Cancer Nurses College
NEW ZEALAND NURSES ORGANISATION

COMMUNICATING & NETWORKING FOR HAEMATOLOGY & ONCOLOGY NURSES ACROSS NEW ZEALAND

DECEMBER 2016

cancernet

Editors' note

Welcome to the December edition of Cancernet.

This edition focuses on innovations in cancer care in the New Zealand setting. With the ever-increasing cost of cancer care, an aging population and expanding treatment options, pressure is on the health dollar. Whilst we need to work towards an economically sustainable healthcare system, innovations in practice can also be an important opportunity to look at new ways to meet patient needs and improve access to healthcare and quality of care.

Contributors to this edition talk about how they are using innovations in their own areas to improve patient care, with Fiona Sayer from Thames exploring the use of Telehealth to improve access to care, Avril Hull describing how the development of a nurse-led clinic for patients with neuroendocrine tumours has improved the experience of patients with this rare diagnosis and a team of nurses from Southern District Health Board describing the pilot of a nurse-led assessment unit.

Last but certainly not least we would like to acknowledge the recent events in Kaikoura and the surrounding regions and the hard work and dedication of our members throughout this time. Our thoughts are with you as you work to bring some normality back to your lives.

Meri Kirihimete
me te Hape Nū Ia
(Merry Xmas and
a Happy New Year)

Melissa Warren
and Kirstin Unahi

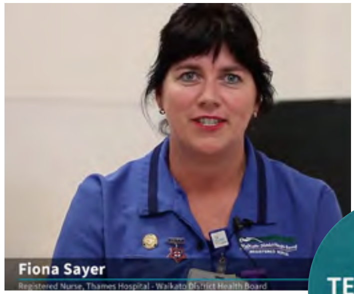
Telehealth and virtual medicine

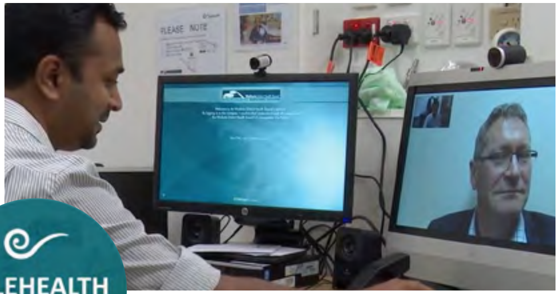
Telehealth and virtual medicine is now, more than ever becoming a prominent part of our daily practice.

The recent Health Informatics New Zealand conference demonstrated that telehealth is now a key component of nursing practice.

The ever-evolving practice and the understanding of virtual care is and can be a somewhat daunting prospect to most, and this can contribute to the fear of engagement with the technology.

The Oncology Service at Thames Hospital has embraced this technology and has now scheduled weekly telehealth sessions with the Oncologist at Waikato Hospital. This innovation has contributed to more patient-focused outcomes. One such case is Julie, who had an unplanned experience of virtual care.





Julie, is a 54 year old female, who was diagnosed with Stage IIIc breast cancer in 2005 and treated with chemotherapy. In 2013 she was diagnosed with metastatic bone disease at which point she received radiotherapy, and commenced bi-phosphonate therapy. She was on follow up with monthly bloods. The oncologist phoned to say that Julie had quite deranged LFT's and an elevated bilirubin, and requested that she come to ED for assessment, and a possible CT scan. A call to Julie found her to have a raft of new symptoms including nausea, vomiting, diarrhoea and right upper quadrant pain. Julie knew something was wrong as she said she was yellow.

Julie and her husband arrived at the ED, had repeat bloods taken, a CT scan and were waiting to hear the outcome of these. The ED doctor was to facilitate the plan of care, and due to a busy ED, Julie was transferred to the chemotherapy room, to await the results.

During this time there was a planned Oncology Virtual Health clinic being held in the room just adjacent to the chemotherapy room and at the completion of this clinic, the oncologist wanted to catch up with me to see how Julie was, unbeknown to him she was sitting just next door. He asked to see Julie and her husband, via Telehealth, as he had the results of the CT scan and the bloods.

Julie and her husband, sat down in front of the TV screen that had the oncologist waiting at the other end. He then proceeded to explain the results of the blood test and the CT scan. The news was not good. The metastatic disease in the liver was extensive; all treatment options were exhausted; now it was symptom management, and

continued on the next page...

In this issue:

Report from the chair

Welcome to this edition of Cancernet.

Our editors and Roche do a wonderful job and must be congratulated!

The recent earthquakes and buildings at risk in Wellington resulted in our most recent committee meeting being cancelled, along with a scheduled meeting with the Minister of Health Dr Coleman as he was needed in Kaikoura.

The Cancer Nurses College (CNC) is involved in a number of national projects and workgroups and in order to have a political voice it is important to have opportunity to meet with the Minister of Health. We use these meetings to update him on the CNC work and highlight issues that impact patient outcomes and care throughout their pathway, resources and nursing workforce capability and capacity.

The NZ Cancer Plan 2015-2018 sets the direction of cancer activities with the aim of fewer people getting cancer and more people living better and longer following a cancer diagnosis. If cancer services are to "maximise the resources they have, with services that are equitable effective and sustainable, of high quality and that improve the quality of life for people with cancer", then nurses must look for opportunities for the patient and for our people.

Nurses are highly qualified, cost effective and accessible and we need to position our profession to make the most of opportunities to improve existing services and to develop new ways to provide patient-centred care.

We need to be involved with governance and healthcare policy and to be included in advisory groups and in decision-making processes. A great way to do this is to be on a national group. Perhaps you may consider being a future CNC committee member!

There are three projects currently underway that will be of your interest. I recently attended a national survivorship workshop held in Wellington, the aim of this project is to develop a national model of survivorship which describes the key components, language and principles to guide service planning and development in NZ.

Secondly, as a result of an audit of the National Standards for Antineoplastic Drug Administration, a project group including myself and two other committee members, has been established to identify the current usage of closed systems and the implications of implementing closed systems for DHB's that currently do not meet the standard 6.2.

Thirdly, two committee members are members of a working group to address the handling of monoclonal antibodies in NZ.

I look forward to seeing many of you at conference in Christchurch May 2017.

I wish you all a wonderful holiday season and hope you are able to spend some time with your loved ones.

Kind regards,

Judy Warren, Chairperson
NZNO CANCER NURSES COLLEGE

Telehealth and virtual medicine *continued*

a referral to Hospice. Julie sat there holding her husband's hand on one side and holding mine on the other. There was a time for questions, some "What if?" scenarios were discussed and there was a clarification of the plan of care.

And there was also the time for "Good bye".

The use of technology and virtual health enhanced this patient's experience. Julie got her results and prognosis from her oncologist who knew her well. This then enabled Julie to ask direct, frank questions about her disease, any chances of treatment and her expected outcomes and she got answers from an oncology perspective. This enhanced Julie and her husband's understanding of the situation and the plan of care that was to be put in place.

The telehealth episode impacted positively on the outcome for Julie and her husband. The experience allowed this to be very patient focused and it enabled the discussion and development of a clear plan of care.

Whilst Julie and her husband were given news that they never wanted to hear, Julie was happy to move forward with what remained of her life.

Click here to watch the Telehealth video

Confessions and thoughts of a NET Clinical Nurse Specialist...

by Avril Hull

Neuroendocrine Tumours (NETs) are a cancer like no other.

They behave and present differently to other cancer types. This difference depends on where they originate, how fast they are growing, the extent of metastases and what symptoms they may be causing.

While some NETs behave aggressively and need to be treated with urgency, the majority of NETs are slow growing and are often diagnosed after many years of symptom reporting and thus unfortunately are commonly diagnosed with multiple metastases in place. As a result of diagnosis with this complex disease, many patients struggle and report isolation. It can be a very difficult and disconcerting time as not only the general population, but also many health professionals are unfamiliar with this disease’s processes.

With a long history of oncology nursing behind me, when I took on this role 4 years ago I myself thought I was fairly well prepared for this challenge - after all it was only one day per week. How wrong I was!

The journey I have travelled has been one of huge learning! Besides gaining knowledge through researching and working alongside a fantastic oncology team I have learned a great deal from my patients. Every patient’s story differs, from when they were first (or finally) diagnosed, where and how their symptoms presented (if at all), to what tests and treatments they have undergone or might need to undergo with treatment, often incurring significant impact and expense. Early in my role I remember patients being thrilled that they had a nurse solely focused on understanding “their cancer” and helping to meet “their needs”. Some were delighted to help educate me and point me in the direction of the best websites for information and understanding NETs, at a time when there were none in NZ. To this day I love sitting with my new patients to learn about their journey so far. Over the last 4 years I have met many new patients who are relieved to meet oncologists and professionals who “finally” understand their illness.

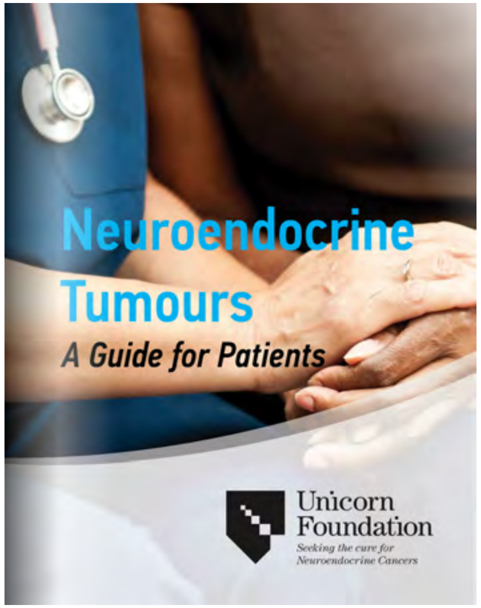
This patient group, when sharing their diagnosis of neuroendocrine cancer, are sadly used to people looking at them blankly with little understanding of what NET cancer is or how it affects them.

As two-thirds of all NETs originate in the gastrointestinal (GI) tract this patient population are primarily seen by the GI Team at Auckland Hospital. The majority of patients diagnosed with a NET are slow growing and are generally assessed every 3-6 months for risk of development, or management of, carcinoid syndrome.

Four years ago the GI team consisted of 5 part-time consultants and 2 registrars (who rotate through the team every 3 months), resulting in these patients often being seen by a different doctor every time they came in causing patients much frustration and sometimes variable symptom recording and monitoring.

The introduction of my role allowed patients to share their frustrations and thoughts. Some small changes in symptoms, indicating a change in disease progression were picked up in a few patients and these were investigated and resulted in treatment changes.

This highlighted the need for continuity of care and three years ago a NET nurse-led clinic was introduced. Now many of the lower-grade NET patients are assessed regularly in the nursing clinic with intermittent follow up by their primary consultant and transferred back into their consultants care during times of more intense treatment. There is less frustration being reported by patients about being seen by so many different people and small symptom changes are being recorded.



Early on in my role it was evident there was a distinct lack of NET information in NZ, so with the help of some key NET interested doctors around the country I assisted in the development of a guide to NETs for patients in NZ. This booklet was warmly received by the Unicorn Foundation New Zealand (UFNZ) - a patient advocacy group developed in 2013 solely for NET patients around NZ. Through UFNZs support the booklet was printed and is now distributed across the country to all those interested in NETs or seeking support in understanding their diagnosis.

Click here for the online ebook.

After working with the NET patient group for 2 years and a short stint of maternity leave I made the decision to immerse myself “in all things NET”.

I have become involved with the NETwork project team at the University of Auckland. The team’s research primarily focusses on genomics and NET development. Alongside this work they have developed a NET registry and early findings indicate there are more people being diagnosed with a NET than originally thought - around 350 new diagnoses each year in NZ. After working with UFNZ on the booklet publication I found myself becoming an information and support resource for all NET patients that reach out to UFNZ from around NZ. In this role I find myself not only being a resource for information but also provide support in the form of emails, phone calls and through setting up group meetings

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Confessions and thoughts of a NET Clinical Nurse Specialist... *continued*

allowing patients to share their experiences of treatments with others.

It still amazes me how many patients report relief at knowing that there are others like them around NZ with a NET diagnosis.

My contact and communication with NET patients has taught me so much. They have readily shared their frustrations about the lack of knowledge "out there" of this cancer type, the poor understanding around the differing treatments that may be required, and the huge costs associated with some of these treatments. I have learned about the daily struggles of many, for example those with carcinoid syndrome often admit to reluctance about going out to new places as they cannot relax until they have located the nearest public toilet, for fear of being caught out in public with diarrhoea. I have heard stories of patients being given prognoses in terms of months based on the evidence of widespread metastatic disease - from patients who were still living 5 and 7 years later. Listening to my patients has helped keep me driven in contributing to the changes that are happening in the world of NETs in NZ.

Whilst there is still much to do, NET awareness in NZ is growing. After seeing the impact of multiple nursing in-service teaching sessions around the country, and helping setup 2 annual NET focused nursing education days, as well as a NET patient symposium, more people are gaining knowledge in NETs. This will only lead to eventual benefit for all NET patients in NZ. With no other NET specific nurses in NZ my NET journey has been one of ongoing learning and exploration and then development around what is needed. The last 4 years have been a privilege and I learn something new every week. I look forward to what each new day's challenge might be as no two patients or even days at work are the same. I hope this "confession" inspires more nurses to take the time to understand the journey of one or all of the NET patients they come across - I promise it will be a humbling and worthwhile experience, and perhaps in another few years I may be one of several NET dedicated nurses working together to improve the outcomes and experiences of this very special group of cancer patients.

Avril Hull

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~ Save the Date ~

Unicorn Foundation NZ
NET Cancer Education Day

Friday 19th May
Venue TBA
(Near Auckland Airport)

For more info:
events@unicornfoundation.org.nz

Unicorn Foundation
www.unicornfoundation.org.nz

Cancer Nurses College NZNO - New Zealand

Cancer Nurses College NZNO - ...
Closed group

Discussion Members Photos

Moys Gillespie
11 October · Hastings

We invite you to join us by going to the CNC NZNO page and signing up at the link below.
http://www.nzno.org.nz/.../coll.../cancer_nurses_college/join_us
You are welcome to post a comment, make a suggestion, or ask a question or just tell us about your day 😊. We are here to support you. Please be aware of the Nursing Council's guidelines for the use of Social Media. See here for more details

New guidelines for nurses on social media / News / Home - Nursing Council of New Zealand
The Nursing Council of New Zealand has developed a new guidance document to help nurses think about their use of social media and electronic communications in relation to standards of professional conduct.
WWW.NURSINGCOUNCIL.ORG.NZ

Kirstin Unahi
30 November at 19:26

NZ study reveals deadly role of 'cancer bubbles' - National - NZ Herald News

ADD MEMBERS
+ Enter name or email address...

MEMBERS 61 members (8 new)

SUGGESTED MEMBERS See More

DESCRIPTION
The Cancer Nurses College NZNO has over 600 members. We provide ... See more

GROUP TYPE
Support

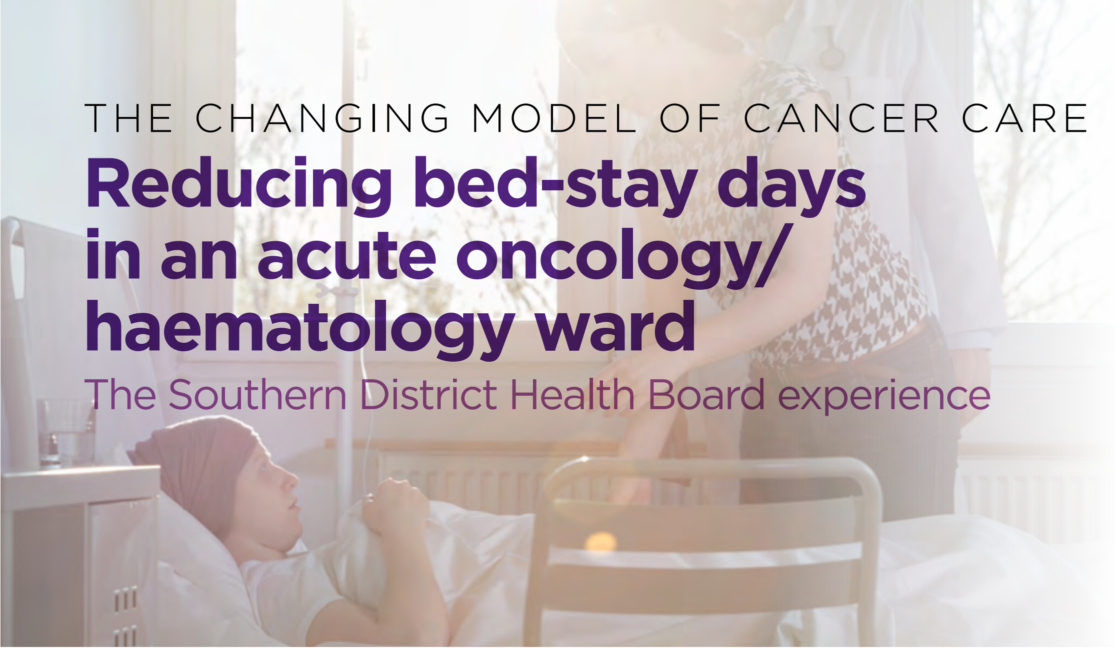
CREATE NEW GROUPS
Groups make it easier than ever to share with friends, family and teammates.

RECENT GROUP PHOTOS See all

The Cancer Nurses College committee **INVITES ALL MEMBERS** to join us on the new 'Cancer Nurses College NZNO' Facebook Group. Ask questions, share thoughts, ideas, research, innovative practice, or concerns.

Click here to visit the page...

Click the 'Join Group' button and one of our lovely Admins will add you. Easy as that! Hope to see you there!



THE CHANGING MODEL OF CANCER CARE

Reducing bed-stay days in an acute oncology/ haematology ward

The Southern District Health Board experience

Background

The Southern District Health Board (SDHB) is the largest geographical area of any of the district health boards in New Zealand, covering 62,000 sq km and servicing an estimated resident population of 300,000. It has a large rural population as well as an aging population, which in terms of cancer care presents challenges in relation to distance and accessibility to care and as in many other areas a growing cancer population.

The Southern Blood and Cancer Service encompasses Haematology, Medical Oncology and Radiation Oncology. Outpatient clinics and chemotherapy are delivered at multiple sites in base and rural hospitals. Chemotherapy is delivered in six different locations across the district and is coordinated by the base hospitals. Radiotherapy is only delivered at Dunedin Hospital but outpatient clinics are delivered throughout the district.

In 2013 as part of a hospital-wide initiative to reduce bed-stay days – The nursing management team identified a number of key problems relating to inpatient admission on the oncology/ haematology ward. These included:

- *Patients being admitted for symptom management when they could be treated as an outpatient/elsewhere.*
- *Patients attending the Emergency Department (ED) for symptoms that may be better managed by Oncology/Haematology.*
- *Patients in the Oncology Day unit waiting to be admitted to an inpatient bed.*
- *Patients being kept in hospital longer than they should be because the right supportive care arrangements weren't available to assist discharge.*

This resulted in poor patient experience through delays in receiving tests and treatment, increased and inefficient use of resources, limited opportunity for staff to improve the way care is delivered.

Data obtained during this project demonstrated that in a 12 month period 2012/2013 there were 843 admissions for 508 patients resulting 5846 bed days. 32% of these bed days were utilised for patients who stayed 21 days or more. 34% of admissions to the ward were for one and two day stays, whilst these patients only make up 7% of the actual ward bed days they have a big impact on workload of the ward. 68% of short stay patients presented in normal working hours. Long stay patients were able to be further clustered into 3 groups:

1) Patients needing specialised nursing and medical care, dressings, drains or amputations.
2) Patients with a pre-existing disability which meant their usual care package didn't work, but with a different package could work.
3) Patients waiting to become neutropenic – but not there yet.

There appeared to be potential to avoid some inpatient stays in each of these circumstances, if there was more flexibility in day assessment and community support.

It is well substantiated that Oncology patients are better managed by their specialist team. Nurse triage/assessment unit models exist at other centres worldwide. With this in mind a pilot was developed with the primary aim of reducing inpatient bed days in the form of an Oncology/Haematology Assessment Unit (OHAU) which would enable an alternative assessment model to ED. The objective was to develop a nursing model to provide effective assessment and management for oncology/ haematology patients promoting early discharge, early primary intervention and reduced hospital admissions.

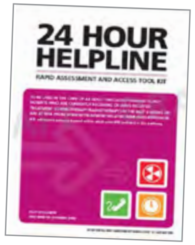
Further envisaged benefits included proactive symptom management, early interventions, enhanced continuity of care and patient confidence in their treatment, effective alternative assessment for patients who would otherwise present to ED and/or require hospital admission and reduced length of stay.

Method:

From the start the unit has been staffed by senior oncology/haematology nurses who have completed a level 8 post-graduate Advanced Health Assessment paper and have a sound of understanding of principles of Oncology Nursing Practice.

All patients who commence chemotherapy throughout the SDHB are given a card at the outset of treatment with a free phone number that operates 24 hours a day/7days a week. This number is manned Monday to Friday 0830 – 1700 by the assessment unit nursing staff. Outside of business hours the freephone number is directed to the onocology/ haematology inpatient ward, so a chemotherapy-certified nurse is always on the end of the line.

All clinical enquiries from patients or their family members, are directed to the assessment unit. These are then triaged according to an evidence-based Oncology specific triage tool which has been trialled and validated in the UK – the ***Oncology Haematology 24 Hour Triage: Rapid Assessment and Access Toolkit*** (UKONS Central West Chemotherapy Nurses Group, 2011). This tool incorporates a traffic light system



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Reducing bed-stay days in an acute oncology/haematology ward

The Southern District Health Board experience *continued*

identifying whether a clinical concern can be addressed by phone advice and follow up (green), through to the need for immediate clinical review (red).

For instance a patient who is experiencing mild nausea, which can be managed with advice regarding their anti-emetics over the phone, but has no other clinical concerns would be triaged a green. Whereas a patient phoning in with hourly diarrhoea would be triaged a red.

Depending on where the patient lives they may be referred to their local GP for an urgent appointment, the emergency department, or the assessment unit for review with a senior nurse. Nurses in the unit are able to offer simple interventions such as intravenous antiemetics or fluids with appropriate medical/nurse practitioner support.

A specific decision was made at the outset for all enquiries to be directed to the 0800 number to avoid the confusion that had occurred in the past with patients receiving multiple numbers to direct enquiries to – resulting in delays in acute situations and incorrect advice given.

However in order to manage volume and ensure patients were managed safely an Inclusion/Exclusion criteria was developed to identify patients who could not be managed through this nurse-led initiative.

Inclusion criteria:

- Patients who are on chemotherapy or radiotherapy experiencing side effects of treatment.

Exclusion criteria:

- Patients who clearly require a medical review from the outset are redirected to the Oncology Day Unit/GP or ED.
- Patients with the following symptoms are directed straight to ED: chest pain, acute shortness of breath, loss of consciousness, active bleeding, require transportation via ambulance, patients categorised as red according to the triage tool

In addition to monitoring incoming clinical enquires, there are a number of patients proactively monitored through the unit. This may be via assessments on the unit by the nursing staff, phone calls to the patient or in collaboration with other health professionals such as district nurses, gps or practice nurses.

These include:

- Well neutropenics – suitable patients are identified via a risk assessment tool and managed in the unit according to a set protocol – For example high-risk haematology patients such as those with leukemia who are waiting to become neutropenic following chemotherapy and are otherwise well, or low risk medical oncology patients with a low grade infection who are able to be safely managed in the community on oral antibiotics with close monitoring.
- Patients who are identified as high risk of side effects of treatment or have complex issues, such as multiple co-morbidities, elderly, frail, poorly controlled symptoms of disease prior to their treatment, psychosocial issues or lack of support.
- All medical oncology patients on oral chemotherapy.
- Patients who have had their first cycle of chemotherapy or who are on a chemotherapy regimen that is identified as high risk for adverse effects.

Follow-up phone protocols are specific to the patient's chemotherapy, but may be tailored to the patient's needs/risk.

In addition to these patients – many enquiries come in from patients or their relatives, who are not currently on active treatment but are under oncology/haematology or have been in the past. Often this will be in relation to a follow-up query or development of a new symptom. These enquiries are often managed via referral to the GP in the first instance or if appropriate an urgent medical review is arranged.

Outcomes:

An audit was carried out at the end of the pilot, which showed a significant reduction in utilisation of inpatient oncology beds from the 2012 – 2013 financial year to the 2013 – 2014 financial year.

This reduced by 933 bed days – this equates to 3.6 beds each night. This was despite no overall drop in length of stay (stayed at 4.6 days).

This would indicate that avoiding admission through the use of the Assessment Unit was effective.

More recent audits have demonstrated that this trend has continued, as well as indicating that overall length of inpatient stay and Oncology presentations to the emergency department have reduced.

Lessons learnt:

We have been able to demonstrate that a nurse-led oncology assessment unit can contribute to lower hospital costs.

Proactive telephoning, prevention, triage and early intervention is a patient focused solution, anecdotally patients report feeling well supported and are very appreciative of the free call number and having an appropriately trained nurse at the end of the line. Suitably qualified / prepared nurses are key to the success of the nurse-led OHAU and emergency department collaboration is essential.

The use of the data has been key to identifying the problem and demonstrating the success of the solution. Engaging the team in problem solving was critical to this project.

Therese Duncan
Nurse Manager
Oncology Haematology Service

Lynda Dagg
Associate Charge Nurse
Oncology Haematology Outpatients

Jo Tuaine
Oncology Clinical Nurse Specialist

Kirstin Unahi
Nurse Practitioner (Oncology)

References:

UKONS Central West Chemotherapy Nurses Group, 2011. Oncology Haematology 24 Hour Triage: Rapid Assessment and Access Toolkit. Accessed 15 November 2016 from www.qualityincare.org.

THE NZNO CANCER NURSES COLLEGE

Conference is coming to Christchurch in May 2017!

Our conference theme 'Cancer Nursing Under Construction' is a reflection of what is happening in Christchurch after the 2010-2011 Canterbury earthquakes. Canterbury is focused on improvisation, rejuvenation and innovation to rebuild the environment and improve the wellbeing of Cantabrians.

Cancer Nursing within New Zealand is developing its own identity and evolving as a specialty. As cancer nurses we are influenced by improvisation, rejuvenation and innovation in research, clinical practice and developing technologies to provide high standards of care to people living with cancer.

The 'Cancer Nursing Under Construction' conference offers a variety of sessions with the aim of providing you, as a health professional involved in care of people living with cancer, tools to fill your cancer care toolbox. Delegates will be enriched with novice to expert classes, plenaries and concurrent speakers through education, research, technology, community and wellness topics.

The conference will enable delegates to explore their cancer knowledge, strengthen clinical skills and resources for the future development of cancer care in New Zealand. Visit our website for full conference information, including a preliminary programme.

Click here to view the conference website

CALL FOR ABSTRACTS

This biennial event for cancer nurses is an opportunity to showcase the passionate work undertaken by nurses working with people with cancer. We invite you to submit abstracts for oral presentation or posters on the following themes: education, technology, research, wellness and community care/hospital in the home.
The closing date for submissions is Friday 3 February 2017.

For full details on the call for abstracts please click here.

REGISTRATION IS OPEN NOW!

*Be sure to get in quick to secure early bird rates and nearby accommodation.
Visit the website for more information and to register.*

Cancer Nursing NZ
Under Construction

11-13 May 2017 Christchurch

NZNO Cancer Nurses College Conference 2017
Tait Technology Centre
www.nznocancernursesconference2017.co.nz

Funding options to attend conferences or courses

Funding to attend conferences or courses is becoming increasingly hard to source. Apart from your local DHB, here are some funding options that you may not have thought of. To apply for funding you need to be organised with many groups having funding rounds and deadlines throughout the year.

- *For members, the NZNO offers several funding streams. These include NERF, Florence Nightingale, Thomas Tippet award, just to name a few. For further information including criteria and closing dates:*

Visit the Scholarships section on the NZNO website

- *Roche provides individual "Roche Education Grants" to nurses working in the fields of Oncology and/or Haematology to support their attendance at appropriate medical education events paid for in 2016. The key goal for these grants is to support nurses in accessing continuing education opportunities in their field of expertise and to share the information gained with their colleagues.*

Visit the Grants & Awards section on the NZNO website

- *The Genesis Oncology Trust has various award rounds throughout the year to support health professionals working within cancer care to attend courses or conferences. For further information on criteria and closing dates go to:*

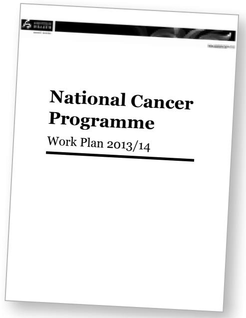
Visit the Grant Application section on Genesis Oncology website

- *The Blood Cancer NZ and the Cancer Society offer grants for health professionals to attend conferences or courses. They usually have funding rounds. For further information contact the Cancer Society or Leukaemia and Blood Cancer NZ.*

If you are aware of other funding streams that are available and you want to publicise them, please contact us on *cancernursesnz@gmail.com*

National Cancer Programme update

The Ministry leads a national work programme which provides a strategic focus for cancer control and for system-wide improvements across the spectrum of cancer services.



National Cancer Programme
Work Plan 2013/14

Keep up to date on the National Cancer Programme

Online cancer learning

www.cancernursing.org

www.cancerlearning.gov.au/build/edcan_learning_resources.php

www.ons.org

www.isncc.org

www.eviq.org.au

www.nccn.org

Cancer Nurses College SPECIAL INTEREST GROUPS

Do you practice in or have a special interest in an area of cancer nursing?

Do you want a forum where you can share ideas, information and expertise with othersin the same cancer care subspecialty?

Do you want this forum to contribute to the objectives of NZNO Cancer Nurses College, New Zealand's recognised professional organisation for cancer nurses?

- Network with colleagues in your subspecialty within New Zealand
- Develop a newsletter for your SIG and contribute to it!
- Participate in discussions with other SIG members
- Share your expertise
- Support/mentor a colleague
- Distribute information and communications to your colleagues, eg educational opportunities, calls to action, recent advances in care, articles and research, newsletters, meeting minutes
- Contribute to the mission and objectives of NZNO and NZNO CNC
- Utilise NZNO support and resources

APPLICATIONS OPEN NOW!

Please contact the SIG coordinator for further information about how to establish a SIG and an application form at *cancernursesnz@gmail.com*

NZNOCNC provides members the means to form Special Interest Groups (SIGs). All members of NZNOCNC are eligible to belong to a Special Interest Group.

Here are just a few potential SIG examples

Haematology
Solid tumours
Clinical trials
Clinical nurse specialists
Prevention/ early detection
Surgical oncology
Survivorship
Quality of life
Cancer genetics
Chemotherapy
Radiation oncology
Ethics
Complementary therapies
Palliative care
Lymphoedema management

GUIDELINES FOR

CONTRIBUTING TO CANCERNET...

Why contribute? Why publish?

- *To share knowledge*
- *To advance your field of practice*
- *To disseminate key findings or opinions*
- *To contribute to policy debates*

Introduction

Cancernet is a newsletter that is published three times a year by the New Zealand Nurses Organisation Cancer Nurses College. Cancernet aims to inform and encourage nurses managing people with cancer to share opinion, resources, clinical practice and continuing professional development.

Types of articles

All types of articles are welcomed and can include;

- *Opinion*
- *Clinical practice*
- *Case studies*
- *Continuing practice development*
- *Literature review*
- *Advanced study (e.g. BSc or MSc) write-ups*

Submitting your work

- Articles should be submitted in Microsoft Word via email to *cancernursesnz@gmail.com*
- Acknowledgement of receipt of your submission will then
- Acknowledgement of receipt of your submission will be sent by email.

Word count

Opinion articles should be between 700–1000 words long. However, clinical-based articles and literature reviews and advanced study articles, these can range from between 1,500 and 3,500 words, including references.

Illustrative and images

Authors must obtain permission for the use of illustrative material or images and ensure that this material is labeled and captioned.

Referencing

A recognised referencing system to be used. If the reference list is long, the reference list is available on request from the author.

Important diary dates

2nd-3rd February 2017, Adelaide
Cancer Survivorship 2017
Find out more information

6th-9th of March 2017, Auckland
Trans Tasman Radiation Oncology Group (TROG Cancer Research) – 29th Annual Scientific Meeting
Find out more information

3rd-7th April 2017, Melbourne
15th World Congress on Public Health (WCPH2017)
Find out more information

11th-13th May 2017, Christchurch
NZNO Cancer Nurses College Conference:
Find out more information

11th-12th May 2017, Melbourne
3rd Victorian Integrated Cancer Service Conference
Find out more information

15th-17th June 2017, Adelaide
Cancer Nurses Society of Australia Annual Congress: Evolving Cancer Care
Find out more information

26th-29th July 2017, Singapore
12th Asia Pacific Hospice Conference 2017 Suntec
Find out more information

18th-21st October 2017, Brisbane
9th World Congress of Melanoma
Find out more information

13th-15th November 2017, Sydney
2017 COSA ASM - Immunotherapy & Quality & Safety
Find out more information

The 2016 Cancer Nurses College COMMITTEE

***L-R Back row:** Felicity Drumm, Melissa Warren, Moira Gillespie, Sharron Ellis, Kirstin Unahi.*
***L-R Front row:** Joseph Mundava, Judith Warren, Fiona Sayer.*

We welcome contributions to Cancernet. Interesting stories, notices and photos relevant to our nursing community are always appreciated. Email us at

cancernursesnz@gmail.com

Cancer Nurses College badges are now available for purchase for $8 each.

They can be purchased from CNC committee members or by emailing the committee on *cancernursesnz@gmail.com* and using internet banking.

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