Innovation and training: An experience — the transmission of bad news in the context of hematopoietic precursors transplantation

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Abstract

Introduction The concept of bad news, coupled with the philosophy of nursing care, integrates professional experience as a solid foundation for a greater capacity for communication between health professionals, clients and families. In oncology the multidimensional complexity inherent in the transplantation of hematopoietic precursors is a reality. When complications arise, the future expectations of the client/family are unequivocally disrupted. Notwithstanding this in the literature on the subject, stands a focused concern on the quality of nursing interventions that respond effectively to customer needs/family when face to your expectations, it is shaken before the appearance of translated complications in poor news. Objective Develop technical, scientific and communication skills on the transmission of bad news, the provision of specialized care in oncology nursing in the context of Hematopoietic Precursors Transplantation.

Methodology: Narrative bibliographic research in databases; Opinion survey of nurses through Application of a Questionnaire with three open questions, to know their perception on the subject; Dynamization and programming of sessions directed to a multidisciplinary group for training of communicational skills guided by expert where the steps of the SPIKES protocol were explored. Results: 100% of the nurses surveyed unanimously confirm the existence of bad news in this professional context, and the graft failure is the one that stands out. As for its difficulties, what emerged was the management of the emotional reactions of the client and family, pointing out as a greater need for theoretical / practical training. There were training sessions of communication skills with a clinical psychologist, using the role play technique. The sessions covered a significant number of members of the nursing and medical team, with high adherence and participation. The evaluation of the degree of satisfaction was at a very good level.

Discussion: The positive impact of the training sessions on communicational skills alone was an indicator of effective response to the training needs identified in the opinion poll. The effectiveness of the role play technique is referred to as excellent for Bonamigo and Destefani (2010), considered superior to theoretical presentations. Aware that the adequate number of sessions is difficult to attain due to the complexity and multidimensionality of the subject, we still consider that the strategy used was an important contribution to the training of the nurses who experienced it. In order to ensure ongoing training, this experience allows us to state that should be continued and included under the clinical supervision in training, innovative project for the development of technical and communication skills in the transmission of bad news in the context of Hematopoietic Precursors Transplantation. The scientific evidence substantiates the results obtained by demonstrating the effectiveness of this training resource in this particular area. However, we understand that this training model can be transmitted to other
sensitive areas of nursing practice, where the domain of communication techniques is central to raising the quality of nursing care, the image of organizations and translating health gains.

**Disclosure of conflict of interest**

None
Investigating patients and caregivers utility and needs for an educational programme dedicated to stem cell therapy for autoimmune diseases.

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Abstract

Introduction Over 2000 autologous hematopoietic stem cell transplants (HSCT) have been performed in Europe for a range of autoimmune diseases (AD). There is a lack of specific information for patients in this AD group. This study investigated the utility and needs for a dedicated patient education programme to address patients and caregivers additional concerns with stem cell therapy for AD. Methods: Embedding qualitative research in trials is an established approach for understanding the intervention process and the scope for integrating interventions into routine practice. Three successive approaches were used to identify the patients quest for knowledge about their AD and treatments as well all their medical, psychological and social consequences: a) a workshop with AD caregivers to identify the items of interest, b) to elaborate the questionnaire subsequently delivered to patients and caregivers from the national network, and c) semi-structured interviews conducted with voluntary patients already treated by stem cell therapies and their caregivers. Data were analyzed using both a framework and descriptive approach. Results: 12/12 caregivers (doctors, nurses, physiotherapists, dieticians, social workers) and 20/29 AD patients participants perceived the development of an educational programme as necessary. Three topical subjects are essential for more than 50% of patients and their caregivers, “disease awareness,” “treatment awareness” and “awareness of preventative measures to avoid complications after HSCT.” Two others issues appeared essential for more than 50% of patients: “better understanding of the various stages during the HSCT procedure,” and “when to notify the doctor or transplant centre.” Conclusion: Several types of patient education have been developed from this study: 1) the SFGM-TC (French Society of Bone Marrow Transplantation and Cellular Therapy) booklet originally developed for haematological diseases has been adapted for AD patients, 2) the SFGM-TC internet site now offers access to specific AD information for patients and caregivers at www.ma-thec.com. This offers the ability to provide information despite the distance from the transplant centre but also to the possibility to facilitate closed supervised support groups. Patient involvement in provision of these educational materials is vital to ensure that the provided information is adapted to their individual AD needs and circumstances. The additional need to provide specific information for AD patients about HSCT is being addressed through this project and could be disseminated through the EBMT nurses group.

References


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None
Journal club for nurses increases awareness and knowledge of evidence based practice

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Abstract

Introduction Since research shows that evidence based practice leads to improved patient safety and quality, we started a journal club for nurses at The Centre for Haematology, Karolinska University Hospital with support from the Nurse Unit Managers as well as the Director for the Centre. The aim of the study was to evaluate the participants' experiences after one year of journal club. Material and Methods Three nurses with post-graduate and doctoral qualifications identified the need for a forum for the centre’s nursing staff to meet and discuss nursing literature and current evidence for practice. These nurses became the core group that created and ran the journal club. All nursing staff at the centre’s six units (inpatients and outpatients) were invited to participate in the journal club. Prior to the journal club meeting the participants identified a clinical question and two journal club hosts identified 2-3 scientific articles that addressed the chosen clinical question. Participants read the articles prior to the meeting with the help of Oncology Nursing Society’s (ONS) Clinical Article Review Form, which was translated to Swedish. During the two hour long meeting the articles were discussed using the Clinical Article Review Form. Discussions included whether the articles provided answers to the clinical question and whether recommendations could be made for clinical practice. The discussions were later summarised in a PowerPoint presentation so that the participants could present the findings of the journal club meeting back to colleagues within their own unit. Between September 2015 and May 2016 five journal club meetings were held. Examples of clinical questions discussed included; “Does Scrub the Hub reduce the risk for central venous catheter infections?” , “Does physical activity reduce cancer patients’ fatigue?” and “Does Chemo Brain exist?” In June 2016 an online survey with open-ended and closed-ended questions was sent to all 13 nurses who participated during the first year in order to evaluate their experiences of journal club. Results The respondents (70% = 9 of 13) had all worked for > 5 years as a registered nurse and 50% had post-graduate qualifications. 100% of the respondents thought that it was appropriate to read 2–3 articles for each journal club, that the clinical questions raised were relevant and that it was appropriate to have a two-hour timeframe for each meeting. 83% thought that every 6 weeks was appropriate. 67% used the clinical review form when reading the articles and 83% gave feedback to their colleagues. Several of the participants gave comments in the survey, such as “Fun and interesting to discuss clinical nursing questions in a more evidence based manner. Surprising to discover how little evidence there is for everything we do” and “We discuss the results a lot in my (work) group. I have become more aware and brought up questions with patients. I feel I have more knowledge of these topics and am better equipped to give patients advice.” Conclusion The results of the evaluation showed that the respondents experience with this model of a journal club was positive and that the reviewed articles and discussions about current evidence were fed back to colleagues at the centre. As a result we have continued with this model of journal club at our centre.

Disclosure of conflict of interest

None
The Development of the Myeloma Learning Programme

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Abstract

Background/Aim: Multiple Myeloma (MM) accounts for 120,000 newly diagnosed cancer cases worldwide p.a., however as it affects predominantly an older age group (median age at diagnosis 70yrs), predictions within the context of an aging world population, suggest a rise to 350,000 cases by 2050 (Ludwig 2013). Whilst MM remains an incurable disease, progress has been made by the introduction of newer effective treatments. A greater understanding of the disease and the importance of the bone marrow microenvironment for myeloma cell development, has lead to innovative novel agents (such as immunomodulatory drugs and proteasome inhibitors). These advances have had a notable effect on upfront treatment for myeloma, and also for ‘fit’ patients going on to receive autologous stem cell transplant as part of frontline therapy, however many patients develop drug resistance and relapsed disease. Nurses and related health care professionals (HCP’s) play a major role in the management and delivery of myeloma treatments and supportive therapies for patients and their carers throughout the cancer trajectory. Understanding of the disease and it’s treatment has markedly changed, as has the role of the HCP and skills required to meet the needs of such a complex group of patients. Keeping up to date with changes in practice requires ongoing education of staff working within this field. In order to provide HCP’s with the necessary knowledge to support patients and carers living with myeloma, resources such as educational programmes can assist in providing both a tool for self-directed learning as well as a resource helping others to provide educational sessions. Methods: The Haematology Nurses and Healthcare Professionals Group in collaboration with invited experts (Nurses, Haemato-oncologists, Patient Organisation) met to discuss and compare existing educational resources available for HCP’s in relation to myeloma and patient care. It was recognised that whilst educational resources existed, these were often at an advance level and predominantly in English language. The group identified the need to develop an educational programme for HCP’s that would provide both basic knowledge and resources to access further information, and address the issue of language barriers. Results: The HNHCP group and invited experts have developed the Myeloma Learning Program for nurses and related HCP’s, in order to provide a resource for theoretical and practical skill development for their role in caring for patients and carers living with myeloma. It is divided into 4 individual modules covering the disease, diagnosis & staging, treatment, and comprehensive management of the patient with multiple myeloma. The modules provide bite size educational components that can be used during study days, conferences, symposia, panel discussions, lectures or even as a self-learning tool. The learning program is available in different languages, and will be launched in January 2017. Conclusions: The Myeloma Learning Program provides an educational resource for HCP’s comprising both basic knowledge and more detailed resources in order to develop further in depth understanding. It discusses key issues in the care of myeloma patients and their carers, providing a holistic overview of care.

References

Disclosure of conflict of interest

The authors declare no conflict of interest
A Standardized Oral Care and Hygiene Bundle for Infection Prevention In Pediatric Stem Cell Transplant Patients

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Abstract

Pediatric stem cell transplant (SCT) patients are at high risk of infection related to myeloablative therapy resulting in prolonged immunosuppression. Consistent oral and hygiene care are critical in the prevention of infection. In a large pediatric cancer center, SCT staff observed inconsistent oral and hygiene care. It was reported that patient’s and provider’s lack of understanding of its importance, uncertainty of proper procedure, and patient’s unwillingness to perform or receive oral care or daily bathing contributed to this inconsistency. Intensity of SCT regimens expose these patients to develop mild to severe oral mucositis (OM), bloodstream infections (BSIs) and potential of life threatening bacteremia. Consistent oral hygiene may reduce the severity of OM and subsequent BSIs. Bundled care has been proven to increase consistency of care. A review of evidence based oral care practice was conducted. The findings led to the development of a practical and affordable oral care bundle. In an attempt to mitigate inconsistent care, reduce the severity of OM and subsequent infections; the bundle was proposed to key stakeholders. The bundle includes use of a soft bristled toothbrush/foam toothettes, fluoride toothpaste, twice daily brushing, twice daily sodium bicarbonate or dry mouth oral rinse and optional mouth moisturizing gel. In addition, a daily chlorhexidine bath and linen change was reinforced as the hygiene component. A laminated oral care and hygiene bundle checklist was placed in each patient’s room to encourage patient family participation and bundle adherence. The bundle was piloted in oncology patients and consequently implemented for all SCT patients. Evaluation of the bundle implementation includes ongoing surveillance of the incidence of mucosal barrier injury-laboratory confirmed bloodstream infections (MBI-LCBIs), patient family satisfaction and nursing documentation of provision of oral care. Previous MBI-LCBI quarterly rates of 2.65/1000 catheter days decreased to 0.83/1000 catheter days with some monthly results at zero. The ongoing bundle use maintains effort to improve quality and consistency of daily oral and hygiene care in this vulnerable patient population as we continue to do no patient harm and target to zero infections.

Disclosure of conflict of interest

I have no conflict of interest to declare.