drug-related HSRs that included: immunologic mechanisms underlying reactions, review of chemotherapy and biologic agents at high risk for inducing HSRs, identification of signs and symptoms of HSRs during infusion, and clinical response and management of patients experiencing these signs and symptoms. Nurses were educated on managing drug-related HSRs by following the algorithm E-S-C-A-P-E. This approach to managing symptomatic infusion reactions in the out-patient setting incorporates the steps (1) emergency preparation; (2) stop the infusion; (3) call for help; (4) assess and intervene; (5) prepare for transfer; and (6) event documentation. The subsequent education was done in a simulation laboratory environment where cohorts of three to four oncology nurses completed drills on managing HSRs. Using a high-fidelity mannequin, each cohort responded to either a severe carboplatin or paclitaxel-induced HSR staged in an outpatient infusion center. In the scenarios, the "mannequin patient" developed mild infusion reaction symptoms that progressed to serious cardiovascular and respiratory compromise caused by hypersensitivity to the drug. The scenarios incorporated physician responders, pharmacy personnel and actors portraying family members.

Evaluation: Nurses were surveyed prior to and following the simulation experience to measure changes in their comfort level with managing HSRs. Thirty-six RNs have completed the education and simulation lab experience. Prior to completing the simulation drills, 46% of the nurses reported feeling "comfortable" and only 22% described feeling "very comfortable" managing a drug-related infusion reaction. Following the simulation exercises, an improvement was noted with 43% now reporting feeling "very comfortable" and only 26% reporting feeling "comfortable".

Discussion: Our institution will utilize the simulation laboratory as a new method for educating on oncology-related nursing skills including safe handling of medications, venous access skills and delivery of complex treatment regimens.

118691 (Poster)

PROGRAM DEVELOPMENT OF LOW DOSE CT SCREENING IN AN OLDER ADULT COMMUNITY. Nancy Moreland, RN, OCN®, Central Florida Health Alliance, The Villages, Florida; Deborah Olsen, RN, OCN®, MPH, Central Florida Health Alliance, The Villages, Florida; Elizabeth Jernigan, RN, MSN, OCN®, Central Florida Health Alliance, The Villages, Florida; Carol Hutchison, CTR, Central Florida Health Alliance, The Villages, Florida; Nichole Kelly, Central Florida Health Alliance, The Villages, Florida

Significance and Background: Lung cancer accounts for more deaths in men and women than any other cancer and it often remains undetected until a patient presents with Stage II or greater. The NCCN guidelines state, "Lung cancer screening is appropriate to consider for those high-risk patients who are potential candidates for definitive treatment."

The mean age of the served population is 66 years old and they are very active. Older adults are at a higher risk of having a cancer diagnosis. Current and former smokers are at high risk for being diagnosed with lung cancer. Our challenge was to interest the eligible individuals to participate in a Low Dose CT (LDCT) Lung Cancer Screening Program.

Purpose: A LDCT Lung Cancer Screening Program can identify lung cancer at an early stage before a person has symptoms, which can make treatment easier before the cancer spreads.

Current smokers should be advised to quit smoking and former smokers should remain abstinent from smoking. Current smokers at high risk should pursue LDCT scanning.

Evaluation: From August 2012 to November 2012, 83 individuals participated in the Lung Cancer Screening with 85% eligible for LDCT Screening. Of those, 39% were found to have abnormal findings and were referred to physicians for further testing and/or treatment.

Discussion: High-risk individuals who are eligible for a LDCT Screening Program have been identified. Patients with a cancer diagnosis are identified at an earlier stage with the screening and the plan is to present them prospectively at Tumor Boards for multidisciplinary treatment planning.

118704 (Poster)

NURSING IMPLICATIONS FOR PATIENTS WITH RELAPSED AND REFRACTORY MULTIPLE MYELOMA RECEIVING SINGLE AGENT CARFILZOMIB (KYPROLIS™).

Donna Catamero, ANP-BC, OCN®, CCRC, Mount Sinai, New York, New York

Underwriting or funding source: Onyx Pharmaceuticals

Significance and Background: Multiple myeloma (MM), the second most common hematologic cancer, arises from antibody-producing plasma cells that begin to grow in an invasive manner. MM accounts for approximately 1% of all cancers and 2% of all cancer-related deaths. In July 2012, carfilzomib (CFZ), a selective proteasome inhibitor, was approved by the FDA for patients with relapsed and refractory MM.

Purpose: The purpose of this presentation is to discuss the information nurses need to consider before initiating CFZ therapy, including prophylactic measures, administration of CFZ, toxicities to monitor, and topics to discuss with patients.

Evaluation: Prior to initiation: Prophylactic hydration and medication can prevent certain toxicities. Patients should be instructed to consume 6–8 cups of fluids per day 48 hours prior to CFZ administration. Pre-medication with dexamethasone 4–20 mg may help prevent infusion reactions, while allopurinol 100–300 mg daily and pre- and post-dose hydration (250–500 cc) may reduce the risk of renal toxicity and tumor lysis syndrome (TLS). Shingles prophylaxis should also be considered. CFZ initiation should be postponed for grade >3 neutropenia and grade >4 thrombocytopenia. Administration: CFZ is administered on 2 consecutive days every week for 3 weeks on a 4-week cycle. CFZ administered as a 20 mg/m² IV infusion over 2–10 minutes (27 mg/m² after Cycle 1) has demonstrated acceptable tolerability. For patients on dialysis, administer CFZ after dialysis. Monitoring: CBC should be monitored at least weekly, with a platelet nadir expected around 8 days after CFZ initiation. Blood chemistry and hydration status should be monitored closely to prevent and/or identify early signs of renal toxicity and TLS. For grade >3 dyspnea, withhold CFZ and manage promptly; modify hydration as needed. Patients should be monitored carefully for cardiac complications and emerging issues managed promptly. Education: Patient counseling should include discussion of the most common adverse events. Nurses should instruct patients to inform the care team if fever, chills, rigors, chest pain, shortness of breath, or cough develop.

Discussion: Because nurses are involved in administration, assessment, and management of side effects, as well as patient education, it is imperative that oncology nurses are knowledgeable of current and emerging MM therapies.

118715 (Poster)

IMPROVING COMMUNICATION—IMPROVING CARE: USING STANDARDIZED PATIENTS TO EDUCATE ONCOLOGY NURSES IN THE DELIVERY OF PATIENT EDUCA-

TION. Tracy Weddle, MS, RN, CNS, OCN®, Sharp Memorial Hospital, San Diego, California

Significance and Background: Educating patients in a method that takes into consideration their learning style, cultural diversity and health literacy is an important nursing function in the delivery of patient and family centered care. Using a standardized patient allows nurses to practice and improve their communication skills and the manner in which they deliver patient education. The Joint Commission has released a revised set of standards for Patient Centered Communication which requires hospitals to effectively communicate with patients when providing care, treatment, and services. In addition, the American Society of Clinical Oncology and Oncology Nursing Society have released safety standards to reduce the risk of errors, increase efficiency and provide a framework for best practice which include; educating the patient and family in a manner that is appropriate to their reading level, literacy, and understanding.

Purpose: To increase Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores in the domain of Communication with Nurses by educating the oncology nurse on health literacy and the delivery of patient education utilizing a standardized patient.

Evaluation: In 2011 and 2012, incorporating health literacy into the delivery of patient education was added to the nurse's annual competency evaluation program. All nurses viewed the American Medical Association's video on Health Literacy and completed a reflective learning exemplar. In addition, the nurse educated a standardized patient about a chemotherapy drug. The standardized patient was a hospital volunteer who was coached beforehand on questions to ask the nurse and how to use a rubric when evaluating the nurse's method of delivering education. In addition to the standardized patient's evaluation, the Clinical Nurse Specialist also gave feedback incorporating the importance of health literacy and evaluating the effectiveness of their teaching through the "teach back" method.

Discussion: Based on this education, HCAHPS scores in the domain of Communication with Nurses increased from 77% in 2011 to 95% at present time. The experience of interacting with the standardized patient generated a learner-centered experience and prompted positive comments from the nurses. By focusing on health literacy and utilizing a standardized patient, HCAHPS scores increased.

118729 (Poster)

INNOVATION ON THE INFORMATION HIGHWAY: USING INTRANET TECHNOLOGY TO ENGAGE STAFF, IMPROVE OUTCOMES AND PROMOTE EDUCATION.

Tracy Weddle, MS, RN, CNS, OCN®, Sharp Memorial Hospital, San Diego, California

Significance and Background: In today's health care environment, it is imperative that staff have information readily available in order to provide therapeutic care and maintain accountability for appropriate clinical decision making and safe outcomes. Paper resources quickly become outdated and obsolete. Obtaining electronic information quickly and easily is the mainstay of efficient resource utilization.

Purpose: The purpose of the oncology intranet website is to provide an electronic, central repository to house pertinent information and resources needed to better provide safe and therapeutic care to all patients and families, and facilitate nursing competency. An additional purpose is to engage nurses in the Magnet re-designation journey through interactive games, stories and pictures. The website, developed to be innovative and high-tech, contains visual cues, pictures, icons and hyperlinks that are used as an easy way of maneuvering through the site to quickly find information. Tabs on the site are designed to maintain

and improve outcome measures include infection prevention, chemotherapy information, and unit specific performance improvement projects. Additional tabs such as Oncology Certified Nurse pictures, staff recognition and unit celebration pictures increase staff satisfaction. Ongoing staff feedback is used to improve the site. The staff education tab contains oncology and chemotherapy self-learning modules, notices for upcoming conferences and oncology education classes in the hospital and throughout the community. Resources for chemotherapy drug verification, multi-language patient education links and information regarding oncology certification are available. The Magnet re-designation section became a popular site for the entire hospital. As a result, the hospital Magnet site is now directly linked to the Oncology Magnet site.

Evaluation: Since the development and implementation of the website, quality measures for the oncology unit have improved. There has been a decrease in resistant organism transmission, and increased compliance with performance improvement plans resulting in fewer falls and hospital acquired pressure ulcers. Additionally, Employee Opinion Survey and Culture of Patient Safety Survey results improved dramatically over last year.

Discussion: The implications for oncology nursing are tremendous. By having an easily accessible resource, nurses save time and effort in obtaining information and can spend more time caring for the patient.

118771 (Poster)

DON'T GAMBLE WITH YOUR HEALTH: A "BINGO-STYLE" EDUCATIONAL FORMAT TO PROMOTE CANCER SCREENINGS IN HIGH RISK POPULATIONS. Mary Vecchio, RN, MSN, APN, OCN®, Hunterdon Regional Cancer Center, Flemington, New Jersey; Margaret Vellotti, BS, Hunterdon Regional Cancer Center, Flemington, New Jersey; Maria Bononato, Certified Medical Translator and Community Liaison, Hunterdon Regional Cancer Center, Flemington, New Jersey; Kristina Torok, BS, MSc, Hunterdon Regional Cancer Center, Flemington, New Jersey

Significance and Background: Data from the 2010 BRFSS demonstrated that individuals can face financial, personal, and structural barriers, prohibiting them from engaging in cancer screening behaviors. Regular cancer screenings can assist in the detection and removal of precancerous growths and the diagnosis of certain cancers at an early stage, favoring a more positive response to treatment. Oncology nurses have the opportunity to serve as trusted educators on screening guidelines and available community resources to overcome barriers to screening.

Purpose: The format for the presentations will be a "bingo style" game where the attendees attempt to answer a health related question if they have the pulled letter/number on their game card. Brief group discussions are held to provide current, evidence based information regarding screening guidelines and resources available to assist in obtaining a cancer screening. Winners of the bingo game are entered into drawings for prizes. Bilingual presentations will be made within Hunterdon County with a focus on high risk, targeted populations such as the non-compliant, uninsured, and the Hispanic community. Participation in the program is encouraged by the provision of light, healthy refreshments, educational giveaways, and incentive rewards. Principles of the Health Belief Model are evident in the development of this program.

Evaluation: Upon completion of the educational program attendees are given an evaluation to complete in either a verbal or written format. Demographic information such as name, age and contact information, status of health care home, insurance, and screening history is collected. Attendees are asked to list 2 things that they learned from the program. Project team members can review the data and facilitate referrals to appropriate

services. The project format is translatable to other topics of chronic disease such as diabetes, heart disease, as well as physical activity and diet.

Discussion: Motivational education can take place in various ways. A relaxed and fun atmosphere may lessen anxiety and encourage individuals to engage in the learning process. Oncology nurses can provide expert testimony on the value of screening and early detection. Removing identifiable barriers will most likely promote screening behaviors, utilize health resources more efficiently, and improve the health and well-being of the targeted population.

118778 (Poster)

RADON AND LUNG CANCER: IS YOUR HOME SAFE? OUTCOME ANALYSIS OF A PRIMARY PREVENTION PROGRAM ON RADON AND IMPLICATIONS FOR PATIENT EDUCATION IN CLINICAL PRACTICE. Maureen Quick, RN, MS, OCN®, St. Catherine University, St. Paul, Minnesota

Underwriting or funding source: A stipend will be provided from the Minnesota Department of Health upon completion of the study and manuscript.

Significance and Background: Radon gas is the second leading cause of lung cancer in the U.S. with an estimated 21,000 cases per year. The position statement of the ONS supports the role of oncology nursing in primary prevention stating that nurses are well suited to provide education and facilitate integration of cancer preventions in clinical practice. Program objectives were developed as part of a collaboration effort between the Minnesota Department of Health and the Minnesota Cancer Alliance.

Purpose: The purpose of this project was to develop a primary prevention program related to radon for oncology nurses in the Metro MN Chapter of the ONS. The project had two aims. First to increase oncology nurses knowledge of the association between radon exposure and lung cancer through an educational program as evaluated by an online survey. The second aim was to identify how primary prevention strategies related to radon exposure can be incorporated into oncology clinical practice as recommended by participants in follow up focus groups. Pender's Health Promotion Model was selected as the theoretical model because its focus is on the prevention of disease. Oncology nurses are aware of the poor outcomes associated with the treatment of lung cancer and are motivated to use cancer prevention strategies that they find meaningful.

Evaluation: Results of the Radon Education Project suggest that oncology nurses find the education on the association between radon exposure and lung cancer as highly relevant to them both personally and professionally. Information gleaned from the study also suggests that oncology nurse can readily identify programmatic and prescriptive strategies for incorporating primary prevention education on radon into clinical practice and to the broader community.

Discussion: Oncology nurses in a large metropolitan area have not partnered with the state department of health in a formalized programmatic approach on radon safety education. Engaging oncology nurses in a primary prevention project on radon via an educational program and follow up focus groups yielded new insights for radon education. In the era of health care reform the focus is on improving outcomes and disease prevention. Oncology nurses are a vital link to achieve these goals.

118783 (Poster)

THE HEART OF A NEW CARDIAC ONCOLOGY UNIT: ONCOLOGY NURSES EDUCATE ANCILLARY STAFF. Kara Wade, RN, MSN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York; Nikki Zoller, RN, BSN,

Memorial Sloan-Kettering Cancer Center, New York, New York; Kathleen Short, RN, MSN, AOCN®, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: Increased staff education fosters improved patient care and a strong sense of staff pride and satisfaction. At our institution, oncology nurses avail themselves of robust educational programs, but ancillary staff lack the same opportunities.

Purpose: Recently, a cardiac intermediate care unit focused on managing cardiac complications of cancer therapies was integrated on our medical/surgical oncology unit thus creating an educational need and culture change. Nurses attended several interactive programs to prepare for this program's launch. In the spirit of Relationship Base Care, Care of Colleague senior nurses developed The Ancillary Staff Specialty Day to close the educational gap and promote morale.

Evaluation: Senior nurses on the Unit Based Education Council performed an ancillary staff learning needs assessment. Both Unit Assistants and Patient Care Technicians expressed a desire to learn skills relevant to our new patient population and enhance their own wellness. Program content focused on a required annual competencies and unit specific skills. Highlighted topics included head and neck surgical oncology essentials, blood glucose monitoring, restraints and patient safety. In response to the new cardiac patient population, practical, hands-on training was provided to all attendees on caring for telemetry patients, performing an EKG, achieving Heartsaver certification and recognizing cardiac symptoms. Work-related stress and compassion fatigue common to oncology patient caregivers were recognized and resources for building resiliency were provided. Repeated full day programs were offered to all ancillary staff.

Discussion: Responses from program evaluations were overwhelmingly positive. Feedback reflected increased clinical knowledge, a greater appreciation of their clinical contributions and renewed focus on optimizing self care. Participants completed their annual mandatory training test and achieved Heartsaver certification with a 100% pass rate. Oncology patients receive timely and expert care as ancillary staff is better able to assist nurses in telemetry monitoring, performing EKGs and recognizing abnormal vital signs indicative of cardiac compromise. Improved outcomes and increased patient safety and satisfaction are incontrovertible consequences of enhancing care provided by ancillary staff members. Increasing the knowledge and skills of auxiliary personnel and promoting a cohesive team can be a budget-neutral means of adding value to their already vital role in facilitating oncology nursing services.

118841 (Poster)

PALLIATIVE CARE FOR QUALITY OF LIFE AND SYMPTOM CONCERNS IN LUNG CANCER: EDUCATIONAL INTERVENTION. Tami Borneman, RN, MSN, CNS, FPCN, City of Hope, Duarte, California; Betty Ferrell, PhD, FAAN, FPCN, CHPN, City of Hope, Duarte, California; Marcia Grant, DNSc, FAAN, City of Hope, Duarte, California; Anna Cathy Williams, RN, BS, PHN, City of Hope, Duarte, California; Catherine Del Ferraro, MSN, Ed, BSN, PHN, RN, CCRP, City of Hope, Duarte, California; Rebecca Fujinami, RN, City of Hope, Duarte, California

Significance and Background: Consistent with the recommendations of the Institute of Medicine Report on palliative care, attention to symptom management and quality of life concerns of patients and families should be addressed throughout the trajectory of lung cancer.

Purpose: As part of a NCI funded Program Project grant, this presentation will describe the interdisciplinary, tailored pallia-

tive care intervention for patients with early (I-IIIb, n=64), and late (IV, n=86) stage lung cancer and their caregivers (n=120) currently in process.

Evaluation: Patient-reported outcomes are completed at baseline, 6, 12, and 24 weeks with Early Stage completing an additional 36 and 52 weeks. Caregivers complete outcome measures at baseline, 7, 12, 18, and 24 weeks. Both patients and caregivers receive 4 educational sessions organized around the Quality of Life (QOL) model domains (physical, psychological, social, spiritual) followed by 4 follow up phone calls. Upon reception of baseline data, each accrual is presented at a weekly interdisciplinary case conference. Pursuant to the need, discussions may include chaplaincy, psychology, social work, nutrition, palliative medicine, PT, and pulmonary rehab. Based on consensus of the team, as reflected in the creation of an individualized palliative care plan, a tailored intervention is designed for each patient.

Discussion: Patients with lung cancer experience high symptom burden, diminished physical well being and decreased QOL. Caregivers experience high levels of caregiver burden, decreased psychological well being as well as overall QOL. There is a vital need for interdisciplinary palliative care interventions for patients with lung cancer and their caregivers.

118915 (Poster)

INFORMED FINANCIAL CONSENT: DIFFERENTIATING CLINICAL TRIAL RESEARCH AND STANDARD OF CARE COSTS. Wanda Strange, RN, OCN®, Mary Crowley Cancer Research Center, Dallas, Texas; Cindi Bedell, MSN, RN, ANP-C, Mary Crowley Cancer Research Center, Dallas, Texas; Jeanne Jones, MSN, RN, Mary Crowley Cancer Research Center, Dallas, Texas; Tricia McCord, RN, OCN®, Mary Crowley Cancer Research Center, Dallas, Texas

Significance and Background: The Institutional Review Board (IRB) 2012 report based on the patient satisfaction surveys revealed an area of deficiency at our research facility. Some patients and their caregivers were surprised by balances resulting from co-pays, deductibles, and co-insurance. Though the informed consent process addressed these costs, there was a need for ongoing education due to changes in supportive care needs and therapy as the patient continued clinical trials.

Purpose: Our institution developed a tool, "Clinical Trials and Insurance Coverage: Understanding Out-of-Pocket Cost of Participation in Clinical Trials" to clearly define financial responsibility. Definitions clarify standard of care (patient care) versus research costs. This document concisely states which costs are covered by the sponsor of the clinical trial. It clearly details and provides examples of standard of care (patient care) costs as the responsibility of the patient and/or their insurers.

Evaluation: The tool is available to each member of the staff. It will initially be presented to the patient at screening and again at informed consent. It will be re-introduced to the patients at times when a standard of care cost is anticipated. For example, the infusion nurse could choose to use the document to remind the patient the fluids given for dehydration is one of those routine care costs and not covered by insurance.

Members of the research team including patient financial counselors, research coordinators, research nurses and the oncology nurse navigator are available to assist with insurance issues as well as identifying resources for financial assistance. The document provides key contacts for staff members.

Discussion: In the current economic climate addressing financial issues is essential. Succinct information helps the patient know what to expect. Providing resources and personnel to navigate the cancer treatment journey assures the patient of our commitment.

119129 (Podium)

BMT UNIT-BASED ORIENTATION PROGRAM. Rachel Mea, BSN, RN, OCN®, The Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

Significance and Background: Rapid turnover of newly graduated nurses is re-emerging as a significant problem in many hospitals throughout the country. Newly graduated nurses cite poor training, lack of support, and stress as the main reasons they leave within the first year of employment. Hospital wide residency programs have been tried in many facilities in an attempt to ameliorate this problem, but there is little information on similar unit-based orientation programs. The need for the development of an oncology skill set and understanding of cancer pathophysiology served as the impetus for the development of a unit-based educational orientation program.

Purpose: The purpose of our program is to provide a unit-based orientation supporting new-to-practice nurses through oncology-specific education, competencies, mentoring and senior leadership. A gap in knowledge was identified in basic oncology nursing concepts, especially concerning the blood and marrow transplant population, oncological emergencies, and liquid tumors. New-to-practice nurses are first matched with preceptors based on their personality type. For the first four weeks of the didactic orientation program, they return to the unit for 4-hour intervals and participate in lectures and case studies on oncology concepts specific to the unit, and participated in skill checks of unit-based competencies. These four hours sessions are spent with a senior staff nurse rather than the manager or clinical nurse specialist. The new-to-practice nurses are given a pre-test and post-test evaluation to assess their comprehension of oncology nursing knowledge after four weeks. They are also given an evaluation sheet, providing feedback on educational materials, content and process.

Evaluation: In the two years that we have utilized this unit-based orientation program, we have had a total of 16 new to practice nurses complete the program. Fifteen (93%) are still employed on our unit. Qualitative evaluation of our orientation program reveals that new-to-practice nurses feel participation in this unit-based orientation provided them with confidence, support, and guidance

Discussion: Providing a unit-based orientation program allows new-to-practice nurses to better understand the specifics of oncology while developing relationships with senior staff.

119193 (Poster)

THE DEVELOPMENT OF AN ONCOLOGY NURSE RESIDENCY PROGRAM. Michelle Wild, RN, BSN, OCN®, Roswell Park Cancer Institute, Buffalo, New York; Trish Sterling, RN, BSN, OCN®, Roswell Park Cancer Institute, Buffalo, New York; Erin Hughes, RN, BSN, Roswell Park Cancer Institute, Buffalo, New York

Significance and Background: Feedback from new nurses raised awareness that increased guidance and continuing education for new hires entering the field of oncology was necessary. In this unique area of nursing, new nurses felt particularly challenged by the level of care required by their patients. They noted that this type of care was well beyond their previous schooling or nursing experiences. Through discussions with their nursing colleagues and with Nursing Leaders, a decision was made to develop an oncology nurse residency program. Two clinical nurses in the Intermediate Care Unit (IMCU) examined the literature and identified the need to develop a residency and mentorship program as part of the educational support programs for new nurses.

Purpose: The nurse residency focuses on providing new nurses hired in any clinical setting with additional support and

education throughout their first year at the institute. The program will identify the needs of the new nurse and provide them with guidance for success. The aim of the program is to increase the retention of new nurses. Mentors will be selected and paired with the new hires based on the shift worked. The mentors will be selected from nursing units different from the one on which the new nurses are working. Educational support will be oncology-based and scheduled once a month after the new nurse has completed orientation. Administration, education, management and staff nurses are all involved to successfully run this program.

Evaluation: We plan to survey all participants before starting the program, and then at three, six, nine, and twelve months into the program to evaluate both their progress and any additional requirements. At the end of the year the retention rates will be compared to the previous year's retention rates.

Discussion: Topics of education include but are not limited to, oncologic emergencies, palliative care, when to notify the doctor, team work, conflict management, evidence-based practice, and institute policies. Mentors will be available to the new hires throughout the course of the residency program. This program works alongside the orientation program to provide a continued support system for the new nurse.

119615 (Poster)

LUNCH AND LEARN: A LUNCHTIME MINI-SERIES TO EDUCATE THE NON-ONCOLOGY NURSE, AND IMPROVE THEIR COMFORT LEVEL IN CARING FOR THE ONCOLOGY PATIENT. Carly Gerretsen, FNP-C, RNFA, ECMC, Buffalo, New York; Joann Wolf, RN, BSN, ECMC, Buffalo, New York

Significance and Background: Cancer is the most common cause of death by disease, affecting more than half a million people per year; and as the population ages cancer prevalence is expected to grow within the next 15 years. Demand for Registered Nurses is expected to exceed supply by at least half a million by 2020; and there is already a known shortage of oncology nurses resulting in inadequate staffing. Only approximately 21,000 nurses are oncology certified out of the 2 million RN's in the US (1%). In 2011 our group of head and neck oncology surgeons moved their practice from a Comprehensive Cancer Center to the areas Level 1 trauma center. The nurses felt confident in their ability to care for the trauma patients, yet when faced with caring for the oncology patient they felt overwhelmed and uncomfortable. Initially there were multiple patient complaints about the quality of care they received.

Purpose: The outpatient clinic, and the inpatient unit that received the postoperative patients collaborated to create an educational series to increase both nursing confidence, and patient satisfaction. Each month a lunchtime lecture was provided to the combined units, encompassing a half hour lecture on various oncology topics.

Evaluation: The nursing staff was surveyed on their comfort level in caring for the patients at the beginning of the series, and again after 6 months. We evaluated their responses and were projecting an increase in the staff's comfort, knowledge, and confidence in caring for the patients based on a scoring system of 1-5. We anticipated an increase in their scores by at least 2 points. We also assessed patient satisfaction surveys for improvement in scores. This is an ongoing reassessment process.

Discussion: So far, both the nursing survey has shown improvement by an average of 3 points, and patient satisfaction surveys have improved. The nurses are also becoming more engaged and are beginning to suggest topics they would like to discuss. This has led to an additional monthly meeting to provide psychologic support to the staff to discuss the loss and grief they experience in caring for the oncology patient and their family.

123371 (Poster)

OVARIAN CANCER EDUCATION PORTFOLIO. Lauren McCaulley, BSN, RN, OCN®, University Hospitals Seidman Cancer Center, Cleveland, Ohio; Regina Carlisle, BSN, RN, University Hospitals Seidman Cancer Center, Cleveland, Ohio

Significance and Background: The Commission on Cancer recommends a multidisciplinary approach to cancer care including mutually agreed upon care plans, access to clinical trials, coordinated services, and psychosocial support. Patient education is often difficult for oncology nurses as patients are cared for by multiple clinicians in various settings resulting in disjointed education. Our multidisciplinary team developed a form of standardized patient education that met not only the educational needs of the patient, but also the recommendations from the Commission on Cancer.

Purpose: The purpose of this project was to design, implement and evaluate a concise, disease specific, education portfolio aimed at improving patient self-management, continuity of care, and patient satisfaction. A treatment journal and information on ovarian cancer, genetic testing, chemotherapy, clinical trials, and supportive care services are included in the portfolio. At diagnosis, oncology nurses use the portfolio in both the inpatient and outpatient settings to discuss with the patient a broad range education and support services. Patients are instructed to bring the portfolio to all subsequent appointments or hospital admissions and are encouraged to add pertinent information as they progress through treatment. Multiple members of the healthcare team have access to the content of this portfolio and review the information with the patient at each visit, allowing for a multidisciplinary approach to patient-centered education.

Evaluation: A follow-up survey to measure the extent to which the portfolio improved patient self-management and patient satisfaction is sent to patients three months after receiving the portfolio. Results of the surveys assists the team to refine the contents of the portfolio and to identify distribution issues. Ongoing evaluation and discussion of barriers during the implementation process occur at multidisciplinary team meetings. Despite challenges during the implementation phase, the team was able to distribute portfolios to 68% of patients diagnosed with ovarian cancer in a four month period. Preliminary survey results indicate positive patient feedback.

Discussion: As oncology nurses, we are given the unique opportunity to educate patients from diagnosis to survivorship. A concise, disease specific portfolio managed by the patient and healthcare team concurrently allows oncology nurses to provide efficient, comprehensive patient education.

126980 (Poster)

A PRE AND POST TEST ASSESSMENT OF A WEB BASED TUTORIAL TO REDUCE OCCUPATIONAL EXPOSURE RISKS TO ONCOLOGY NURSES. Jennifer Lewis, DNP, RN, MSN, AOCNS®, PeaceHealth, Eugene, Oregon

Significance and Background: Information about the occupational risks associated to chemotherapy and other hazardous drugs has been available for more than 25 years. Evidence of worker exposure is still being reported confirming these recommendations are not being universally employed.

With multiple national organizations recognizing the safety risks associated with hazardous drug handling, there has not yet been a unified report published regarding occupational precautions for safe handling of hazardous drugs.

The short and long term effects from exposure to hazardous drugs are serious concerns for healthcare providers.

Purpose: The purpose of this project was to address concerns related to lack of education and knowledge regarding safe handling and administration of hazardous drugs among registered nurses.

Evaluation: Develop a pre-test and post-test to evaluate the effectiveness of increasing the awareness of safe handling practices among oncology nurses. This metric was achieved with acceptance from both the clinical and teaching content experts on August 24th and 30th, respectively. Develop a web-based learning tutorial utilizing Knowles' "Andragogical Model" of adult learning theory regarding safe handling of hazardous drugs to a select group of nurses as a Beta group. This objective was fulfilled upon acceptance of content from clinical and teaching content experts by September 1, 2012. This metric was achieved with acceptance from both the clinical and teaching content experts on August 24th and 30th, respectively. Disseminate the tutorial program to the members of the Oncology Nursing Society (ONS) Willamette Valley Chapter via email invitation with the goal of 40% participation (through the duration of the project) of the 389 emails sent. (n=156)

This objective was partially met with a valid response rate of 21.6% (n=84)

Discussion: Hazardous drug handling is potentially risky work and the employees that work in an environment of exposure should be educated and informed of these risks and ways to protect themselves.

127694 (Poster)

IMPLEMENTATION OF THE GERIATRIC RESOURCE NURSE PROGRAM AT A NICHE DESIGNATED COMPREHENSIVE CANCER CENTER. Stephanie McEneaney, RN, MSN, GNP, Memorial Sloan-Kettering, New York, New York; Heidi Yulico, RN, MS, GNP-BC, Memorial Sloan-Kettering Cancer Center, New York, New York; Susan Derby, RN, MA, GNP-BC, ACHPN, Memorial Sloan-Kettering Cancer Center, New York, New York; Patrice Mockler, RN, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: By 2030, 20% of the population will be 65 and older and 70% of all cancer patients will be in this group. Currently, approximately 40% of the inpatient population at this NCI-designated cancer center is over 65. These patients have a higher incidence of co-morbidities, higher rates of adverse events and re-admissions, and greater length of stay.

Purpose: Cancer centers must begin to develop and institute programs to care for this growing population. Our center has successfully adapted the Geriatric Resource Nurse (GRN) model on our Disease Management teams to address the unique needs of older cancer patients. The GRN model is the foundation of transforming hospital care for older adults. GRN's are unit based RNs throughout the hospital who acquire competency in the care of older adults through educational programs, consultation, and monthly meetings implemented by the Geriatric Nurse Practitioner. Our GRN group meets to work on quality improvement (QI) projects which benefit geriatric patients and to review potential medication errors as reported by our electronic reporting mechanism. Our most recent QI project used the Condensed Memorial Symptom Assessment Scale (CMSAS) to determine prevalent symptoms experienced by hospitalized patients age 75 and older. From this study we determined that insomnia is a major problem for hospitalized geriatric oncology patients. We then developed a multidisciplinary interventional program focusing on; staff education, assessment of patients, and implementation of specific nursing interventions that improve sleep hygiene.

Evaluation: Through our efforts we have seen a reduction in the number of reported potential medication errors in older patients and are currently collecting post-intervention data to evaluate the effectiveness of this program. We anticipate a reduction in sleep-related symptoms.

Discussion: Our GRN's have been able to improve geriatric care by modeling best practices and by providing nurses with

strategies, resources, bedside consultation, and feedback regarding care for older oncology patients. At our facility, inpatient units are organized by disease management teams, not by age of patients so it is imperative that each unit has geriatric experts. As the population of older adults with cancer continues to rise, cancer centers must institute similar programs to address the unique needs of this population.

127789 (Poster)

TO SCAN OR NOT TO SCAN: BAR CODING EDUCATION.

Gail Rhodes, MS, BSN, RN, OCN®, Ohio State University Comprehensive Cancer Center, The James Cancer Hospital and Solove Research Institute, Columbus, Ohio; Tina Barnett, LPN, Ohio State University Comprehensive Cancer Center, The James Cancer Hospital and Solove Research Institute, Columbus, Ohio; Kay Beattie, MS, RCP, RRT, Ohio State University Wexner Medical Center, Columbus, Ohio; Stephanie Cindea-Griess, CPhT, PMP, Ohio State University Wexner Medical Center, Columbus, Ohio

Significance and Background: The Institute of Medicine report "To Error is Human: Building a Safer Health System," identified medication errors as the most common type of error in health care. Medication Administration is a multi-step process that is vulnerable to human error. Since nurses administer many medications every day this puts them at the forefront of leading the charge for medication administration accountability. Use of technology to prevent medication errors is spreading in health care settings with Bar Code Medication Administration systems and nurses are helping move this change forward.

Purpose: Nursing at a major medical center is involved in implementation of bar code medication administration in all infusion centers to improve medication accuracy. Lessons learned and nursing feedback provided from the pilot implementation in the initial ambulatory setting were considered. The education for the nurses utilized multiple teaching methods, including instructor lecture, demonstration, tip sheets and hands-on simulation situations using sample patient ID bands, sample medication bar codes and scanners. Changes in work flow were also addressed with staff. Successful implementation relied on registration staff printing the correct ID band when patient had multiple visits on same day and were included in the education plan. On the day of implementation, nursing informatics staff as well as a pharmacist was on the unit to support staff and trouble shoot issues with scanners and work flow.

Evaluation: Nurses adapted the new technology into their work flow. Only one issue was identified with clinical trial oral medications and bar codes on the bottle. This was quickly addressed. Staff was very positive with the new medication administration. During the 1st month after initiation of bar coding, data showed that compliance increased each week and continues to remain high. Lessons learned and feedback related to training will be incorporated for the next infusion center to implement bar coding medication administration.

Discussion: Many oncology nurses remember the medication error that occurred at Dana Farber. There is a fine line of safety when administering chemotherapy agents. Embracing technology that decreases medication errors is applicable to all oncology nurses.

129348 (Poster)

WHAT YOUNG WOMEN WANT: A NATIONAL NEEDS ASSESSMENT OF YOUNG WOMEN AFFECTED BY BREAST

CANCER. Arin Ahlum Hanson, MPH, CHES, Living Beyond Breast Cancer, Haverford, Pennsylvania; Janine Guglielmino,

MA, Living Beyond Breast Cancer, Haverford, Pennsylvania; Kimlin Ashing-Giwa, PhD, City of Hope Medical Center, Duarte, California

Significance and Background: Ten percent of breast cancer cases occur in women under 45 years old. Although younger women are less likely to be diagnosed, their treatment experience and psychosocial needs can differ, making it a significant public health concern for women diagnosed in this age group. Living Beyond Breast Cancer conducted a national needs assessment to identify the needs of women diagnosed with breast cancer before age 45 and determine how young women prefer to receive emotional support and breast cancer information from their healthcare providers and support organizations.

Purpose: The needs assessment included four phases. 1) An environmental scan was conducted to identify resources for young women. 2) Key informant interviews were conducted with 12 healthcare providers. 3) Four focus groups were held with 32 women. 4) A national survey was drafted using information collected from the interviews and focus groups. This 85-question survey was completed by 1,474 women diagnosed with breast cancer under age 45. The survey asked women where they go for emotional support and cancer information, how they want to receive support and information and what information topics interest them. Demographic information was collected.

Evaluation: The assessment concluded that there are limited national resources that address the unique needs of young women. Ninety percent of the survey respondents said it was important to have health information about breast cancer tailored to their needs as young women, but only 22% found it easy to find this type of information. Certain subgroups reported having a more difficult time finding information and support, including women diagnosed before age 30, African-Americans and women living with metastatic breast cancer. Many young women report lingering side effects; 50% reported fatigue, sleep disruption, decreased interest in sex and weight changes. Only half reported discussing fertility with a healthcare provider.

Discussion: More programs and resources should be developed to address the unique needs of young women affected by breast cancer. Given that oncology nursing has lead in the delivery of survivorship research, patient navigation and survivorship care, oncology nursing can play a central role in the advocacy, training and practice in addressing the needs of young women.

129532 (Poster)

CHEMOTHERAPY CLASSES: AN INTERDISCIPLINARY APPROACH TO CHANGING THE PARADIGM OF PATIENT

EDUCATION. Adrienne Banavage, MSN, RN, OCN®, The Emily Couric Cancer Center at the University of Virginia Health System, Charlottesville, Virginia; Tabatha Ferrell, BIS, The Emily Couric Cancer Center at the University of Virginia Health System, Charlottesville, Virginia; Peggy Scott, BSN, RN, The Emily Couric Cancer Center at the University of Virginia Health System, Charlottesville, Virginia; Diane Cole, MPH, The Emily Couric Cancer Center at the University of Virginia Health System, Charlottesville, Virginia

Significance and Background: Educating oncology patients about chemotherapy is an integral component of treatment. However, we found that many challenges existed for nurses related to providing comprehensive patient education which included time constraints, interruptions in care delivery and lack of prioritization for educating caregivers. Additionally, patients are impacted by learning obstacles such as low health literacy, language barriers, anxiety, physical impairments and time constraints. We developed a class that addressed these barriers with

the goal of ensuring patients and caregivers receive evidence-based education resulting in compliance with treatment plans and optimal patient outcomes. Through an interdisciplinary approach, this class allowed for professional development, peer collaboration and continuity in patient education; thereby improving communication, efficiency and confidence of the healthcare team.

Purpose: The University of Virginia Health System nursing professional practice model served as the framework for this intervention by enhancing the relationship with the patient, caregiver and the healthcare team. The purpose of the class was to address teaching/learning barriers by streamlining teaching time, providing standardized information in a variety of formats and enhancing peer support. The class provided a tour of the infusion center to acquaint them with the treatment expectations and network with other patients and staff.

Evaluation: Our goals were to deliver consistent, standardized education for treatment and support. Pre and post evaluations were administered. Results were reviewed to foster continuous improvement of the program. 84% strongly agreed they felt better prepared to start treatment after attending the class. When asked what they liked best about the class, they responded "informative about my fears", "easy clear presentation", "explains things better to me", "ability to interact", "relieved some of the anxiety", "I'll be prepared for my treatments."

Discussion: The class fostered role development for oncology nurses by broadening their knowledge and allowing them to work on an interdisciplinary team, while positively impacting patient care. The class increased peer support, efficiency and collaboration. It provided a venue for individuals to share expertise while improving communication and efficiency. Barriers included physician/staff buy-in, scheduling and attendance. Chemotherapy classes were an important aspect of standardizing information, and enhancing relationships between patients, caregivers, nurses and staff.

129564 (Poster)

USE OF RADIESSE® FOR TREATMENT OF DYSPHONIA AND DYSPHAGIA IN PATIENTS WITH CANCERS OF THE HEAD, NECK AND THORAX. Melissa Nelson, RN, BSN, OCN®, The Ohio State University, Columbus, Ohio; Colleen O'Leary, RN, MSN, AOCNS®, The Ohio State University, Columbus, Ohio

Significance and Background: Vocal fold paresis or unilateral vocal fold paralysis causes dysphonia and or dysphagia. To avoid this, the vocal folds must meet without gaps. Cancers of the head, neck and thorax can cause these conditions. One treatment option is the use of Radiesse®. Radiesse is a synthetic substance injected into the vocal folds that acts as a filler to eliminate glottic gaps. The clinic nurse is a valuable part of the team for assessment, scheduling, procedure assistance and education.

Purpose: To utilize the expertise of oncology nurses in the use of Radiesse® to improve patient outcomes and satisfaction.

Evaluation: Following Radiesse®, improvement in speech and swallowing are evaluated. Improvement may be immediate or can be seen over 1-2 weeks. The nurse performs post procedure phone calls and is valuable at additional follow up visits to evaluate continued improvement and monitoring of any side effects.

Discussion: Radiesse® is an effective treatment for voice and swallowing difficulties. The oncology nurse is an important part of the team to ensure a successful procedure with little side effects and improved quality of life.

130502 (Poster)

TEACH-BACK TRAINING THROUGH SIMULATION WITH STANDARDIZED PATIENTS AND ONLINE EDUCATION FOLLOWING THE ONS CHEMOTHERAPY/BIOOTHERAPY

COURSE. Linda S. Dial, RN, MN, AOCN®, Vanderbilt University Medical Center, Nashville, Tennessee; Melissa Powell, RN, BSN, MS, Vanderbilt University Medical Center, Nashville, Tennessee

Significance and Background: Clear, effective communication of healthcare providers with patients is recognized as a paramount determinant of fiscal and clinical outcomes. Research has demonstrated that more than one-third of American adults are not able to understand medical information at the "functional level". Forty to eighty percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect. Applying the best evidence-based patient education strategies is essential to ensure safety and positive outcomes for patients receiving chemotherapy. The National Quality Forum identifies teach-back as one of the top 12 evidence-based practices influencing positive health outcomes. The American Medical Association, The Joint Commission and AHRQ recommend the use of teach-back. In spite of growing national evidence on the effectiveness of this strategy and its positive impact on care, it is used only about 39% of the time to validate patient understanding. Oncology nurses also need to appreciate and become skillful in using teach-back. Healthcare training programs have demonstrated that the use of standardized patients is a valuable method for teaching about health literacy and communication skills.

Purpose: The purpose of this educational program was to improve novice chemotherapy nurses' ability to communicate clearly and use teach-back when providing patient education. The project involved an experiential multi-part educational program to train oncology nurses on teach-back and communication strategies for patient education. During the ONS Chemotherapy/Biotherapy Course, the concept of teach-back and prioritizing information for patient education was introduced. Standard content was delivered in a self-paced online module, including a video exemplifying teach-back for chemotherapy patient education. Learners were given a preparatory assignment for organizing a brief chemotherapy teaching plan. Interactive review of content using "cold call" and "self reflective questioning" was used during pre-simulation conference. The curriculum culminated with a teach-back practice session with standardized patients followed by targeted feedback and video review during debrief.

Evaluation: Educational objectives were evaluated, using Moore's Evaluation Levels, and results suggested that this innovative educational design using standardized patients improved novice chemotherapy nurses' communication skills.

Discussion: Innovative experiential training models using technology and standardized patients can be employed for training novice and experienced nurses in communication skills and use of teach-back.

130631 (Poster)

DEVELOPMENT OF A NEWSLETTER: EDUCATION AND INFORMATION FOR THE DILIGENT NURSE. Suzanne Brady, RN, BSN, CCRN, Roswell Park Cancer Institute, Buffalo, New York; April Meyer, RN, BSN, CCRN, Roswell Park Cancer Institute, Buffalo, New York

Significance and Background: Education and communication is often difficult among staff because of time constraints. Our ICU felt that important nursing education and information was being missed among the staff. The nursing staff felt that a newsletter would provide consistent education and information among our staff. By providing a newsletter quarterly they were kept up to date about upcoming inservices and were educated each quarter with a new topic in oncology.

Purpose: To provide better communication among the staff. Improve the flow of education and introduce the staff to new topics in oncology quarterly. Update nurses on new policy and procedures.

Evaluation: The newsletter was discussed during our staff meetings with a good response. Suggestions and concerns were noted and changes were made. Other units have discussed starting their own newsletter related to their oncology specialty. Discussions with newer nurses provided positive feedback. The newer oncology nurses felt that the newsletters provided continuing education for them.

Discussion: By creating a newsletter for our unit we were able to educate our nurses without interrupting patient care. We are able to communicate new policies and procedures as well as new trends in oncology nursing. Information is passed more easily and consistently. Nurses are being educated routinely and effectively.

130675 (Podium)

POLYPHARMACY IN THE OLDER ADULT WITH CANCER: ONCOLOGY NURSING ASSESSMENT STRATEGIES AND IMPLICATIONS FOR CLINICAL PRACTICE.

Diane G. Cope, PhD, ARNP, BC, AOCNP®, Florida Cancer Specialists and Research Institute, Fort Myers, Florida

Significance and Background: With the projected increase in the aging population and the increased incidence of cancer in the older adult, oncology nursing will necessitate specialized knowledge in oncology and gerontology. Polypharmacy is a significant issue that is unique to the aging population. Typically, individuals aged 70 years and older have three or more comorbidities with approximately 60% taking five medications and 20% taking 10 or more medications daily. Overmedication, drug interactions, and medication errors can lead to an increased risk of adverse drug reactions and increased risk for morbidity in the older adult. Oncologic therapy and supportive medications utilized by the cancer patient can add to the complexity of drug therapy in the older adult.

Purpose: Oncology nurses have a unique opportunity to closely care for patients and are in a key position to oversee medication management and side effects. Medication management for the older adult is challenging related to age-related changes and pharmacotherapeutics. In addition, the definition of polypharmacy has now been expanded and includes not only the number of medications but also evaluates for the use of potentially inappropriate medications and drug interactions. To ensure safe drug therapy and improve oncologic outcomes, this presentation is aimed at the provision of pharmacologic education and knowledge regarding assessment strategies for the oncology nurse caring for the older adult with cancer. Age-related changes, pharmacokinetics, and pharmacodynamics will be presented as they relate to medication use and administration of chemotherapeutic agents. Resources available to adequately assess inappropriate medication use and drug interactions will be discussed to provide oncology nurses with assessment tools and strategies for comprehensive medication evaluation in the older adult with cancer in the clinical setting.

Evaluation: With adequate knowledge, oncology nurses can perform medication assessment and nursing interventions to promote safe drug therapy with oncologic agents and prevent adverse drug reactions in the older adult with cancer. Utilization of age-specific tools in oncology nursing will enhance patient outcomes and quality of life in the older adult.

Discussion: Implications for oncology nursing practice include assessment of individual age-related changes and impact on pharmacotherapeutics, utilization of medication assessment tools, and nursing interventions directed toward safe oncologic therapy administration.

131572 (Podium)

IMPLEMENTATION AND EVALUATION OF PRE-CONSULTATION ONLINE INTERACTIVE EDUCATIONAL PRO-

GRAM. Maria Tomaro, BSN, OCN®, RN, University Hospitals Seidman Cancer Center, Cleveland, Ohio

Significance and Background: Patient education is associated with positive patient outcomes such as greater empowerment to ask questions and engagement in decision making. High quality, preparatory education for newly diagnosed patients, is not often provided prior to the consultation visit, leaving patients to seek information on their own. Oncology nursing practice could be enhanced by a systematic online approach to pre-consultation patient education.

Purpose: The purpose of this project was to implement and evaluate an interactive computer, home-based education program for patients and families prior to initial consultation for radiation therapy at a National Cancer Institute designated Comprehensive Cancer Center. The 20-minute program consists of basic principles of cancer, radiation therapy, and self-care during treatment. It can be viewed multiple times by patients and families. As of May 2012, the scheduling staff sent new patients a link and instruction sheet to access the online program. Upon the patient arrival for his/her consultation, the staff confirmed if the patient completed the program.

Evaluation: Evaluations were conducted on-line after viewing the program. During the first six months, 651 (50%) of new patients were registered for the program and 247 (38%) of patients viewed it prior to their first appointment. Fifty-two percent preferred this program over an Internet search or print brochures. Eighty-three percent of viewers felt the program provided new information and 80% reported increased confidence to ask questions. Fifty-two percent reported an improved opinion of the Cancer Center as a result of viewing the program. Barriers to implementation included lack of access to a computer, inability to navigate the Internet, and inconsistent distribution of the program to new patients by staff members.

Discussion: A home-based education program empowers patients to engage more fully with their health care team during the consultation visit. The program provides an educational base upon which oncology nurses can build upon for patient education. However, future consideration for providing access to the online program in the clinic is essential for some patients and families. Having a systematic approach to pre-consultation patient education can improve patient satisfaction and may increase efficiency of oncology nursing practice.

132395 (Poster)

EDUCATING FOR A BETTER PATIENT OUTCOME—MANAGING PATIENTS POST LIVER EMBOLIZATION: THE INPATIENT NURSE'S ROLE.

Morie Davis, RN-C, BSN, Memorial Sloan-Kettering Cancer Center, New York, New York; Natasha Ramrup, RN, MSN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York; Nina Sohn Bachmann, RN, MSN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: Liver cancer is a leading cause of cancer deaths, and the fifth most common neoplasm worldwide. Its physiologic presentation is manifested in the form of primary hepatocellular carcinoma (HCC) or metastatic disease. Hepatocellular carcinoma is a highly aggressive tumor associated with high mortality and morbidity. Surgery is the only curative modality, but only 10-25% of patients are surgical candidates: the majority of patients are excluded because of extrahepatic liver disease, tumor size, location and inadequate hepatic reserve. Use of interventional procedures to treat the many debilitating symptoms associated with HCC has been explored and may offer a better option to prolong survival and improve quality of life than current standards of treatment.

At this NCI-designated comprehensive cancer center, many interventional procedures are used to manage this disease,

including transarterial chemoembolization (TACE), transarterial embolization (TAE) and selective internal radiation therapy (SIRT). The primary goal of these procedures is to occlude the specific blood supply to the tumor, so to induce necrosis but preserve normal liver parenchyma. The hepatic reserve often dictates which therapeutic option is chosen.

Purpose: Education of nurses on the various embolizations procedures is imperative to provide safe and effective nursing care. During a two-day educational novice nurse program, embolization procedures were presented. The most common adverse effect is post embolization syndrome (PES). Symptoms include fever, abdominal pain, possible ileus, nausea, vomiting, and leukocytosis. This syndrome is usually self-limiting, lasting up to ten days. Nursing care involves providing analgesic, anti-emetic, antibiotic therapies and patient education. Prompt recognition of PES is essential to optimize patient care.

Evaluation: Use of interventional procedures to treat the many debilitating symptoms associated with HCC has been explored and may offer a better option to prolong survival and improve quality of life than current standards of treatment.

Discussion: As more interventional procedures are on the horizon for palliation of liver disease, inpatient nurses will face new challenges in order to provide effective and safe patient care. Optimal education and astute nursing assessment and management are essential to improve patient outcome.

132978 (Poster)

A PRECEPTOR PATH TO ONCOLOGY NURSE KNOWLEDGE, COMMITMENT, AND RETENTION. Jeannine Brant, PhD, APRN, AOCN®, Billings Clinic, Billings, Montana; Connie Anderson, RN, BSN, OCN®, Billings Clinic, Billings, Montana; Rhonda Gradwohl, RN, MS, Billings Clinic, Billings, Montana; Leslie Nelson, RN, MS, AOCNS®, Billings Clinic, Billings, Montana

Significance and Background: While preceptor programs within healthcare organizations exist, few focus on the specific needs of the oncology nurse. Newly hired oncology nurses can often feel overwhelmed due to the vast amount of knowledge to be learned, and few receive oncology-specific education in undergraduate programs or in positions outside of oncology. Psychosocial adjustment to oncology nursing can also be a challenge due to the cumulative grief and loss encountered when working with patients with cancer.

Purpose: This session will describe the implementation of a successful oncology-specific preceptor program that includes a series of 15 interactive experiences focusing on cancer care concepts such as radiation oncology, surgical oncology, and nutrition in cancer care. Daily clinical experiences convene with expert preceptors including the oncology dietitian, oncology social worker, chaplain, radiation oncology nurse, and clinical nurse specialist provide interactive, real time experiential learning. The final experience focuses on compassion fatigue and end of life care and includes a reflective journaling exercise in which nurses share their personal feelings about working with patients and families at the end of life. A blessing of the hands ceremony concludes the experience.

Evaluation: The program and preceptors are evaluated by participating nurses and via follow-up discussion with participants. Nurses report high satisfaction with the didactic content and interactive learning experiences. Fourteen nurses have completed the program. Retention at one year was 100% and 86% at two years. The organization has adopted this nursing preceptor structure across all nursing units based on success within the oncology service area.

Discussion: Oncology nursing is physiologically complex and psychosocially challenging. Newly hired oncology nurses are in need of a structured education plan that incorporates didactic

learning and interactive experience. Meeting these needs up front can build capacity within the oncology health care team, and solidify commitment and retention to oncology nursing practice.

133831 (Poster)

JUST A PHONE CALL AWAY: IMPROVING EXTRAVASATION MANAGEMENT USING A MULTI-CHANNELED APPROACH. Rosemary Semler, MA, RN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York; Corey Russell, MSN, RN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York; Leticia Smith, MSN, RN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: Extravasation can be an uncommon but potentially debilitating side effect of chemotherapy administration, resulting in tissue injury, nerve damage, and muscle injury, along with poor patient outcomes and quality of life. At our institution, we successfully administer 99.8% of prescribed vesicant and irritant chemotherapy doses without extravasation. Despite the use of safe nursing practices, however, infusion-related complications such as extravasation and infiltration can occur. Adherence to policy for care to the site, both immediate and long term, can impact patient outcomes.

Policy requires nursing staff to document:

- Patient education regarding the risk of extravasation pre treatment;
- Signs and symptoms present at time of extravasation;
- Immediate interventions;
- Follow up assessments on days 1,7,14 and 21;
- Discharge from follow-up when patients meet the appropriate criteria.

Despite a strict documentation policy, it was noted that nurses were not documenting specific follow-up care according to hospital policy.

Purpose: To increase compliance of documentation of extravasations, we established a multi-channeled educational intervention model for nursing staff. Nursing staff in all 11 outpatient chemotherapy units were given an educational presentation on required nursing assessment, interventions, and documentation. The Patient Fact Card was amended to include information alerting patients to the follow-up phone calls they would receive for assessment of their condition. The Extravasation Assessment Documentation form was updated to prompt staff to assess the site comprehensively and document on the appropriate days post event. Lastly, a standardized model was developed, where one nurse is responsible to see that all calls are made for each unit, and staff was encouraged to follow this interventional model.

Evaluation: Data were collected on overall incidence, agents involved, and adherence to the policy on a quarterly basis. Data from pre- and post- intervention will be presented.

Discussion: Increasing staff awareness regarding post extravasation management can lead to early recognition of and intervention to worsening symptoms and better patient outcomes. A comprehensive staff education approach to assessment, management and documentation of actual and suspected chemotherapy extravasations can assist in these efforts.

134932 (Poster)

ORAL ONCOLYTICS: A COMPREHENSIVE PROCESS FOR OUTPATIENT MANAGEMENT. Kathryn Opfer, RN, MS, OCN®, Hematology-Oncology Consultants, Ltd., Naperville, Illinois; Caroline Mangan, RN, MS, OCN®, Hematology/Oncology Consultants, Ltd., Naperville, Illinois; Barbara Barhamand, RN, MS, AOCN®, Hematology/Oncology Consultants, Ltd., Naperville, Illinois

Significance and Background: As a result of the improvement and new directions in cancer treatment, it is estimated

that soon, nearly a quarter of cancer regimens will include an oral agent. Our clinic had no policy or procedures regarding oral agents. The patients were frequently receiving oral chemotherapy prescriptions and then leaving the clinic without any nursing knowledge of the new regimen. Treatment delays due to insurance verification and a complex outpatient pharmacy system was also a problem. Nursing plays a key role in promoting adherence with oral agents and our disjointed process led to incomplete patient education and inadequate symptom management.

Purpose: Prior to the development of our oral chemotherapy program, a comprehensive literature review was undertaken, and the ONS Online Oral Therapies for Cancer course was completed. This course would serve to provide the conceptual framework for the project. The initial step was the development of a streamlined prior-authorization process with a designated pharmacy. Next, a comprehensive policy and procedure for oral therapies including patient education tools was developed. A nursing reference guide for patient teaching regarding oral oncology was created, and follow-up patient care processes were developed. Lastly, the project in total was presented to the nursing staff. The project was implemented into practice and peer review validated proper compliance.

Evaluation: The completed project was implemented in the fall of 2011. The nursing staff was educated on the policies/procedures and their associated tools including patient education references, patient administration calendar, safety and handling guidelines and FAQ sheet, and nursing reference guide for oral agents. In addition, the staff were educated regarding our insurance process with one designated pharmacy. The appropriate tools were integrated into the electronic medical record and oral chemotherapy agents are now a part of the clinical worksheet care plan. Since the implementation of the program, 100% of the patients in our practice receiving oral chemotherapeutic agents have been captured. One year later, this program was found to be in compliance with QOPI standards.

Discussion: Comprehensive oncology nursing care requires coordinated, streamlined processes. Since the inception of this policy, our outpatient practice has seen enhanced patient care with regards to oral chemotherapy agents. This policy and associated tools can be applied to any outpatient oncology practice model. With slight modifications, tools can also assist oncology patients receiving other therapies.

135047 (Poster)

A NATIONAL REPRODUCTIVE HEALTH COMMUNICATION TRAINING PROGRAM FOR ONCOLOGY NURSES. Gwendolyn Quinn, PhD, MEd, Moffitt Cancer Center, Tampa, Florida; Nicole Hutchins, BA, Moffitt Cancer Center and Research Institute, Tampa, Florida; Susan Vadaparampil, PhD, MPH, Moffitt Cancer Center and Research Institute, Tampa, Florida

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Significance and Background: Available studies suggest that reproductive health is among the most important survivorship issues for adolescent and young adult (AYA) cancer patients. Recent guidelines from professional organizations as well as physicians support nurses addressing these issues with patients. However, existing research finds few oncology nurses have had training to initiate discussions on this topic due to barriers such as lack of training and appropriate educational materials.

Purpose: The current abstract explores a 3-fold approach to the development of a web-based learning program for oncology nurses dedicated to reproductive health communication.

The approach included: 1. consultations with a national panel of experts, 2. a web-based needs assessment survey through the Oncology Nursing Society (ONS) listserve, and 3. the development of a web-based learning management system.

Evaluation: We identified distinct areas of development where specific occupational expertise would be most valuable. A 2-day in-person meeting with a national team of experts (n=27, 40.7% represented oncology nursing) was held. We obtained 74 action items that fell into subcategories under recruitment, training and evaluation (Phase 1). We then conducted a national, web-based survey through the ONS listserve (n=2000, Phase 2) asking for demographic information and attitudinal factors such as perception of ability to make change in their oncology practice setting and elicit patient questions. Of the 109 nurses who completed the survey, approximately one quarter (26.9%) of non-baccalaureate prepared nurses and 9.0% of baccalaureate and graduate prepared nurses did not feel confident in their ability to make change in their practice setting. The vast majority of nurses (>84%) across all educational groups expressed confidence in their ability to elicit patient questions following a cancer diagnosis. Based on the results of the first two phases, we developed occupational care competencies that each learning module would address effectively using a learning management system (Phase 3).

Discussion: An organized approach to developing a web-based curriculum for oncology nurses may be improved by systematically working with an expert panel and by developing more targeted approaches to instructional design based on knowledge gaps and attitudinal factors of the target audience. This approach can serve as a model for similar initiatives.

135396 (Poster)

"4MAT"ING PATIENT EDUCATION TO PROMOTE PATIENT ADHERENCE TO THE ONS PEP GUIDELINES FOR RADIATION DERMATITIS. Pamela Laszewski, RN, The Barbara Ann Karmanos Cancer Center, Detroit, Michigan; Carole Bauer, ANP-BC, MSN, OCN®, CWOCN, The Barbara Ann Karmanos Cancer Center, Detroit, Michigan; Lena Andriths, RN, OCN®, The Barbara Ann Karmanos Cancer Center, Detroit, Michigan; Eva Vera Cruz, RN, BSN, OCN®, The Barbara Ann Karmanos Cancer Center, Detroit, Michigan; Cindy Zelko, RN, The Barbara Ann Karmanos Cancer Center, Detroit, Michigan

Significance and Background: Radiation therapy is a treatment modality for patients with various types cancer. It is commonly associated with side effects such as radiation dermatitis. The effects of radiation on the skin can result in dry to moist desquamation, which can cause discomfort, infection, and impairment of the ability to perform activities of daily living. These side effects compromise the quality of life. Radiation treatment is typically provided for several weeks as an outpatient and patients are required to provide self-care during that time. Thus, it is critical to provide instructions on self-care in a consistent manner that is understandable and acceptable to the patient. While accommodating the patient's learning abilities and skills The 4MAT System is an educational model, which addresses four learning styles. A distinct feature of the 4MAT model is that it not only identifies four types of learners, but also provides an easy to follow four point learning process; why, what, how and so what. Thus, by teaching in the sequence of Why? What? How? So What?—nurses can address all four learning styles with clear goals. This well organized and patient oriented education program should help patients by employing strategies that address all four different learning styles among our patients.

Purpose: To optimize the use of evidence based skin care protocol based on the ONS PEP guidelines for radiation dermatitis by using a theory-driven, standardized approach to patient instruction.

Evaluation: The main aim of this project is to evaluate adaptability of patients to provide self-care of radiation dermatitis with the use of a standardized education plan provided by the trained nurses. Also, the levels of self-confidence for self-care of radiation dermatitis as well as patient's satisfaction and the educational process will be evaluated.

Discussion: Although nurses know what to teach patients about radiation dermatitis, there is a general concern on how to individualize teaching plans to meet the needs of individual patients. By using a theory-driven, standardized approach to patient education, oncology nurses can be assured that their patients have a better understanding of the education provided. This project demonstrates the value of using a theory-driven approach to patient education that can be applied and then evaluated across many care settings.

135442 (Poster)

DEVELOPING AN EVIDENCE-BASED PRACTICE LIBRARY RESOURCE TOOLKIT AND TRAINING PROGRAM FOR NURSES. Marisol Hernandez, MLS, MA, Memorial Sloan-Kettering Cancer Center, New York, New York; Donna Gibson, MLS, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: Evidence-based practice combines the best evidence with clinical expertise in order for health care professionals to make informed decisions about patient care. There are four basic principles to evidence-based practice to include: (1) constructing the clinical question; (2) performing a comprehensive search of the medical literature; (3), appraising and analyzing the search results retrieved; and (4) applying the evidence to the clinical situation. Nurses at the Memorial Sloan-Kettering Cancer Center are encouraged to seek rationales for existing practices and processes in support of continuous improvement in quality patient care. An evidence-based practice approach challenges nurses to understand research and make use of it.

Purpose: The purpose of the poster will be to establish a model that identifies nursing tools for evidence-based practice.

Evaluation: This poster will report on the findings of a seven-question online survey that was distributed to 2000+ nurses and made available for a three week period. Questions posed focused on their involvement with evidence-base practice initiatives and what resources they currently use. Follow-up interviews will determine the frequency of use, if they used any other tools not listed on the survey and the impact this approach has on patient care. In addition, key questions will focus on each resource interface, ease of use, quality of information retrieved, and the potential benefits of developing customized training workshops or online interactive tutorials, which can be utilized not only by our nurses but those in similar organizations. The poster will also present findings from an extensive literature review on how the field of nursing applies evidence-based practice resources in their daily workflow. Data sources and search strategies for the literature review will be shared.

Discussion: Ultimately, the survey responses and review of the literature will guide the development of an evidence-based practice toolkit of online resources for beginners as well as a customized learning program that supports nurses' information needs.

135537 (Poster)

REINFORCING PATIENT EDUCATION THROUGH DISCHARGE PHONE CALLS. Diana M. Sutherland, BSN, RN, OCN®, Newton-Wellesley Hospital, Newton, Massachusetts; Jean Roberson, RN, MSN, OCN®, Newton-Wellesley Hospital, Newton, Massachusetts

Significance and Background: The hospital setting is a challenging learning environment for patients and families due to

anxiety and difficulty being attentive to nursing instructions. Nurses have seen poor recall of instructions about symptom management at discharge. It is nursing's responsibility to support the patient as they transition from one level of care to another, providing information that will result in the patient's successful self-care. Utilizing the teach-back method increases the likelihood of retention by delivering small amounts of information and evaluating patient's recall of information at each teaching session. Discharge phone calls further evaluate recall of information during the critical transition from hospital to home.

Purpose: Oncology patients discharged home receive follow-up phone calls from nursing within 72 hours of discharge to re-evaluate patient's recall of symptom management instructions. A standardized tool provides the structure to each phone call, reviewing critical elements of symptom management related to the patient's disease and treatment plan. Patient's responses are categorized as positive or negative. The positive category indicates the patient has adequate recall of symptom management. The negative category indicates the patient has inadequate recall of the symptom management plan provided at discharge and requires additional teaching via phone, or referral to their physician.

Evaluation: Evaluation of the program included ease of patient identification for discharge phone calls, patient responses during calls, and numbers of patients reached within 72 hours of discharge. Information gained during discharge phone calls, indicates that teach-back strategy used for symptom management results in the majority of patients being able to discuss their home symptom management plan.

Discussion: Discharge phone calls monitor the success of patient transitions from hospital to home. The information we gained during discharge phone calls indicates the success of our teach-back program, making this an effective strategy to educate our patients in self-care and symptom management. Patients also confirm that written self-care information is utilized at home.

135554 (Poster)

THE POWER OF NURSING EDUCATION: A MODEL OF CARE FOR ACTIVE PARTICIPATION IN EARLY IDENTIFICATION AND PROMPT REPORTING OF SIGNS AND SYMPTOMS OF CELLULITIS IN PATIENTS WHO HAVE UNDERGONE IMPLANT BASED RECONSTRUCTION.

Marian Fitzpatrick, RN, BSN, Memorial Sloan-Kettering Cancer Center, New York, New York; Anne Walsh, RN, BSN, MS, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York; Allison Shaw, RN, BSN, MSN, Memorial Sloan-Kettering Cancer Center, New York, New York; Lisa Govoni, RN, BSN, Memorial Sloan-Kettering Cancer Center, New York, New York; Vanessa Armenise, RN, BSN, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: According to published statistics from the American Society of Plastic Surgeons, 72.6% of breast reconstruction patients chose tissue expander and implant based reconstruction in 2011. Cellulitis, a common skin infection caused by bacteria, is estimated to occur in at least 1.5-12% of these surgical patients. Risk factors include chemotherapy, radiation therapy, obesity, use of acellular matrix and smoking. Cellulitis can lead to hospitalization, additional surgery, loss of the prostheses, and increased treatment cost. It may also delay chemotherapy and radiation impacting the treatment goals of breast cancer care. The tissue expansion procedure is performed by a nurse. Nurses at this NCI designated cancer center practice autonomously and utilize their expertise to assess, report, and provide repeated education throughout the continuum of care. Early detection of cellulitis can decrease the incidence of additional hospitalization and surgery.

Purpose: This project will highlight the significance of the nurse's role in patient education of the implant based breast reconstruction patients and their caregivers in order to diminish negative outcomes from episodes of cellulitis.

Evaluation: In this institution, every patient is provided extensive education on the signs and symptoms of infection through face-to-face interactions both pre and post-operatively. Both web based and telephone communication allow patients to describe their symptoms of concern. Patients and caregivers have expressed to us positive feedback on the quality of our education and the beneficial impact that it has had on their outcome.

Discussion: Cellulitis is a significant source of distress for breast cancer patients already struggling with the implications of their cancer diagnosis and treatment. Nurses play an integral role in the physical assessment and education of patients to promote early intervention. This nursing team feels that implementation of a nursing care model with a strong emphasis on patient education will promote patient involvement and autonomy, therefore decreasing negative outcomes and improving quality of life.

135570 (Poster)

ACUPUNCTURE AS AN EFFECTIVE TREATMENT MODALITY IN CHEMOTHERAPY INDUCED PERIPHERAL NEUROPATHY. Valerie Stiner, RN, OCN®, UT MD Anderson Cancer Center, Houston, Texas; Oguna Taylor, RN, MSN, OCN®, UT MD Anderson Cancer Center, Houston, Texas

Significance and Background: Post cancer treatment peripheral neuropathy is a common, significant life changing side effect related to chemotherapy. Peripheral neuropathy can lead to alterations in patient's activities of daily living (decreased dexterity, increased fall risk). Various pharmacologic therapies have been used in an attempt to improve neuropathy and include gabapentin, pregabalin, narcotics, antidepressants, and megavitamins. Non-pharmacologic therapies such as acupuncture are also used. Though pharmacologic therapies provide some effect, non-pharmacologic therapies have fewer overall side effects and have shown to be effective.

Purpose: The purpose of this presentation is to inform nurses of the benefits of acupuncture for patients with post-treatment peripheral neuropathy.

Evaluation: Studies have determined the need for treatment of neuropathy and the effectiveness of the most common therapies based on patient and physician questionnaires. Acupuncture involves the use of sterile, thin, solid needles inserted into specific acupuncture points in the skin and has been shown to be effective. Acupuncture is an effective modality for many patients. The benefits of acupuncture include decreased pain, increased dexterity, and decreased fall risk in patients with Grade 2 and 3 post treatment peripheral neuropathy.

Discussion: Both pharmacologic and non-pharmacologic modalities are effective in treating peripheral neuropathy. Nurses are in a unique position to educate patients regarding multiple treatment options including acupuncture. These modalities will aid patients in achieving optimal pain relief and overall improvement in functional capabilities and activities of daily living. Informing nurses about the effective treatments for CIPN will provide nurses with the tools needed to successfully assist patients in improving their quality of life.

135575 (Poster)

INCREASING CLINICAL NURSE ACCESS TO EVIDENCE THROUGH COLLABORATION WITH LIBRARY SERVICES.

Margarita F. Coyne, MS, RN, Roswell Park Cancer Institute, Buffalo, New York; Lisabeth Becker, MS, Roswell Park Cancer Institute, Buffalo, New York; Nancy Cunningham, PhD,

Roswell Park Cancer Institute, Buffalo, New York; Wendy Raber, BA, Roswell Park Cancer Institute, Buffalo, New York

Significance and Background: Nurses need to hold knowledge of current patient care and practices that have positive outcomes for their patients. The ability to access and acquire new information is crucial to the development of a sound knowledge base and as such efforts to assist nurses in this endeavor are valuable and worthwhile. Intensive education was directed at nurses as a Phase I approach to laying foundations for research.

Purpose: The implementation of an intensive education program aimed at informing nurses of the library databases and resources that are available for them led to a substantial rise in the number of "hits" seen in the database reporting system. Education was provided on all shifts, during weekends and holidays and reinforced through the use of icons on the computers in all clinical areas. Nurse Educators and the Director initiated education rounds that were atypical and included off hours. In addition, special education days were scheduled and walking rounds completed with the Nursing database vendor and a clinical librarian. Special clinical nurse library accounts were established to provide feedback to nurses and to capture activity nad CEU information. Information databases and links were added to the primary nursing database to allow nurses easy access to information including ONS Textbooks, CINAHL and a proprietary CE database. The focus of these efforts was to give nurses greater access to patient care information.

Evaluation: Reports were run to evaluate the number of "hits" that the library database received in 2011 and 2012. This included online: sessions, searches, full text and abstracts). From January 2011 to December 2011. There were 3150 "hits", from January 2012 to November 2012 there were 6522 "hits". Providing nurses with an intensive educational instruction program on all shifts resulted in greater utilization of library databases

Discussion: Clinical nurses continue to access the data base and to avail themselves of current nursing literature. They have identified the benefits of being able to rapidly find patient related information for their clinical practice; of being able to perform searches of the literature more easily (for schoolwork) and to provide information for their peers and patients.

135589 (Poster)

THE CLINICAL SUPPORT STAFF UNDERSTANDING OF THE PATIENT EXPERIENCE: A TARGETED EDUCATIONAL PROGRAM TO SUSTAIN LEARNING. Medora Z.C. Boyle, BSN, RN, OCN®, Johns Hopkins Hospital, Baltimore, Maryland; Gina Szymanski, MS, RN, Johns Hopkins Hospital, Baltimore, Maryland

Significance and Background: Inpatient clinical support staff are integral to our nursing team and have consistent interactions with our patients. These staff ask questions, of nursing, about the patient's condition in order to better understand the patient's experience. Their desire to understand their patients is commendable and warrants action.

Purpose: To sustain the clinical support staff's desire to learn about the patient by providing information and the opportunity to ask questions in a non-threatening classroom setting. One unit based RN implemented a six part lecture series on clinical topics including an overview of cancer, hand washing, isolation practices, and infection and fevers. Lectures were held bimonthly during paid work time. A point reward system was implemented to encourage participation.

Evaluation: Prior to each lecture, participants were asked to complete a pretest to demonstrate understanding of the content. With subsequent lectures, participants were asked questions from the previous lecture to evaluate knowledge retention. All questions were posed with multiple choice answers. Participants used flash cards to display answers and points were

assigned for correct answers given. Content, presentation style and relevance of the subject matter to their interactions with the patient were also evaluated. Participants were asked to fill out evaluations periodically throughout the series. Evaluations consisted of 5-point Likert scale questions. The group was also queried on how to improve lectures and topics they would like to learn about in the future.

Discussion: The majority of staff responded favorably to questions about the program's content, presentation style, and reward system. Staff attained better than 70% of the available points for correct answers during the session. The mid-point evaluation revealed the majority want to continue with the lectures series on other relevant topics in the future. There was a measurable improvement, across the series, in the question "I feel that I am important part of the unit team." Future ideas include mentoring the support staff to present topics to their peers, engaging them in patient safety, and using interdisciplinary speakers to present additional content.

135594 (Poster)

TRAINING ONCOLOGY PROFESSIONALS IN PATIENT CENTERED CARE APPROACHES TO IMPROVE CLINICAL TRIAL ACCESS AND ACCRUAL. Bertie Ford, RN, MS, AOCN®, Genentech BioOncology, Westerville, Ohio; Margo Michaels, MPH, ENACCT, Bethesda, MD, Maryland; Natasha Blakeney, MPH, ENACCT, Bethesda, Maryland

Significance and Background: Nationally, the rate of adult participation in cancer clinical trials (CCTs) is less than 3%. Oncology research nurses and other trial staff often face challenges in effectively identifying, screening, enrolling and retaining patients for studies. Patient-related barriers (e.g. fear, lack of knowledge, costs, language barriers) as well as institutional obstacles (e.g. lack of oncologist buy-in to introduce trials to eligible patients, limited staff resources for outreach and language access services) can create significant barriers to patient access and accrual to available studies.

Purpose: In 2010, ENACCT launched a training intervention to address overcoming these barriers with 6 Community Clinical Oncology Programs (CCOPs) nationwide. Developed in collaboration with an external expert advisory panel, the training curriculum emphasized implementation of tailored, patient-focused recruitment and retention practices. Additionally, the training identified 5 key steps to patient trial participation with practical strategies and resources to successfully accomplish each step. The training, which consisted of case studies, role-plays and action-planning, increased CCOP staff's capacity to identify effective approaches for engaging community providers and the public about trials, enrolling low literacy and Limited English Proficient patients, as well as discussing difficult questions patients may have during the consent process.

Evaluation: Training evaluation measures included pre and post test questionnaires and completion of an online follow-up survey 3 months post training. ENACCT trained a total of 158 participants, the majority of which were nurses. Post training, all CCOP sites demonstrated improvement in knowledge and increased intention to make changes regarding cancer clinical trial recruitment and retention practices.

Discussion: Findings from this initiative suggest that training oncology nurses and other cancer research professionals with this patient centered approach, may lead to increased patient screening and trial enrollment, particularly among medically underserved populations

135724 (Poster)

FACILITATING AN ONCOLOGY CLINICAL ROTATION: GROWING THE NEXT GENERATION OF ONCOLOGY

NURSES. Clara Beaver, MSN, RN, AOCNS®, ACNS, BC, Karmanos Cancer Center, Detroit, Michigan

Significance and Background: Oncology nursing often is not the first choice of graduate nurses. The reasons are unclear. It may be that course content about oncology nurses is low in the curriculum. It may also be related to few oncology based clinicals or well qualified instructors to teach the content/clinicals. At our NCI institution, APNs have made a commitment to provide nursing students a more realistic experience and understanding of oncology nursing by participating in oncology clinical rotations.

Purpose: To provide a personal account of the author's experience supervising over 175 student nurses on an inpatient oncology unit over the past 5 years.

Evaluation: Approximately 175 students have completed a clinical rotation on an inpatient oncology floor. Of these students approximately 20 have become oncology nurses. All the students stated they had an increased awareness of how to care for oncology patients and the role of an oncology nurse. Students also stated they performed much better on their exams when oncology questions were asked.

Discussion: Oncology patients or patients with an oncology background are placed on many units throughout the hospital system. During clinical rotation, on an inpatient oncology unit, students are taught how to address oncologic issues using the nursing process. They learn about cancer as well as the treatment and how that affects the different body systems. Overall the students state that they learned a lot about oncology patients and feel better equipped to manage future encounters with these patients. As oncology nurses we play a role in providing opportunities for student nurses to learn about oncology nursing and oncology patients. We play a role in helping nursing students learn about oncology nursing and oncology patients. To ensure the continued growth, oncology nurses at all levels need to look carefully at how they might inspire the next generation nurses to become oncology nurses. Examples may include offering to present a lecture about oncology, become an adjunct faculty member or become a mentor for students who are interested in oncology.

135771 (Poster)

DEVELOPMENT OF A PREPARATORY END OF LIFE EDUCATIONAL SERIES FOR CANCER SURVIVORS IN A COMMUNITY CANCER EDUCATION/SUPPORT PROGRAM: "PLANNING AHEAD: THE FINAL CHECKLIST." Marsha J. Komandt, RN, BSN, OCN®, INOVA Life with Cancer, Fairfax, Virginia

Significance and Background: Using the background and education as a faith community nurse, a series called "Graceful(I) Passages: Taking Care of Business and Planning a Memorial Service" was conducted in a church setting with success. In facilitating a Spirituality Quest Group within a cancer education/support program in a secular setting, it was learned from cancer survivor attendees that they wanted to know why the "elephant" in the room, "death" as it became verbalized, was never discussed. With the group's input and help in naming a class or series of classes where end-of-life issues could be discussed openly, the "Planning Ahead: The Final Checklist" series was born. End of life issues are a necessary component of oncology nursing and through the now popular End of Life Nursing Education Consortium (ELNEC), more and more oncology nurses are being exposed and educated through this curriculum. Why not share some of this education at the patient level in a setting where they will feel safe and comfortable?

Purpose: Thinking and planning ahead may help ease the pain for those left behind and give a sense of peace that one's "house is in order" and a sense of control in one's own death

or that of a loved one. The series consists of four sessions that reviews the rituals of a memorial service and what needs to be learned and considered in preparing for the final steps of one's life journey: what happens to one's body from the moment of birth to death; how symptoms are managed in the last days of one's life; what is the difference between Palliative and Hospice care; what is the practicality of planning with advance directives, trusts and wills and knowing the costs of planning for one's funeral; what are the resources that are available in the community during and after the dying process and consequent grieving.

Evaluation: Evaluation of the project is mostly anecdotal and by the cancer program's standard evaluation form, completed at the end of each of the four sessions. With only two series having been conducted and with positive feedback from participants and their spreading the word, it is hoped to continue the series at least twice during the calendar year and to possibly develop a follow-up questionnaire in three months to assess the participants' progress in their end of life planning. Positive feedback can be shared with other oncology nurses and will hopefully benefit them in their feeling more comfortable in discussing preparatory end of life issues with their patients and to recommend a program such as this to others in their practice.

Discussion: Oncology nursing practice includes assisting the patient and family in their journey from life to death and beyond. Education and collaboration of oncology nurses in private oncology physician practices, on the hospital in-patient units, and in community cancer education/support programs is a necessity in maximizing the patient's quality of life until the end and in minimizing the fear of the unknown.

136143 (Podium)

PATIENT CHEMOTHERAPY CARE KIT PROMOTES ACTIVE LEARNING, SELF-CARE. Lisa Smith, RN, MS, AOCN®, CNS, Riverside Methodist Hospital, Columbus, Ohio; Sandra Workman, RN, BSN, OCN®, Riverside Methodist Hospital, Columbus, Ohio; Kathleen Grannan, RN, MSN, CNL, Riverside Methodist Hospital, Columbus, Ohio

Significance and Background: Patients receiving chemotherapy/biotherapy have many questions about the management of side-effects. Traditional methods of patient education involve a one-way, passive process in which a nurse tells the patient information necessary to manage complications and provides the patient with multiple pages of printed materials. Feelings of being overwhelmed, stressed, and physical complications can impair concentration and retention of information. Numerous studies investigating patient education have shown that using active teaching methods, visual aids, and providing information broken down into manageable pieces improve understanding and retention. The Constructivism Theory for Learning provides a framework supporting these strategies and promotes the use of techniques that involve practical, "real word" information.

Purpose: The Chemotherapy Care kit was designed to improve the patient's and family understanding of self care interventions by using these concepts and strategies. The kit provides the patient with information and samples to prevent and manage common complications of chemotherapy, including infection, mouth sores, decreased appetite, nausea, skin care, and stress. A short, educational pamphlet breaks down information into the following categories 1) prevent infection, 2) mouth care, 3) decreased appetite, 4) manage nausea, 5) skin care, and 6) reduce stress. The supplies are packaged into separate packages and labeled "Prevent Infection", etc. Examples of supplies include a digital thermometer, hand sanitizer, and an acupressure band. The individual packages along with the pamphlet are place in a tote bag. Patients are given the kit prior to the start of chemotherapy and the contents are reviewed by the nurse.

Evaluation: In project pilot, patients were asked to complete an evaluation 3-4 weeks after starting chemotherapy and receiving the Chemotherapy Care Kit. The self-administered questionnaire included 10 questions addressing pamphlet content, the use and effectiveness of the kit items, and overall effectiveness of the kit. Fifty patients completed the questionnaire. Evaluations concluded that the kit was a helpful method for education and provided valuable information and supplies.

Discussion: This kit provides another useful strategy for RNs to provide effective patient education.

136180 (Poster)

FIGHTING CLABSI. Deborah Baldassarre, MSN, RN, OCN®, Cancer Treatment Centers of America, Philadelphia, Pennsylvania; Marie Decker, MSN, RN, AOCN®, NE-BC, Cancer Treatment Centers of America, Philadelphia, Pennsylvania; Gerry Finkelston, MSN, RN, CCRN, Cancer Treatment Centers of America, Philadelphia, Pennsylvania

Significance and Background: The significance of the CLABSI data trending upward prompted the development of our workshop. Brainstorming sessions provided opportunities to reinforce infection prevention in the immuno-compromised population by improving the nurse's knowledge, skills, and practice. Initially, this was an in-patient project, however an analysis of the structure, process and outcome indicated that the scope be more inclusive with peers in the outpatient setting. The unique educational roles of this targeted audience were addressed in planning the curriculum.

Purpose: Based on our core measure data, it was deemed necessary to define an action plan for performance improvement. Our purpose cascaded into a three-fold agenda that encompassed reviewing evidence-based practice that resulted into a Power Point study guide; a "hands-on" workshop to develop clinical expertise; and patient-centered education. Return demonstration highlighted access and de-access of ports, dressing changes, and proper documentation. Patient education included: definition of central lines, prevention/signs and symptoms of infection, and home care. Our workshop is in accordance with Betty Neuman's conceptual model that promotes the optimal level of wellness among the patient system through nursing interventions.

Evaluation: A three-prong evaluation was created which entailed a knowledge posttest, clinical competency validation, and workshop evaluation. On-going nursing compliance and patient outcomes will be measured via a weekly audit tool based on the Central Line Maintenance Bundle. Our outcomes are applicable to oncology nursing because the CTCA promise is to offer clear information by sharing our patients' journey of healing and hope. Thereby, we promote standards of excellence in administering quality cancer care. Our target goal to measure a zero tolerance level for CLABSI is documented in our monthly Infection Control Report.

Discussion: Implications for oncology nursing practice were identified as a result of this workshop. It will be used as a framework to achieve the mutual missions of the ONS and the Cancer Treatment Centers of America. The integrated concept of combining the learning needs of the inpatient and outpatient nurses proved to be an innovated structure that was actualized through this educational process. A suggestion was activated because interdisciplinary efforts created an environment for exchanging future opportunities to collaborate improving patient-focused cancer care.

136183 (Poster)

THE BREAST CHANNEL: TWO YEARS LATER. Amy E. Rettig, MSN, MALM, RN, ACNS-BC, CBCN®, The OSUCCC-The James, Columbus, Ohio; Heather LeFebvre, BS, The

Ohio State University Division of Surgical Oncology, Columbus, Ohio; Lorie Petty, MS, RN, CNL, The OSUCCC-The James, Columbus, Ohio

Significance and Background: As part of the interdisciplinary care team, the oncology nurse is in the unique position to support the patient throughout the continuum of care. In the ever-changing world of oncology, keeping up to date can be challenging. Two years ago, the Breast Cancer Clinical Nurse Specialist developed and implemented a weekly, 30-minute, informal, evidence-based forum for all health care persons involved in the breast cancer continuum of care to help the interdisciplinary team keep current. "The Breast Channel" is now moving forward into its third year full of potential.

Purpose: The purpose of The Breast Channel is to create an environment of the most integrated, educated, and patient-focused staff caring for patients with breast cancer. A forum of this nature demonstrates the elements of teamwork in the caring model, Relationship-Based Care. Mutual respect and learning from each other are inherent in an interdisciplinary educational forum.

Evaluation: The mission of simply creating a forum for dialogue has evolved. A survey of the continuum of care team discovered that The Breast Channel, starting as a weekly, 30-minute teleconference podcast for future listening, is now used for onboarding new staff, Certified Breast Care Nurse exam review, professional development of oncology nurses, and patient education. An independent reviewer evaluated 88 podcasts for key elements important for public listening: delivery, speech clarity, vocabulary and technology. Twenty-two were considered immediately suitable for public listening with many others eligible after editing.

Discussion: Staying current in the rapidly changing oncology world has been facilitated by The Breast Channel. Oncology nurses have used this forum to review for certification in breast care as well as develop their professional careers by presenting on current oncology nursing topics. Future opportunities include: patient education modules; bringing back information from conferences; and replication in other cancer continuums of care.

136279 (Podium)

ROADMAP: SETTING THE COURSE FOR ONCOLOGY PATIENT AND FAMILY INVOLVEMENT IN THEIR PLAN OF CARE. Megan L. Derr, RN, BSN, Lehigh Valley Health Network, Allentown, Pennsylvania; Laura Herbener, RN, BSN, OCN®, Lehigh Valley Health Network, Allentown, Pennsylvania

Significance and Background: Acute care oncology patients and families face many stressors, including having multiple practitioner consultants, loss of control, fear of the unknown, and anxiety regarding test results and treatments. Oncology nurses, though aware of these stressors, are often unable to resolve issues due to a variety of factors often beyond their control. This presentation details an innovative tool devised in a Magnet™ organization which addresses the aforementioned stressors by keeping oncology patients and families informed through use of an electronic, daily navigation tool - ROADMAP (Review Of All My Daily Medical Actions and Plans).

Purpose: In 2006, the presenting organization conducted a 'future search' visioning process to determine the ideal patient centered experience. The process generated 1,049 ideas, themed according to the Picker Dimensions of Patient Centered Care, the organization's care delivery model. Many projects ensued; several, including ROADMAP, related to the theme "patients/families feel they are not informed." Because of the potential to positively impact oncology patient stressors, staff members on the 20 bed inpatient medical-surgical oncology unit elect-

ed to become early adopters for ROADMAP. A first step was 'GEMBA' walks by project team members, asking patients and families the categories of information they desired in the acute, inpatient setting. The team then worked with a vendor to design ROADMAP; a goal was that content automatically populate from existing data in the electronic medical record. The ROADMAP is printed every AM and discussed during RN bedside shift report. Information includes: care team provider names, daily goals, discharge plan, laboratory results, and tests done the previous day and planned for current day.

Evaluation: ROADMAP was initiated on the oncology unit in February 2012. Quantitative metrics related to patient satisfaction, observations for standard work and qualitative staff satisfaction data have been positively impacted.

Discussion: Take home learnings will allow oncology nurses in varied settings to implement an electronic navigation tool to engage patients/families in care planning and keep them informed. Practice implications are a positive and proactive impact upon the more common stressors oncology patients and families experience.

136308 (Poster)

CREATING ORDER FROM CHAOS: THE CHARGE NURSE ROLE. Maribeth Wooldridge-King, MS, RN, AOCNS®, Memorial Sloan-Kettering Cancer Center, New York City, New York; Corey Russell, MSN, RN, OCN®, Memorial Sloan-Kettering Cancer Center, New York City, New York

Significance and Background: A 23-bed chemotherapy unit treating 80-100 patients/day historically had a charge nurse that also treated patients. The role functioned poorly so that communication was often lost or misunderstood; assignments were haphazard or left to the unit secretary to manage, and patient situations escalated out of control. We knew what we were doing did not work – a change was needed. A review of the literature was conducted with a focus on the charge nurse role, in particular, within the ambulatory setting. Three senior staff nurses, the Clinical Nurse Specialist and the Nurse Manager of the unit met for an entire day to define the charge nurse role and formalize an educational program that would contribute to a successful orientation and implementation.

Purpose: A three hour program was developed that presented the objectives for the newly defined charge nurse role, one in which the charge nurse did not take a patient assignment. All staff were required to attend in a small group (3-4 person) setting. The content includes didactic information regarding effective personal attributes, determinants of patient flow, and considerations when making patient assignments. A new tool for assignments and lunch coverage was presented with "real" situations to simulate planning. Time was allotted to share thoughts on how and why decisions were made.

Evaluation: Upon completing the program, staff were assigned to the charge nurse role. Feedback was elicited on a daily basis by the Clinical Nurse Specialist and the Nurse Manager. A survey was distributed to elicit feedback in a formalized manner. Recommendations were incorporated as the program evolved.

Discussion: Managing patient flow and assignment in a chemotherapy unit is best accomplished with a well-defined charge nurse role. By identifying essential personal characteristics, determinants of patient flow and creative assignment strategies, learning to be an effective charge nurse is attainable.

136368 (Poster)

PROVIDING DIGNITY THROUGH PREVENTION OF HOSPITAL ACQUIRED DELIRIUM. Timothy Clyne, RN, BA, Trinitas Regional Medical Center, Staten Island, New York

Significance and Background: As our population continues to age we will be treating an increasing number of patients who

are over the age of 65 particularly in the oncology setting. The care of this fragile group of patients is highly complex both medically and psychosocially. Hospital acquired delirium is a potentially costly complication of hospitalization in terms of resources and overall patient health.

Purpose: The complexity of treating our patients in oncology will always be challenging. As we see our population “grey” new challenges present themselves including the effects of hospital acquired delirium. The implementation of the Confusion Assessment method will help increase the early identification of this highly preventable condition. Education of staff regarding evidence based interventions will also aid in the reduction of the complications associated with the condition.

Evaluation: Success of this program will be evaluated through the reduction of the number of cases of hospital acquired delirium on the inpatient oncology unit. It is our goal also to reduce mechanical and chemical restraint usage and reduce fall incidents. There will be a competency developed with the goal of 100% of nursing staff deemed fully competent in the care of this patient.

Discussion: Hospital acquired delirium is detrimental in helping our patients move through the continuum of care in oncology. It is devastating for caregivers to experience this mental deterioration of their loved one’s. It is a potentially demeaning condition if not approached with strong evidence based practice. Through careful implementation of this initiative we will provide better outcomes for our patients. It is through advocacy projects like this that we will continue to demonstrate positive nurse sensitive outcomes and improve the quality of care provided to the cancer patient.

136512 (Poster)

“MAKE THE CUT”: A HAIR CUTTING EVENT TO SUPPORT WOMEN FACING HAIR LOSS. Kendra M. Calawerts, RN, BSN, OCN®, Northwestern Memorial Hospital, Chicago, Illinois; Stevie Hatakeyama, RN, BSN, OCN®, Northwestern Memorial Hospital, Chicago, Illinois; Barbara Holmes Gobel, RN, MS, AOCN®, Northwestern Memorial Hospital, Chicago, Illinois

Significance and Background: It is estimated that nearly 1 in 3 women will develop some form of cancer in her lifetime. Many of these women face the devastating cancer-treatment side effect of hair loss. As oncology nurses, we intimately witness the social and psychological impact of alopecia, and are often left wanting to do more for these women. In an attempt to support the whole person through all stages of survivorship, we channeled our passion into creating the “Make the Cut” event.

Purpose: “Make the Cut” began with keynote speakers who shared their personal journey with treatment, the impact of hair loss, and the healing effects a wig provided. The event collected ponytails from more than 60 donors, raised over \$2000 for the American Cancer Society, and involved nearly 60 volunteers. Ponytail donors spanned ages from 4 to 50 years old and their hair benefited Pantene’s Beautiful Lengths campaign. Pantene has provided over 24,000 free, real-hair wigs to women undergoing cancer treatments.

Evaluation: Our goals were to recruit 50 hair donors from the community, heighten awareness about ways to support survivors, and involve our coworkers who share a common interest of supporting our patients throughout the cancer continuum. Oncology nurses led and established “Make the Cut” by collaborating closely with various members of the multidisciplinary team from our academic cancer program. We also expanded our support network to include our local ONS chapter and multiple other oncology organizations.

Discussion: We hope to inspire and provide ideas for oncology nurses to create a grassroots program that supports patients

facing hair loss. We will review program planning, marketing efforts, procurement of volunteers, fundraising events, as well as orchestration of the programs on the day of the “Make the Cut” event.

136531 (Poster)

LINK NURSE: A SUCCESSFUL PARTNERSHIP BETWEEN NURSING TEAM FROM ONCOLOGY AND HEMATOLOGY OUTPATIENT UNIT AND HOSPITAL INFECTION CONTROL AND PREVENTION SERVICE. Janyce Cassiolato Marti Sguassabia, Albert Einstein Hospital, São Paulo; Maria Fátima Santos Cardoso, Fatima Cardoso, Albert Einstein Hospital, São Paulo; Ana Fernanda Yamaki Centrone, Ana Centrone, Albert Einstein Hospital, São Paulo

Significance and Background: Health professionals must assure the implementation of best practice for infection prevention and control in patient care. The presence of a link nurse has been seen as an effective tool to touch and motivate the team to adopt better practices toward infection prevention and control. This nurse is responsible for develop and facilitate a strong culture of infection prevention and control in the unit.

Purpose: In July 2008 the link nurse project and its importance was explained to care team, highlighting the need to improve the interface between Oncology and Hematology Outpatient Unit and Hospital Infection and Control and Prevention Service (SCIH, acronym in Portuguese). A nurse from outpatient unit interested in infection prevention and control was appointed to serve as the link nurse. From August 2008 the indicator “bloodstream infection (BSI) density” associated with CVC / 100 manipulations of CVC was requested by the SCIH and the Oncology and Hematology Outpatient Unit. The link nurse collected and recorded the denominator and then reported it to the SCIH. Every month some cases using criteria for infection diagnosis of the Center for Diseases Control and Prevention were discussed to diagnosis BSIs.

Evaluation: The following improvements to reduce BSI were achieved by the partnership: online training to prevent and control BSI (including hand hygiene) and onsite training for the nurse team and those handling chemotherapy drugs (Pharmacy); audit of processes (disinfection of connectors); campaigns to improve hand hygiene using ludic activities; adoption of safety practice to use totally implanted CVC, and actions to educate patients and their families to require professionals the adhesion to infection prevention and control practices.

Discussion: The link nurse project is an essential alternative to incorporate quality in care delivery. To keep the link nurse motivated and with enthusiasm is fundamental because this professional besides be directly involved in patient care, is responsible for develop and facilitate a strong culture of infection prevention and control in the unit.

136620 (Poster)

IMPLEMENTING A CLINICAL TRIALS RESEARCH PROGRAM IN A COMMUNITY HOSPITAL. Pamela Herena, MSN-CRA, RN, Mills Peninsula Health Services, A Sutter Affiliate, San Mateo, California

Significance and Background: Cancer research and clinical trials are important in developing new methods to prevent, detect, and treat cancer. Nurses role in oncology is not just to treat but to also advocate for their patients to ensure they are aware of the most recent treatments and potential clinical trials available to cancer patients. Too many nurses are not aware of potential clinical trials for their patients and creating an environment of research can assist them in being aware of available and appropriate clinical trials and ensuring cancer patients are provided with the best treatment options for their cancer.

Purpose: Implementing a cancer research program in a community hospital better informs patients, increases patient knowledge and options for their cancer treatments. Often patients have to travel a long distance to enroll in clinical trials or they are not made aware of their options due to lack of cancer clinical trials in community hospitals. A community research program will also increase local oncology nurses knowledge of clinical trials and possibly provide new career options for community oncology nurses.

Evaluation: Many hospital certifications require hospitals to include community outreach, and American College of Surgeons Certification requires that 2% of total cancer diagnosed patients are referred/enrolled to clinical trials. Without a research program community patients have a choice to seek care elsewhere or potentially settle for the best local treatment; however, providing increased options increases patient autonomy, and overall care options. It will also assist the hospital in obtaining and maintaining other certifications, making a community hospital not only a convenient choice, but a comparable choice.

Discussion: Providing cancer patients will all treatment options is essential in cancer care, and community oncology nurses can be very instrumental in educating cancer patients about clinical trials without having to send them to a far away academic center. Nurses in a non research environment are not usually made aware of potential clinical trials for their patients and often private practice physicians are not involved in clinical trials. Providing a hospital research environment will allow oncology nurses to learn about clinical trials and provide an opportunity for nurses to inform the private practice physicians about the availability of clinical trials and increase their ability to advocate for their cancer patients.

136721 (Poster)

PREMATURE MENOPAUSE IN YOUNG ADULT PEDIATRIC CANCER SURVIVORS. Amelia DeRosa, RN, BSN, CPON®, Memorial Sloan-Kettering Cancer Center, New York City, New York; Deborah Diotallevi, MS, RN, CPNP, Memorial Sloan-Kettering Cancer Center, New York City, New York; Elaine Pottenger, MS, RN, PMHS, CPNP, Memorial Sloan-Kettering Cancer Center, New York City, New York; Roseann Tucci, MS, RN, CPNP, Memorial Sloan-Kettering Cancer Center, New York City, New York

Significance and Background: Approximately 70% of children and adolescents diagnosed with cancers can be expected to be long term survivors due to advances in pediatric cancer treatments. Because of these advances, more survivors are facing the consequences of exposures to intensive multimodality therapies. Female survivors exposed to pelvic/abdominal radiation, surgical removal of both ovaries, and/or high dose alkylating agents are at risk for premature menopause.

Purpose: Premature menopause is defined as cessation of menses before age 40 years. In the general population menopause appears to occur once the number of primordial follicles declines below a certain threshold. Certain cancer therapies can result in oocyte depletion causing an earlier menopause. Premature menopause leads to early and unexpected loss of reproductive potential as well as the cessation of ovarian sex hormone production. Survivors who experience premature menopause are at increased risk of developing a variety of adverse health outcomes, including osteoporosis, cardiovascular disease, and psychosexual dysfunction, compared with women who do not undergo premature menopause.

Evaluation: In the Pediatric and Adult Long Term Follow-Up Clinics at Memorial Sloan-Kettering Cancer Center, pediatric cancer survivors are monitored for potential late effects related to their cancer treatment. At the initial visit, a treatment summary is created with the details of the survivor's treatment history and

potential late effects. Premature menopause and infertility are discussed with at risk patients and their families. Education materials are given to patients including: Premature Menopause due to Cancer Treatment and Fertile Hope information. Consultation services with a fertility nurse specialist are offered to discuss fertility options in further detail. This would include options such as oocyte cryopreservation. This procedure offers the patient the best possible chance to have a biologic child in the future.

Discussion: Nurses who care for young adult and adult women survivors of pediatric cancers need to be knowledgeable of the potential risk for premature menopause and infertility. These patients will need life-long monitoring of potential health outcomes related to premature menopause. They require psychosocial support for potential fertility needs. The oncology nurse should be able to identify appropriate resources to help guide these patients on their journey post cancer treatment.

136763 (Poster)

A COLLABORATIVE APPROACH IN SOUTHWEST VIRGINIA: DEVELOPING A TARGETED NURSING RESEARCH WORKFORCE TO IMPROVE RURAL COMMUNITY ACCESS TO ADVANCED CANCER CARE AND RESEARCH. Camille Burnett, PhD, MPA, APHN-BC, RN, BScN, DSW, University of Virginia School of Nursing, Charlottesville, Virginia; Linda Bullock, PhD, RN, FAAN, University of Virginia School of Virginia, Charlottesville, Virginia; Christi Sheffield, BS, University of Virginia Cancer Center, Charlottesville, Virginia

Underwriting or funding source: The Virginia Tobacco Indemnification and Community Revitalization Commission.

Significance and Background: Residents of Southwest Virginia (SWVA) face significant barriers when attempting to access the most advanced forms of cancer care, understanding aspects of cancer risk reduction, and clinical research involvement. Key barriers include the long distance from an NCI-designated Cancer Center and the lack of a sophisticated infrastructure for conducting cutting-edge cancer research in SWVA. The University of Virginia (UVA) Cancer Center and UVA School of Nursing have collaborated with oncology caregivers in this region to provide resources that address these barriers, build community capacity, strengthen the workforce, and improve health outcomes for this underserved region of Appalachia. This educational program will foster advanced competency for nurses living in SWVA and promote the role of the professional nurse at all levels of clinical research. Using a train the trainer model, participating Schools of Nursing and experienced oncology nurses working in SWVA will be offered a complete teaching module of how to conduct research protocols, including randomized clinical trials, in their area. This targeted educational program will contribute to the development of a trained research nursing workforce that will provide the necessary infrastructure needed to conduct cancer research across this high-risk region.

Purpose: The purpose of the project is to provide resources that address local barriers, build community capacity, strengthen the workforce, and improve health outcomes for this underserved region of Appalachia. To address the need for SWVA nurse training in research protocol, the UVA School of Nursing designed an education program to develop a skilled workforce based on NIH and best practices in clinical trial training. This educational program will foster advanced competency for nurses living in SWVA and promote the role of the professional nurse at all levels of clinical research.

Evaluation: This targeted educational program will contribute to the development of a trained research nursing workforce that will provide the necessary infrastructure needed to conduct cancer research across this high-risk region.

In addition to the training, a large evaluation component has been designed. The main objectives of the evaluation will be

to examine the impact (performance and knowledge), satisfaction (with learning and method), and implementation (delivery and processes of the training) with the nursing workforce and amongst key stakeholders in the region. The outcomes will inform oncology nursing practice by assisting to expand the workforce, foster enhanced competency, and enhancing knowledge, skills and abilities to perform population-base, quality of life, and clinical cancer trial research.

Discussion: We believe this new approach will improve SWVA patient access to clinical trials enrollment by providing these opportunities close to home. We hypothesize that patients will receive the highest quality of care they would receive at a NCI Cancer Center, resulting in quality clinical outcomes and decreased health disparities that currently exist. This educational program will foster advanced competency for nurses living in SWVA and promote the role of the professional nurse at all levels of clinical research. This improved infrastructure coupled with having local nurses promoting clinical trial participation is crucial for improving access to quality cancer care in the region.

136824 (Poster)

HOME ADMINISTRATION OF NUTRITION SUPPORT FOR PATIENTS WITH CANCER. Noreen Luszcz, RD, MBA, CNSC, Walgreens Infusion Services, Deerfield, Illinois

Significance and Background: According to the American Society for Parenteral and Enteral Nutrition's clinical guidelines on Nutrition Support Therapy During Adult Anticancer Treatment and in Hematopoietic Cell Transplantation, malnutrition and weight loss are often contributors to the cause of death in cancer patients. These patients are often unable to get enough nutrients through eating, whether due to a tumor obstructing their ability to eat or side effects from chemo or radiation decreasing their appetite. A cancer patient's nutrition status has an important effect on his or her quality of life and sense of well-being. Registered dietitians, working closely with infusion nurses and the rest of a patient's oncology team, are not only able to provide patients with the nutrients they need to help them through this trying time, but they can do so in the comfort of the patient's own home – thus improving the patient's comfort and quality of life.

Purpose: This presentation will provide nurses with an overview of recent research that describes the need for some cancer patients to receive clinical nutrition support when undergoing treatment, and the benefits of providing that support in a patient's home.

Evaluation: Nurses who attend this presentation will learn how to identify patients who are candidates for clinical nutrition support, and further determine if the patient can be provided their therapy at home. Oncology nurses will also be able to describe the effects cancer treatment can have on a patient's nutritional/dietary well-being, briefly describe the equipment necessary for at home clinical nutrition support and provide resources available for the oncology patient.

Discussion: With the advancement of home-health technology and services, nurses are now often able to safely administer clinical nutrition support to oncology patients in the comfort of their home. This course will equip nurses with the most up-to-date information about at-home, clinical nutrition support for cancer patients – including the need for this type of oncology support and the benefits. The oncology nurse will gain information on what services are currently available for patients in need of this type of treatment. After this session, the oncology nurse will be able to provide patients with an overview of clinical nutrition treatment options and what to expect if the patient is a candidate for clinical nutrition support.

136834 (Poster)

INPATIENT CURRICULUM FOR HEMATOLOGY ONCOLOGY PATIENTS UNDERGOING ACUTE MYELOID LEUKEMIA INDUCTIONS AND AUTOLOGOUS PERIPHERAL

STEM CELL TRANSPLANTS. Kristen Fournier, BSN, RN, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; Amy Moore, MSN, RN, ACNS-BC, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

Significance and Background: The Bone Marrow Transplant program at the Hospital of the University of Pennsylvania treats approximately 300 patients with a new diagnosis of leukemia and performs upwards of 140 autologous peripheral stem cell transplants per year. Oncology nurses are experts in the care of these patients and are a constant source of patient education. Nurses explain disease processes, treatment protocols, and provide resources to manage side effects. While all patients receive education through their hospitalization, it is not standardized among nurses.

Purpose: The purpose of this educational intervention is to standardize educational materials given to patients undergoing acute myeloid leukemia induction and autologous peripheral stem cell transplants and to provide a defined time in a patient's stay for when certain topics should be taught by the nurse. This educational material can be individualized for every patient yet is broad enough for dissemination across these oncology populations.

Evaluation: The educational intervention will be evaluated by auditing nursing documentation to ensure that patient education occurred in a consistent manner and at the prescribed time during the course of the treatment protocol. In addition, patients and nurses will be surveyed to determine the overall satisfaction with the teaching materials and the appropriateness of the time of the educational intervention.

Discussion: Patient education literature is saturated with articles focusing the development of educational materials and programs to address cancer treatment side effects, however little research has been initiated on the development of educational protocols designed to teach inpatients during a certain treatment phase. Even less research has been focused the development of tools that inpatient oncology nurses can utilize to teach patients during extended inpatient stays. Educational material for patients undergoing acute myeloid leukemia induction and autologous stem cell transplants were developed by expert oncology nurses and approved by the Hematology Oncology faculty. In addition to the educational content, the material indicates specific times during the patient's admission for when such education should be delivered. The development of consistent and time specific curriculum for patients is essential to meet the complex educational needs they must understand by the time of discharge.

136837 (Poster)

ARE YOU DOING IT? DISCUSSING CONTRACEPTION WITH ONCOLOGY PATIENTS. Rajni Kannan, MS, BS, RN, ANP-BC, NYU Cancer Institute, New York, New York; Kathleen Madden, MSN, BSN, RN, FNP-BC, AOCNP, NYU Cancer Institute, New York, New York; Crystal Escano, BSN, RN, NYU Cancer Institute, New York, New York; Caroline Muren, BSN, RN, OCN®, CCRC, NYU Cancer Institute, New York, New York; Claire Stein, BSN, RN, OCN®, NYU Cancer Institute, New York, New York

Significance and Background: The estimated number of cancer survivors of reproductive age in the United States is approaching 500,000. Cancer treatments have evolved causing fewer harmful side effects; however, patients are exposed to agents that can damage fertility. Pregnancy is contraindicated due to the potential teratogenic effects caused by cancer therapies. There are limited guidelines to assist oncology nurses in managing contraceptive needs of oncology patients. Data on unintended pregnancy among cancer patients is currently

unavailable; however, cancer survivors aged 15–30 are more likely to terminate a pregnancy than age-matched controls. ASCO guidelines endorse that informed consent documents for standard and investigational agents should include discussion about contraception during and after the completion of therapy. Many clinicians avoid addressing these issues directly, since this discussion is emotionally sensitive and time intensive. The FDA has stated that patients should be counseled about the use of contraception. Guidelines do not specify the type of contraception recommended. Many factors influence the type of contraceptive for a patient: age, health status, smoking habits, number of sexual partners, frequency of sex, and the partner's involvement. The medical team must be comfortable addressing a patient's sexual history and discussing options for contraception.

Purpose: Multidisciplinary care and education regarding contraception during therapy is critical to providing quality care. It should involve the patient's primary care provider, oncology team, obstetrician and family planning. The healthcare team must be comfortable assessing patients' awareness of types of contraception.

Evaluation: Educational programs will be implemented to instruct oncology nurses on discussing sexual histories, reasons for contraception, and types of contraception available to patients. Providing oncology nurses with the appropriate tools and information enables them to address these issues from both a physical and psychosocial aspect. Through this increased education, oncology nurses will have a better understanding, preparedness and comfort level discussing contraception.

Discussion: Combination of educational and contraceptive interventions reduces unintended pregnancy. Research and education will impact overall cancer care by decreasing the incidents of pregnancy during cancer treatments. Contraception guidelines need to be established for cancer patients undergoing treatment and oncology nurses need to be provided assistance in contraception education to increase patient compliance.

136841 (Poster)

WHAT IS ADVANCE CARE PLANNING AND WHY AREN'T WE HAVING THESE DISCUSSIONS? Beverly Landrigan, RN, BSN, MS, Watson Pharmaceuticals, Lockport, New York

Significance and Background: It is recommended by the ACS (2011) that Advance Directives are filled out prior to any hospitalization or serious illness. However, the AHRQ states that less than 50% of severely or terminally ill patients have an Advance Directive in their medical record, and that only 12% of patients who have an Advance Directive received any input in development from their physician. Also, 65–76% of physicians weren't aware of patients that had Advance Directives. Past Agency for Healthcare Research and Quality (AHRQ) studies have indicated that one-third of patients would discuss ACP if it were brought up by the physician. Oncology nursing has a unique opportunity to assist in these discussions and change those statistics.

Purpose: It is important to improve educational initiatives for oncology nurses, as well as health care policy to institute such changes and advance understanding and use of Advance Care Planning in the cancer patient population. This coordinates with the AAN 2010 recommendations for improvement on Advance Care Planning policies.

Evaluation: To advance the education and nursing research pertaining to Advance Care Planning and oncology patients. Future research will show an increase in documentation of Advance Care Planning discussions which take place between oncology nursing (Advance Practice Nursing) and patients and their families.

Discussion: Cancer patients are often confronted with difficult and numerous treatment regimens after diagnosis. These patients are faced with a life-limiting illness, complex treatment

decisions, and potential inclusion into clinical trials, which bring a multitude of various discussions surrounding care, but may not offer specific discussions regarding Advance Care Planning. Oncology nurses develop unique relationships with patients and their families and are able to help patients during this time with Advance Care Planning.

136863 (Poster)

SKIN CANCER AWARENESS: THE ROLE OF THE ONCOLOGY NURSE IN THE COMMUNITY. Beverly Robinson, RN, BSN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: Skin cancer is the most common, preventable form of cancer. Yet, the incidence and mortality rate has been increasing annually especially, Melanoma, the deadliest form. Melanoma can be fatal and the non melanomas (basal cell and squamous cell carcinoma) can become painful, disfiguring and costly to treat. In 2012, 76,250 men and women will be diagnosed with melanoma and 9,180 will die of melanoma of the skin. Skin cancer is curable if caught in its early stage and often develops in precancerous skin changes. The major and preventable risk factor is excessive exposure to ultraviolet radiation from the sun. Therefore, sun protection and early detection practices are important prevention tools.

Oncology nurses have an important role in educating the community to skin cancer risk reduction and early detection strategies.

Purpose: At this NCI designated cancer center, the annual program provides four hours of free skin cancer screening and education to the community during the National Melanoma/Skin cancer Detection and Prevention month of May. It's a multidisciplinary collaborative effort between nurses, nurse practitioners, physicians and administrative staff to improve skin cancer prevention and early detection practices in the community. Licensed independent practitioners perform skin assessments to identify cancerous and precancerous skin changes. The nurses educate patients on sun protection and monthly self skin examinations and distribute education materials and sun screen samples. They also provide patients with suspicious findings a referral list of local Dermatologists for further evaluation.

Evaluation: Over the last five years the program has provided skin cancer screening and education to 850 patients. Of the presumptive diagnosis, 9.4 % were skin cancer and 24% were precancers. The nurses provided education to all patients and referred to local Dermatologists the patients with cancerous/precancerous diagnosis. The program has been well received by the community with numerous expressions of appreciation.

Discussion: The oncology nurses' collaborative efforts to increase skin cancer awareness in the community have equipped each patient with the tools for improving sun protection, prevention and early detection practices. In the future, expanding the program to increase the number of patients could positively impact more patient lives.

136921 (Poster)

ONCOLOGY NURSES LEAD CARE IN END-OF-LIFE CARE: A TOOL TO ENHANCE COMMUNICATION AND CULTURAL AWARENESS SKILLS. Megeen White, RN, MS, OCN®, CNL®, Holy Cross Hospital Cancer Institute, Silver Spring, Maryland; Jayne Phillips, MS, CRNP, OCN®, National Institutes of Health Clinical Center, Bethesda, Maryland; Georgie Cusack, MS, RN, AOCNS®, National Institutes of Health Clinical Center, Bethesda, Maryland

Significance and Background: At the National Institutes of Health Clinical Center, oncology nurses endeavor to provide comprehensive, compassionate care to terminally ill patients.

Studies have shown that communication with patients and cultural sensitivity regarding end-of-life practices are two aspects of end-of-life care that nurses encounter challenges in achieving. This may be due to lack of skills or knowledge, discomfort with the tasks, or barriers to providing these aspects of care. Poor communication or lack of cultural sensitivity in end-of-life care can lead to increased patient and family stress, anxiety and depression, decreased patient satisfaction, increased stress for nurses and decreased job satisfaction. Effective communication, cultural awareness, and respect are essential to ensure a patient and family-centered end-of-life experience.

Purpose: This abstract discusses the development, implementation and evaluation of a project aimed at improving end-of-life communication and cultural sensitivity skills between the nurse, their patients and families, and the interdisciplinary team.

Evaluation: Following a comprehensive literature review and consultation with experts (including an End-of-Life Nursing Education Consortium trainer), an evidence-based pocket size end-of-life communication and cultural sensitivity tool was created to better equip nurses to provide the best care to their patients. The tool uses the acronym LEAD CARE: Listen, Engage, Ask, Discuss, Cultivate, Avoid Stereotyping, Respect and Enhance. This tool was presented to the nursing staff in the context of educational in-services. It was accompanied with a resource binder of articles, guidelines, tip sheets, reflection booklets and bibliography to further assist nurses in expanding their knowledge, comfort and expertise on these topics. Attendees were given a touchstone with an inspirational word to remind them of self-care in the midst of providing end-of-life care; since healthy nurses provide better healthcare. A one month follow-up survey was disseminated and responses were positive.

Discussion: Outcomes for this project suggest its applicability, with contextual adaptations, to oncology nurses to improve their knowledge, comfort level, and implementation of communication and cultural sensitivity. With increased knowledge and equipped with practical resources, nurses will be motivated and empowered to improve their interactions with dying patients, families and the interdisciplinary team. The tool encourages self-care in order to avoid compassion fatigue and complicated grieving.

137012 (Poster)

OPERATION DECRYPTION: LEARNING TO NAVIGATE CLINICAL RESEARCH PROTOCOLS. Corey Russell, MSN, RN, OCN®, Memorial Sloan-Kettering Cancer Center, New York, New York

Significance and Background: Navigating research protocols can be challenging and frustrating due the complexity and formatting variations of each document. Protocols are often written in high-level technical language that requires clarification that can consume unplanned for nurse time and may present significant challenges for the chemotherapy nurse working in a high patient volume infusion unit. At one of our outpatient chemotherapy units, nurses provide care for 130-150 patients/day; many of whom are research participants. Nurses have often expressed high levels of frustration and anxiety when assigned research patients because of the lack of skills required to successfully navigate protocols and to glean critical treatment-related information in a facile manner.

Purpose: The purpose of this project was to develop an educational program that would enable nurses working in a chemotherapy unit to increase their understanding of clinical research documents and better navigate the various components. The Clinical Nurse Specialist for the Chemotherapy Unit developed an educational program that would accomplish the following: raise nurse awareness of basic similarities among protocols; highlight differences they're likely to find; provide strategies for quick search tips and keywords. Staff

were required to attend one hour-long interactive session that focused on: (1) protocol design and layout, (2) common search terms and quick search tips, and (3) how identify important and pertinent treatment-related information. One nurse was designated to serve as unit 'Research Champion'. The Research Champion provides readily available guidance and training for nurses at the unit level.

Evaluation: A post-intervention survey was conducted to assess staff's comfort level and understanding of protocol design formatting and layout. The results of this survey will be presented in this presentation.

Discussion: Understanding clinical research protocol documents is critical when caring for patients on complex oncology treatment trials. Developing this skill will hopefully increase nurses' comfort level and help alleviate additional stressors related to caring for clinical research patients. Increased understanding of the format of clinical research protocols will enable nurses to follow protocols and minimize treatment delays or deviations because of increase familiarity of how to access key information.

137061 (Poster)

END OF LIFE COMMUNICATION SKILLS TRAINING FOR THE NOVICE ONCOLOGY NURSE. Anne M. Kolenic, BSN, RN, OCN®, University Hospitals Seidman Cancer Center, Cleveland, Ohio; Polly Mazanec, PhD, ACNP, AOCNS®, Case Western Reserve University, Frances Payne Bolton School of Nursing, Cleveland, Ohio

Significance and Background: The need for quality end of life (EOL) care is increasing as the population ages. EOL care encompasses all aspects of the patients and families needs and the bedside nurse is often the one that patients and families turn to for help. The novice oncology nurse is often not adequately prepared to deal with the unique needs of dying patients and their families. Although many schools of nursing have incorporated curriculum on EOL issues, it is still varied as to the amount of education that a new nurse has received. It is for this reason that novice oncology nurses need to receive education about communication and advocacy skills along with application to clinical practice.

Purpose: To implement and evaluate an educational program to strengthen communication and advocacy skills for novice oncology nurses. Novice oncology nurses were invited to attend a two-part education program, consisting of a one-hour class, utilizing case studies and role-play to address dealing with difficult and unfamiliar situations, such as EOL. Six weeks later a 30-minute group discussion session was held to evaluate the application of the skills.

Evaluation: The program evaluation assessed participation and satisfaction with the program, as well as participants' confidence related to communication and advocacy skills. The attendees completed a pre-questionnaire pertaining to confidence in dealing with difficult issues prior to the first class. Six weeks later the attendees completed a post-questionnaire followed by group discussion based on three open-ended questions. Responses were recorded and analyzed for themes by two expert nurse educators. Attendees also completed a questionnaire about overall satisfaction of program.

Discussion: Seventeen nurses attended session one, but only 10 were able to return for the second due to staffing conflicts. Of the seven who could not attend five returned the post questionnaire. Respondents were all satisfied with the program. The post questionnaire results demonstrated increase in confidence for all fifteen respondents in all 10 behaviors listed. The group discussion elicited many themes, but the most important one being that the novice oncology nurses valued the opportunity to hear experienced nurses' stories of utilizing EOL communication and advocacy skills in clinical practice.

137170 (Poster)

PEN-3 MODEL AND “TRANSCULTURAL NURSING ISSUES.” Fatemeh Youssefi, RN, PhD, OCN®, UT Southwestern Medical School, Dallas, Texas

Significance and Background: Everyday oncology patients present unique cultural backgrounds to nurses. It is imperative to consider cultural views on health practices of patients. The care by healthcare providers may directly influence the compliance and adherence of patients during treatment. Oncology nurses need to recognize and be sensitive to cultural needs patients. Lifestyle practices by patients may be promoter factors of their cancer care, such as minimum intake of meat or lack of alcohol consumption. At the same time, certain health practices may neutrally impact their cancer journey, for example consumption of turmeric in the dietary intake etc. Therefore, oncology nurses need to identify the positive factors to emphasize throughout their cancer journey.

Purpose: The purpose of this study is to identify promoter and hinder factors which impacts cancer-care. In the August issue of “Transcultural Nursing Issues” Newsletter, the PEN-3 Model was introduced to nurses as a way to address cultural differences. Collins Airhihenbuwa developed PEN-3 in 1989 which is used worldwide. Based on three domains, cultural identity, relationships and expectations, and cultural empowerment, this model helps nurses when working with diverse patients. Each aspect of the model contains additional and intertwined components; the components for cultural identity are Person, Extended family and Neighborhood (PEN). For relationships and expectations, there are Perceptions, Enablers and Nurturers (PEN), and for cultural empowerment, there are Positive, Existential and Negative (PEN). It has been applied as a conceptual framework in various health issues such as during the recruitment of Hawaiian women to receive mammograms for early detection of breast cancer. “Transcultural Nursing Issues” Newsletter has the means to educate nurses on models like PEN-3 that are essential in today’s diverse society.

Evaluation: Oncology nurses formulate care-plans for diverse populations and address cultural needs of patients through PEN-3 Model. The success of applying the PEN-3 Model can be measured through focus groups and surveys.

Discussion: The goal of this poster is for oncology nurses to identify promoter and hinder factors while formulating individualized care plans. Transcultural Nursing Issues SIG is a resource for nurses to obtain information on cultural models like PEN-3.

137179 (Poster)

AN INTRODUCTION TO BLOOD AND MARROW TRANSPLANT NURSING AS A CAREER PATH. Elizabeth Murphy, RN, EdD, National Marrow Donor Program, Minneapolis, Minnesota; Terry Sylvanus, RN, MSN, ACNS-BC, AOCN®, H. Lee Moffitt Cancer Center and Research Institute, Tampa, Florida; Kim Schmit-Pokorny, RN, MSN, OCN®, University of Nebraska Medical Center, Omaha, Nebraska; Ellen Denzen, MS, National Marrow Donor Program, Minneapolis, Minnesota; Alexandra DeKesel Lofthus, MNM, CHTC, National Marrow Donor Program, Minneapolis, Minnesota; Joyce Neumann, RN, MSN, AOCN®, MD Anderson Cancer Center, Houston, Texas

Significance and Background: A projected shortage of nursing professionals in the United States is expected to grow to 260,000 registered nurses by 2025. In addition to a two-to three-fold increase in demand for BMT, this shortage will occur because of the aging population of practicing nurses, increasing retirement rates and challenges in increasing enrollment rates in nursing schools. An adequate number of well-trained nurses is

crucial to successful BMT outcomes and nursing shortages will negatively impact future access to BMT for patients. With the recent decision by the Oncology Nursing Certification Corporation to create a BMT nursing certification, career opportunities exist for nurses interested in this specialty.

Purpose: The System Capacity Initiative Nursing Workforce Group (NWG), sponsored by the National Marrow Donor Program, was convened to evaluate and provide recommendations for addressing workforce and infrastructure challenges for current and future utilization of BMT. As such, the NWG developed a presentation entitled ‘Introduction to BMT’ to expose students and licensed nurses to the BMT specialty and promote it as a career path option. The program describes the BMT process, identifies various roles available to nurses pursuing a career in BMT and outlines the benefits of working in the field of BMT.

Evaluation: Survey research (N=181) has demonstrated that nurses’ satisfaction with their career is driven by feeling valued (62.5%), intellectual stimulation (66.3%), emotional gratification of providing patient care (69.5%) and interest in subject matter (69.5%). This presentation describes how the BMT specialty meets each of these needs, significantly increasing interest in pursuing a career in BMT among participants ($p < 0.0001$).

Discussion: In many care delivery models, BMT patients are treated in critical care unit, ICU, or outpatient oncology clinic. Nurses working in these units may not have previous experience in treating BMT patients. Through this program, oncology nurses can expand their clinical knowledge of BMT including: indications for BMT, review of hematopoiesis and antineoplastic medication therapy as they relate to BMT, and the transplant process from referral to survival. This ultimately improves the ability of the nursing workforce to provide high quality care for transplant patients.

137195 (Podium)

INSIGHTS ONLINE COMMUNITY: EDUCATING, SUPPORTING AND CONNECTING ADOLESCENT AND YOUNG ADULT TRANSPLANT PATIENTS. Elizabeth Murphy, RN, EdD, National Marrow Donor Program, Minneapolis, Minnesota; Emily Peterson, BA, National Marrow Donor Program, Minneapolis, Minnesota; Heather Moore, MPH, CHES, National Marrow Donor Program, Minneapolis, Minnesota; Viengneese Thao, MS(c), National Marrow Donor Program, Minneapolis, Minnesota; Ellen Denzen, MS, National Marrow Donor Program, Minneapolis, Minnesota; Stacy Stickney Ferguson, MSW, LICSW, National Marrow Donor Program, Minneapolis, Minnesota

Significance and Background: Adolescents and young adults (AYA) undergoing marrow and cord blood transplant have unique educational and psychosocial needs. Getting support to meet those needs is critical for enabling AYAs to adapt and cope while navigating the course of their illness and beyond. This group has high expectations of technology, are avid users of social media, look online for health information, and desire connecting with others who share the same experience. In order to best meet the needs of this special patient population, oncology nurses can utilize Web-based education resources and promote participation in social media networks of their peers.

Purpose: Insights is an online community for AYA transplant recipients and presents marrow and cord blood transplant information in an age-relevant, interactive, and friendly format. This resource offers educational videos on staying healthy, graft versus host disease, emotional health and navigating relationships. Each video provides information from healthcare professionals and perspectives and experiences of AYA transplant recipients. Participants can connect with their peers by creating a profile, participating in topic-specific discussion boards and sharing their own videos and photos.

Evaluation: The goals of Insights are to increase AYAs' understanding of the transplant process; the importance of getting involved in their own care and adhering to treatment and follow-up care plans; describe strategies to enhance coping; and identify additional resources for support throughout the transplant continuum. Metrics of effectiveness include the overall rating, helpfulness of content and participant satisfaction. Additional recommended measures include knowledge of the transplant process, healthcare behaviors (e.g., nutrition and diet, and adhering to medication directions) and healthcare utilization (e.g., keeping appointments, getting necessary tests).

Discussion: Oncology nurse educators and navigators are essential to increasing access to resources and social support networks among AYA transplant patients and their families. In practice, it is recommended that oncology nurses view the videos with their patients to provide an opportunity to answer questions and clarify the AYA's role in their care. By including resources that are age and culturally appropriate in patient education curricula, can enhance health-related quality of life and empower their AYA patients.

137203 (Poster)

THE FUTURE OF PATIENT-CENTERED ONCOLOGY CARE: EXPANDING OUR UNDERSTANDING OF PATIENT NAVIGATION. Elizabeth Murphy, EdD, RN, National Marrow Donor Program, Minneapolis, Minnesota; Melissa Sileo, MSW, LCSW, Lance Armstrong Foundation, Austin, Texas; Ellen Denzen, MS, National Marrow Donor Program, Minneapolis, Minnesota; Debbie Jacobson, BS, National Marrow Donor Program, Minneapolis, Minnesota; Susan Francis, BA, National Marrow Donor Program, Minneapolis, Minnesota

Significance and Background: Patient Navigation is an evidence-based process nurses, social workers and care teams can use to address healthcare disparities and mitigate barriers to care for underserved marrow and cord blood (BMT) and cancer patients. Patient Navigation is defined as individualized assistance offered to patients, families and caregivers to facilitate timely access to quality health and psychosocial care through all phases of the BMT and/or cancer experience. A patient navigator may be a registered nurse, nurse practitioner, licensed social worker, or a trained lay navigator. Navigators should be qualified to perform community and program assessments and have expertise in cancer health disparities, cultural competence, and tailored assistance for patients, families, caregivers and survivors.

Purpose: The growing field of Patient Navigation has produced a variety of programs for a broad range of health conditions. These programs may be barrier- or service-focused, community-based or located in a health care setting. Three national professional organizations, the Oncology Nursing Society, Association of Oncology Social Work, and the National Association of Social Workers, developed a joint position statement recognizing the important role of Patient Navigation in hematology/oncology care. The Commission on Cancer (CoC) program standards for 2015 includes new standards requiring CoC-accredited facilities to establish a Patient Navigation program and conduct needs assessments of the oncology patient community. Nurses and Social Workers will play an important role in ensuring hematology/oncology programs meet these accreditation standards.

Evaluation: The literature demonstrates that cancer-related Patient Navigation programs are effective in increasing patient participation in both screening and adherence to follow-up care. It has also been shown that outcomes are optimal when a team-

based approach is utilized. Recommended patient-reported metrics for effectiveness include self-efficacy and activation, satisfaction with care and navigation, health knowledge, and healthy behaviors.

Discussion: In practice, patient navigators may provide education and services, improve coping skills and help coordinate communication among patients, their families and the medical team. Ultimately, Patient Navigation promotes access to care and appropriate healthcare utilization, potentially improving health outcomes and quality of life. We describe how to implement a team-based Patient Navigation model, recommended measures of program effectiveness and two examples of formalized Patient Navigation programs.

137225 (Poster)

A NURSES' GUIDE TO PERSONALIZED GENETICS IN ONCOLOGY. Donna Williams, RN, PHN, Stanford Cancer Center, Palo Alto, California; Andrea Lindner, RN, MS, Stanford University, Palo Alto, California; Allison Reynolds, NP, Stanford University, Palo Alto, California

Significance and Background: Oncology nurses are uniquely qualified to teach patients about treatments, side effects and by virtue of their holistic approach often counsel families at the bedside. We are entering into a paradigm shift, whereby treatments will be tailored to genetic mutations as opposed to site of disease. Nurses have a responsibility to educate themselves and patients about exciting new treatments that are selected to work for a patients particular genetic mutation. Not only must we be schooled in the relevant biomarker but also the specific treatments that correspond to each.

Purpose: The purpose of this abstract is to help nurses understand the basics of genetics/ genomics as it relates to patient education, treatment selection, and targeting of pathways relevant to carcinogenesis. Oncology nurses must be able to provide current, relevant information to patients in this highly dynamic, rapidly evolving field. Germline mutations are inherited as a result of DNA exchange between two parental chromosomes during meiosis, these are present before birth. Inherited cancers are rare (5-10%) . One example a single defective gene associated with cancer inheritance is BRAC1 gene, which is associated within breast and ovarian cancer. Acquired alterations accumulate in DNA throughout a lifetime. These mutations can also be the result of environmental exposure that changes the DNA within a cell. Multifactorial influences such as diet, age, environment can cause allele mutations on both copies of a chromosome. Many cancers are believed to be caused this way : breast, lung, colon, cervical

Evaluation: Because DNA sequencing technology has been a fairly recent innovation, until recently nursing curriculum have not covered genetics and genomics in cancer development and treatment. This abstract seeks to provide nurses with the currently available list of bio markers to use in cancer risk assessment, and treatment selection. Nurses will be able to state what a genetic mutation is, name 3 mutations, name 3 prognostic factors

Discussion: Education of older nurses about newer innovation in diagnosis, treatment and prognosis are necessary to relate new information. A DNA double helix is composed of a phosphate molecule, a sugar, and a pair of four chemical bases. The specific ordering of the base pairs is the DNA sequence. The basic functional units of DNA are genes. In classic Mendelian genetics, the most common or typical form of a gene found in nature is the "wild type". The purpose of the DNA code is to store genetic information necessary to protein and enzyme production.