



Association of Community Cancer Centers

ONCOLOGY ISSUES

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FROM THE EDITOR

Jack of All Trades

BY CHRISTIAN DOWNS, JD, MHA



I'm sure you've heard someone described as a "Jack of all trades." Many of you in busy multidisciplinary cancer programs live the phrase every day. But do you know its history?

The phrase first appeared in the English language around 1618 in a book by Geoffrey Mynshul titled, *Essays and Characters of a Prison*. Historians believe the phrase is likely based on the author's experience while he was imprisoned for debt at Gray's Inn in London.

"Jack" was a common term for a male in the 1600s. In fact, to be considered a "Jack of all trades" in the 17th century was a high form of praise. It meant someone had the skill to successfully handle a variety of different issues and situations.

I look at this edition of *Oncology Issues* as a prime example of the ways in which cancer programs may be called upon to serve as a "Jack of all trades"—highly skilled in handling the complexities involved in the delivery of quality cancer care. For example, many cancer programs must be "experts" in providing care to patients in rural areas. In this issue, Avera Cancer Institute, Aberdeen, S.D., shares strategies developed as part of its rural chemotherapy program, including guidelines and standards of practice that are implemented across all sites. These tools and resources address safety, education, practice, compliance, and supervision when administering chemotherapy. Cancer programs faced with similar challenges caring for rural patients can learn a lot from this 2013 ACCC Innovator Award winner.

Cancer programs must also be "experts" at providing quality care even in the most challenging circumstances, such as the situation in New Orleans post-Hurricane Katrina. After experiencing firsthand how this disaster affected cancer patients in its state, Baton Rouge General Pennington Cancer Center developed a disaster response plan to ensure the quick restart of an evacuated patient's radiation oncology treatment. The

plan uses a flash drive to ensure that all patients under active treatment have all the necessary pathology documentation, the initial consult, treatment plans, set up and beam portal images, and a dose-site summary to take with them during any evacuation. Simple, yet effective and very replicable, Baton Rouge General Pennington Cancer Center was awarded a 2013 ACCC Innovator Award for its disaster response plan.

Finally, cancer programs must be "experts" in cancer screening. After the 2010 National Lung Screening Trial showed that low-dose CT screening can, in fact, save the lives of patients who meet certain criteria, Lahey Hospital and Medical Center, Burlington, Mass., developed a lung screening program that eliminated self-pay rates and increased patient and physician awareness about the benefits of low-dose CT lung screening. Lahey's processes and lessons learned are a must read for cancer programs looking to develop a similar program.

These are just three examples in an issue full of information to support an ACCC member program serving as a "Jack of all trades" to meet the needs of the patients it serves. And for those thinking about what many people commonly believe to be the rest of the phrase—Jack of all trades, and master of none—Mynshul did not write the second part. Those derogatory words were added later in an attempt to describe someone who has broad knowledge but little depth. And that certainly does *not* describe the caring and qualified cancer providers at ACCC member programs who exhibit expertise every day across a myriad of disciplines and along the entire cancer care continuum. 