

Gynaecology Oncology Nurses Evidence Update

August 2017
(Quarterly)



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2017

All sessions last one hour

August (12.00-13.00)

Tue 15th	Interpreting Statistics
Thu 24th	Critical Appraisal

September (13.00-14.00)

Fri 1st	Literature Searching
Mon 4th	Critical Appraisal
Tue 12th	Interpreting Statistics
Wed 20th	Literature Searching
Thu 28th	Critical Appraisal

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Click on the hyperlinked title (+ Ctrl) to access the latest contents table for each journal. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

Journal	Month/ Year	Volume	Issue
Cancer Nursing	Jul/ Aug 2017	40	4
European Journal of Oncology Nursing	August 2017	29	-
Seminars in Oncology Nursing	2017	33	2
Canadian Oncology Nursing Journal	2017	27	3
Cancer Nursing Practice	July 2017	16	6
Clinical Journal of Oncology Nursing	August 2017	21	4
Oncology Nursing Forum	July 2017	44	4

Recent Database Articles

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Gynaecology Oncology
Nurse Cancer Training OR Nurse Cancer Education
Cancer AND Sexual Impact
Clinical Nurse Specialists

[Systematic Review of Occupational Therapy and Adult Cancer Rehabilitation: Part 2. Impact of Multidisciplinary Rehabilitation and Psychosocial, Sexuality, and Return-to-Work Interventions.](#)

Hunter EG. American Journal of Occupational Therapy 2017;71(2):7102100040p1-7102100040p8.
[This article is the second part of a systematic review of evidence for the effectiveness of cancer rehabilitation interventions within the scope of occupational therapy that address the activity and participation needs of adult cancer survivors. This article focuses on the use of multidisciplinary rehabilitation and interventions that address psychosocial outcomes, sexuality, and return to work.]
Contact the library for a copy of this article

The CNS as a Researcher: Review of Concepts.

Author(s): Kaplow, Roberta; Shapiro, Susan; Higgins, Melinda

Source: Clinical nurse specialist CNS; ; vol. 31 (no. 1); p. 12-16

Advanced roles in cancer nursing.

Author(s): Percival, Natalie

Source: British journal of nursing (Mark Allen Publishing); May 2017; vol. 26 (no. 10); p. S29

Publication Date: May 2017

Available in full text at [British Journal of Nursing](#) - from EBSCOhost

Feasibility and Acceptability of the Use of Patient-Reported Outcome Measures in the Delivery of Nurse-Led, Supportive Care to Women With Cervical Cancer.

Author(s): Kotronoulas, Grigorios; O'Brien, Fran; Simpson, Mhairi F.; Maguire, Roma

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Jul 2017; vol. 31 (no. 4)

Publication Date: Jul 2017

Publication Type(s): Academic Journal

Abstract: Purpose/Aims: Patient-reported outcome measures (PROMs) can be effectively used to uncover the unmet needs of women with cervical cancer for supportive care. Our aim was to explore the feasibility and acceptability of PROM-driven, nurse-led consultations to enhance delivery of supportive care to women with cervical cancer during active anticancer treatment. Design: A 2-

phased, mixed-method prospective study was conducted. Main research variables included feasibility and acceptability parameters of the trialed intervention. Methods: Preconsultation PROM data were collected during 3 consecutive monthly consultations and used by the gynecology cancers nurse specialist (CNS) to deliver personalized supportive care. The problem checklist and Cervical Cancer Concerns Questionnaire were used to aid data collection. Findings: Because of considerable recruitment challenges, a recruitment rate of 27% (3/11 patients) was achieved. Two patients completed all 3 study assessments. Seven in-clinic patient assessments were performed over 6 months. The study participants praised the opportunity for dedicated time for patients to raise concerns and for the CNS to provide sensitive and personalized support. Conclusion: Women with cervical cancer perceive important benefits from participating in PROM-driven, time-protected sessions with their CNS. Our findings provide tentative evidence to support the feasibility and acceptability of this intervention model and warrant future confirmation. Implications for Practice: * Use of patient-reported outcome measures (PROMs) to identify the unmet needs of women with cervical cancer is acceptable and must be implemented from the point of diagnosis. * Cancer nurse specialists (CNS) are receptive to and able to act on PROM information, rendering them key professionals in addressing the supportive care needs of people with cancer. * Women with cervical cancer perceive important benefits from participating in PROM-driven, time-protected, and private sessions with their CNS.

The Experiences of Specialist Nurses Working Within the Uro-oncology Multidisciplinary Team in the United Kingdom.

Author(s): Punshon, Geoffrey; Endacott, Ruth; Aslett, Phillippa; Brocksom, Jane; Fleure, Louisa; Howdle, Felicity; Masterton, Morven; O'Connor, Anita; Swift, Adrian; Trevatt, Paul; Leary, Alison

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Jul 2017; vol. 31 (no. 4); p. 210-218

Abstract: Purpose: United Kingdom prostate cancer nursing care is provided by a variety of urology and uro-oncology nurses. The experience of working in multidisciplinary teams (MDT) was investigated in a national study. Design: The study consisted of a national survey with descriptive statistics and thematic analysis. Methods: A secondary analysis of a data subset from a UK whole population survey was undertaken (n = 285) of the specialist nursing workforce and the services they provide. Data were collected on the experience of working in the MDT. Results: Forty-five percent of the respondents felt that they worked in a functional MDT, 12% felt that they worked in a dysfunctional MDT, and 3.5% found the MDT meeting intimidating. Furthermore, 34% of the nurses felt that they could constructively challenge all members of the MDT in meetings. Themes emerging from open-ended questions were lack of interest in nonmedical concerns by other team members, ability to constructively challenge decisions or views within the meeting, and little opportunity for patients' wishes to be expressed. Conclusions: Despite expertise and experience, nurses had a variable, often negative, experience of the MDT. It is necessary to ensure that all participants can contribute and are heard and valued. More emphasis should be given to patients' nonmedical needs.

Economic evaluation of nurse practitioner and clinical nurse specialist roles: A methodological review.

Author(s): Lopatina, Elena; Donald, Faith; DiCenso, Alba; Martin-Misener, Ruth; Kilpatrick, Kelley; Bryant-Lukosius, Denise; Carter, Nancy; Reid, Kim; Marshall, Deborah A.

Source: International Journal of Nursing Studies; Jul 2017; vol. 72 ; p. 71-82

Abstract: Background Advanced practice nurses (e.g., nurse practitioners and clinical nurse specialists) have been introduced internationally to increase access to high quality care and to tackle increasing health care expenditures. While randomised controlled trials and systematic reviews have

demonstrated the effectiveness of nurse practitioner and clinical nurse specialist roles, their cost-effectiveness has been challenged. The poor quality of economic evaluations of these roles to date raises the question of whether current economic evaluation guidelines are adequate when examining their cost-effectiveness. Objective To examine whether current guidelines for economic evaluation are appropriate for economic evaluations of nurse practitioner and clinical nurse specialist roles. Methods Our methodological review was informed by a qualitative synthesis of four sources of information: 1) narrative review of literature reviews and discussion papers on economic evaluation of advanced practice nursing roles; 2) quality assessment of economic evaluations of nurse practitioner and clinical nurse specialist roles alongside randomised controlled trials; 3) review of guidelines for economic evaluation; and, 4) input from an expert panel. Results The narrative literature review revealed several challenges in economic evaluations of advanced practice nursing roles (e.g., complexity of the roles, variability in models and practice settings where the roles are implemented, and impact on outcomes that are difficult to measure). The quality assessment of economic evaluations of nurse practitioner and clinical nurse specialist roles alongside randomised controlled trials identified methodological limitations of these studies. When we applied the Guidelines for the Economic Evaluation of Health Technologies: Canada to the identified challenges and limitations, discussed those with experts and qualitatively synthesized all findings, we concluded that standard guidelines for economic evaluation are appropriate for economic evaluations of nurse practitioner and clinical nurse specialist roles and should be routinely followed. However, seven out of 15 current guideline sections (describing a decision problem, choosing type of economic evaluation, selecting comparators, determining the study perspective, estimating effectiveness, measuring and valuing health, and assessing resource use and costs) may require additional role-specific considerations to capture costs and effects of these roles. Conclusion Current guidelines for economic evaluation should form the foundation for economic evaluations of nurse practitioner and clinical nurse specialist roles. The proposed role-specific considerations, which clarify application of standard guidelines sections to economic evaluation of nurse practitioner and clinical nurse specialist roles, may strengthen the quality and comprehensiveness of future economic evaluations of these roles.

Facilitating the Transition of Nurse Clinician to Nurse Scientist: Significance of Entry PhD Courses.

Author(s): Armstrong, Deborah K; McCurry, Mary; Dluhy, Nancy M

Source: Journal of professional nursing : official journal of the American Association of Colleges of Nursing; 2017; vol. 33 (no. 1); p. 74-80

Abstract:Transitioning into the role of nurse scientist requires the acquisition of new knowledge but also involves the development of new scholarly skills and the appropriation of the unique values and goals of the new role. Students engaged in doctor of philosophy education in all practice disciplines are confronted with a necessary shift in perspective and identity from that of the practice expert to the research scientist and experience a tension referred to as the research-practice dualism. The purpose of this article is to examine the ramifications of this identity shift in nursing doctor of philosophy education and to detail one program's strategy to address the inherent tension. This transition into the role of nurse scientist includes learning to value scholarly literature, expanding one's philosophical and disciplinary vocabulary, cultivating disciplinary inquisitiveness, learning scholarly communication and dissemination skills, and developing new collegial relationships. It is essential that this process of transitioning from clinician to scholar be purposively supported from the outset of the program. Faculty must critically examine current educational strategies and design new approaches to more effectively integrate the practice and science worlds, thereby enhancing program completion and graduating nurse scientists who are equipped to contribute to the knowledge of the discipline.

Retrospective Analysis of Catheter-Acquired Urinary Tract Infection: Relationship to Stroke Diagnosis.

Author(s): Retelski, Julia; Richardson, Tammy; Mahabaleshwarkar, Rohan; Gohs, Frank X.; Spencer, Melanie D.

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Jul 2017; vol. 31 (no. 4)

Abstract: **Aims:** The objective of this study was to determine if a diagnosis of stroke was associated with a higher incidence of catheter-associated urinary tract infections (CAUTIs). Secondary aims included examining the effect of healthcare-related variables including antibiotic and steroid use, length of stay before catheter insertion, and duration of catheter use on the incidence of CAUTI in stroke patients. **Design:** This was a retrospective chart review analysis set in a large teaching hospital in the Southeastern United States. **Methods:** A total of 300 patients with indwelling urinary catheter use who also had a stroke diagnosis were randomly selected and matched (on age, gender, race, and admission date) to 300 randomly selected patients with indwelling urinary catheter use and without stroke. Bivariate statistical tests included Wilcoxon signed-rank test and McNemar's test, whereas the multivariate test consisted of generalized estimating equations. **Results:** The incidence of CAUTIs in stroke patients was significantly higher than that in nonstroke patients (6.0% vs 1.7%, $P = .005$). In the multivariable generalized estimating equations analysis, stroke patients were found to be approximately 3.5 times more likely to experience CAUTI compared with nonstroke patients (odds ratio = 3.53; 95% confidence interval, 1.24-10.03; $P = .018$). The proportion of patients who used steroids was greater among stroke patients who experienced CAUTI compared with those who did not experience CAUTI (55.6% vs 24.5%, $P = .004$). **Conclusion:** Stroke patients were more likely to develop CAUTI compared with nonstroke patients. These patients should be considered as key targets when implementing interventions aimed at reducing CAUTIs. Use of steroids may be associated with a higher likelihood of CAUTI in stroke patients. **Implications:** Clinical nurse specialists are directly influential in preventing CAUTIs. This study provides evidence regarding the association between stroke and CAUTI to clinical nurse specialists to help them plan CAUTI prevention initiatives.

Database: CINAHL

Stories and Music for Adolescent/Young Adult Resilience During Transplant Partnerships: Strategies to Support Academic-Clinical Nurse Collaborations in Behavioral Intervention Studies.

Author(s): Hendricks-Ferguson, Verna L.; Barnes, Yvonne J.; Cherven, Brooke; Stegenga, Kristin; Roll, Lona; Docherty, Sharon L.; Haase, Joan E.

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Jul 2017; vol. 31 (no. 4); p. 195-200

Abstract: Evidence-based nursing is in the forefront of healthcare delivery systems. Federal and state agencies, academic institutions, and healthcare delivery systems recognize the importance of nursing research. This article describes the mechanisms that facilitate nursing partnerships yielding high-level research outcomes in a clinical setting. A phase-II multicenter behavioral intervention study with pediatric stem cell transplant patients was the context of this academic/clinical research partnership. Strategies to develop and maintain this partnership involved a thorough understanding of each nurse's focus and barriers. A variety of communication plans and training events maximized preexisting professional networks. Academic/clinical nurses' discussions identified barriers to the research process, the most significant being role conflict. Communication and validation of benefits to each individual and institution facilitated the research process during challenging times. Establishing strong academic/clinical partnerships should lead to evidence-based research outcomes for the nursing profession, healthcare delivery systems, and patients and families.

Incorporating Relationship-Based Care Into a Nurse Education Program for Managing Disruptive Patient Behaviors.

Author(s): Lee, Betty; Del Rosario, Kristian; Byron-Iyamah, Cecily

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Jul 2017; vol. 31 (no. 4); p. 201-209

Abstract: Purpose: In the hospitalized patient, stressors can be manifested as disruptive behaviors. Nursing staff confronted with disruptive behaviors from their patients or families may have difficulty delivering care and developing therapeutic relationships. The purpose of this project was to evaluate the effects of an education program using the concepts of relationship-based care with role-play and reflective practice on the knowledge, attitudes, and confidence of the nursing staff in managing disruptive patient behaviors. Description: Nursing staff (N = 68) from an adult medical unit participated in an interactive education program. We compared participants' self-responses about knowledge, attitudes, and confidence before intervention and at 3-month and 1-year postintervention. The number of disruptive incidents requiring hospital security was also measured. Outcome: At 3-month and 1-year postintervention, staff reported higher levels of knowledge, attitudes, and confidence in managing disruptive behaviors. The number of disruptive incidents per 1000 patient days decreased from 0.78 to 0.39. Conclusion: Effectively managing disruptive behaviors creates a safe, healthy environment for patients and nurses. Role-play and reflective practice are useful educational methods to teach skills to manage these encounters. Clinical nurse specialists can play a key role in developing innovative education programs through interprofessional collaboration.

Database: CINAHL

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Standardizing Practice for Intermittent Irrigation of Indwelling Urinary Catheters.

Author(s): Weber, Jessica; Purvis, Suzanne; VanDenBergh, Shelly; Stevens, Linda M.

Source: Journal of Nursing Care Quality; Jul 2017; vol. 32 (no. 3); p. 202-206

10. The structure of nursing: a national examination of titles and practice profiles.

Author(s): Gardner, G.; Duffield, C.; Doubrovsky, A.; Bui, U.T.; Adams, M.

Source: International Nursing Review; Jun 2017; vol. 64 (no. 2); p. 233-241

Abstract:Aim To identify the practice patterns of the Australian registered nurse workforce according to position title and to map these disparate titles across all jurisdictions of the country. Introduction Effective nursing workforce planning can contribute to improved patient care and

increased effectiveness and efficiency of healthcare systems. **Background** The prevailing approach to nursing workforce planning focuses on number of nursing staff needed in relation to the number of patients. The level of expertise and skill mix of registered nurses as a variable in workforce planning is rarely considered. **Methods** A national cross-sectional electronic survey of registered nurses in Australia was conducted using the validated Advanced Practice Role Delineation tool developed from the Strong Model of Advanced Practice. The study involved a sample of 5599 registered nurses. **Results** Sixty-six nursing position titles nationally were mapped using cluster analysis technique and gave rise to seven clusters of equivalent Australian jurisdictional nursing position titles and practice profiles. **Discussion** Effective workforce policy and planning is reliant upon access to reliable evidence. This research is an international first in that it has provided comprehensive knowledge of the clinical level and practice profiles of a national nursing workforce. **Implications for nursing policy** Effective, patient-centred workforce planning must consider both the numerical and expertise mix of a nursing workforce. This research provides Australian health service and policy planners with evidence-base knowledge of the nursing workforce. Internationally, this research establishes a platform from which to develop validated tools and established processes to support replication of this research.

Genetics and Genomics in Oncology Nursing: What Does Every Nurse Need to Know?

Author(s): Eggert, Julie

Source: The Nursing clinics of North America; Mar 2017; vol. 52 (no. 1); p. 1-25

Abstract: In addition to the need for basic education about genetics/genomics, other approaches are suggested to include awareness campaigns, continuing education courses, policy review, and onsite clinical development. These alternative learning strategies encourage oncology nurses across the continuum of care, from the bedside/seaside to oncology nurse research, to integrate genomics into all levels of practice and research in the specialty of oncology nursing. All nurses are warriors in the fight against cancer. The goal of this article is to identify genomic information that oncology nurses, at all levels of care, need to know and use as tools in the war against cancer.



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Helen Pullen

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