

RN Training in Cancer Survivorship Care

A PILOT STUDY

BY MARCIA GRANT, RN, DNSC, AND
DENICE ECONOMOU, RN, MN, CHPN



In 2011 nursing research and education staff from City of Hope, Duarte, California, developed a two-day course on Registered Nurse (RN) training for cancer survivorship. The primary aim: to improve the quality of care and quality of life for cancer survivors by training nurses about the specific needs of cancer survivors. The course was developed as a pilot and in anticipation of receiving a National Cancer Institute (NCI) training grant. Course curriculum used adult learning principles to develop interactive and small-group educational modules. These modules were built around the Institute of Medicine (IOM) report components of care. Course content provided an overview of survivorship care nursing roles that could be integrated into individual practice.¹ See Table 1 (right) for an example of course modules.

Experts in the area of cancer survivorship care served as course faculty, including Marcia Grant, RN, DNSc, Betty Ferrell, RN, PhD, Denice Economou, RN, MN, and other City of Hope staff; Mary McCabe, RN, MN, from Memorial Sloan-Kettering Cancer Center; and Amy Jacobson, RN, NP-BC, from the University of California, Los Angeles.

Participant Characteristics

Forty-six nurses from 27 different settings participated in the pilot course, which took place May 2–3, 2011, at the City of Hope. Participants paid a moderate fee for the two-day course with additional expenses supported by the City of Hope and Cedars-Sinai Medical Center in Los Angeles.

Looking at participant characteristics, 67 percent were RNs, 26 percent were nurse practitioners (NPs), and 7 percent were clinical nurse specialists (CNSs). These nurses held a variety of positions:

- 39 percent worked in outpatient oncology units
- 20 percent worked in inpatient oncology units
- 11 percent were administrators
- 9 percent worked as nurses in private practice (physician office setting)
- 9 percent were involved in research-related activities
- The remaining 12 percent was a mix of nurse educators, navigators, and case managers.

Nearly half (48 percent) of participants reported that their programs were not currently providing any survivorship services prior to attending this course. The other half (52 percent) said their programs were providing some type of survivorship activities in their setting. One participant came from a program that was just starting a survivorship clinic.

Participants also practiced in a variety of settings:

- 43 percent were employed by academic or teaching hospitals
- 31 percent worked at community hospitals
- 15 percent were employed by a private practice (physician office setting)

Table 1. RN Training for Cancer Survivorship Care—Examples of Program Content

Nurses' Role in Starting a Survivorship Clinic: An Overview of Survivorship Activities for RNs	Faculty: Wendy Landier, PhD, RN, NP
Cancer and Aging: Caring for the Older Cancer Survivor	Faculty: Arti Hurria, MD
Fertility & Sexuality Issues for Cancer Survivors	Faculty: Anna Cathy Williams, RN, BSN, PHN
Institutional Change: Building Your Case	Faculty: Marcia Grant, RN, DNSc

- 7 percent worked in a research department
- 4 percent were employed by an HMO hospital.

The variety of nursing professionals and practice settings demonstrated that the desire to provide survivorship care is strong across all care settings. This need may be related to the new Commission on Cancer Standards. In 2015 Standard 3.3 will require a Survivorship Care Plan that includes a “comprehensive care summary and follow-up plan to patients with cancer who are completing cancer treatment.”² This care plan is to be provided to patients on completion of treatment to qualify for CoC certification.

Outcomes

To help faculty understand the level of participants' survivorship knowledge prior to completing the course, attendees were given a pre- and post-test assessment. Pre-test knowledge scores averaged 86 percent, while post-test scores averaged 95 percent. At the completion of the two-day course, participants evaluated course content and faculty. Course faculty was evaluated on a scale of 0 to 5. Scores averaged: 4.84 for Clarity of Presentation; 4.86 for Quality of Content; and 4.84 for Value to a Clinician or Practitioner. Participant comments included:


- Very informative
- Very good speakers
- There was a wealth of information on survivorship
- All topics were very interesting and informative
- Excellent, knowledgeable presenters and valuable resources.

Faculty was pleased with the positive comments and curriculum insight this pilot training course provided. For instance, it was clear to faculty that: 1) concrete examples of the nurse role in survivorship care had been provided, 2) treatment summary and survivorship care plan needs were important, and 3) survivorship care was an opportunity for health promotion. Participating nurses continue to contact course faculty for information and resources to help put their new survivorship knowledge into practice. Because the course was able to improve participant knowledge of cancer survivorship care, faculty anticipates that cancer survivor needs will be met

more effectively at these programs, thereby improving quality of life for cancer survivors and their families.

The need to train nurses in survivorship care remains strong. We were able to use this pilot course to refine the curriculum for the R25 educational program, *Preparing Professional Nurses for Cancer Survivorship Care*, which was funded through NCI grant R25 CA 151077.

The first of four *Preparing Professional Nurses for Cancer Survivorship Care* courses was held April 12–14, 2012, in Monrovia, California. Course two is scheduled for Tarrytown, New York, September 27-29, 2012. Participants must register by July 27, 2012.

To register for the September course or for more information go to: www.cityofhope.org/survivorship-training. This education will provide additional information on caring for the underserved, older, and non-English speaking cancer survivor, as well as methods of collecting data to measure outcomes of survivorship care. 

—*Marcia Grant RN, DNSc, is director and professor of the Department of Nursing Research and Education, and Denice Economou, RN, MN, CHPN, is project director and senior research specialist at the City of Hope, Duarte, Calif.*

References

1. Hewitt M, Greenfield S, Stovall E. (Eds.) *From Cancer Patient to Cancer Survivor—Lost in Transition*. Institute of Medicine; Washington, D.C.: The National Academies Press: 2006;9-186.
2. Commission on Cancer. Cancer Program Standards 2012: Ensuring patient-centered care. American College of Surgeons. Available at www.facs.org/cancer/coc/programstandards2012.html. Last access May 14, 2012.

Acknowledgment: City of Hope, Duarte, Calif., and Cedars Sinai Medical Center, Los Angeles, for their financial support of this program. R25 CA151077.