



## Editors' note

**Welcome to the December edition of Cancernet.**

This is a busy edition

with a lot of exciting events in the pipeline to tell you about.

The main focus of this edition is the work being done around the country implementing the **eviQ Antineoplastic Drug Administration (ADAC)** course and a number of the regions have contributed an article discussing how this is working in their area.

In addition we have a new regular feature profiling a nurse in an innovative or advanced cancer nursing-related role, with a profile on **Natalie James - Clinical Advisor to the Ministry of Health Cancer Programme** to start the ball rolling.

We also have a profile on our newest committee member, **Sarah Ellery** a Nurse Practitioner in Oncology and a report by, **Fiona Sayer**, another committee member, who attended an Immuno-oncology workshop earlier this year.

We are very excited to announce that **Judy Warren** (our chairperson) has received a NZ Business Event Award from Tourism New Zealand for our successful bid to host the 2018 International Conference on

Cancer Nursing – see her report and photo later in the newsletter.

Just to highlight now is a good time to start thinking about submitting an abstract for the conference, it's not as difficult as you think and we will be providing some tips for this in the up-coming February edition, as well information on grants and funding.

We'd also like to encourage you to start thinking about applying for study leave and remember to get your application into the college early if you plan on applying for funding (see the CNC website for further information).

With summer on the horizon we have included a link to the **Sun Smart Training** module released by the Ministry of Health, which is free to complete. The CNC are undertaking an evaluation of the Knowledge and Skills Framework for Cancer Nurses in the coming months, so look out for a survey link in your email box and share your thoughts and ideas.

Finally we would like to wish you a safe and happy Christmas!

Meri Kirihimete

**Melissa Warren and Kirstin Unahi**

## eviQ ADAC:

## the Canterbury DHB experience



### Background

As the Clinical Nurse Specialist (CNS) in the Bone Marrow Transplant Unit at Christchurch Hospital, I have been involved in chemotherapy training for a number of years. For many years the Canterbury District Health Board (CDHB) has had a robust chemotherapy administration credentialing programme. Being on the NZNO Cancer Nurses College (CNC) committee gave me a unique insight into chemotherapy training nationally and it was clear that not all centres had a robust chemotherapy training system.

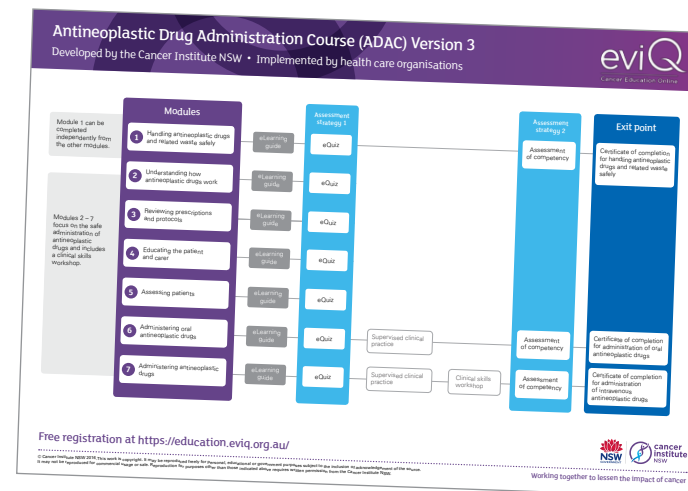
### History

In 2011 formal discussions began regarding a National Certificate for Chemotherapy Administration at the NZNO cancer nurses conference. This work progressed and it was identified that the Australian-based **eviQ Antineoplastic Drug Administration (ADAC)** course had the potential to meet this objective.

 [View the course here](#)

The ADAC course comprises of seven e-learning modules (with e-quizzes) and three competence assessments, after modules one, six and seven.

This was also discussed at a Medical Oncology Working Group, where a recommendation was made that National Chemotherapy Administration Standards be developed, identifying key components that should be



 [Click here to view larger version online \(or zoom in\)](#)

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included in a chemotherapy administration training course. Doing this, gave the DHB's flexibility to use the course they wanted so long as it met the standards.

In parallel to these discussions, the ADAC course was being reviewed and I was one of three New Zealand nurses invited to review the course.

This was a great opportunity to adapt the course to meet the NZ needs. I believe in the 80:20 rule, when you are using a resource that hasn't been developed locally; 80% of the course needs to meet your needs while 20% will need adaptation to local area practice and that is where I see the updated ADAC course sits.

It was clear, that to continue with the CDHB course, it would need a robust review and an upgrade to an electronic format. Given that the ADAC course had just been updated a decision was made by the senior nursing group to transition to this course. Other factors influencing this decision included the uptake of the paediatric ADAC course by CDHB paediatric oncology and the South Island wide focus on shared educational resources through the South Island Alliance.

## Transitioning to ADAC

An ADAC implementation plan was developed by the senior nursing group in January 2017. Every aspect of chemotherapy training within the service was reviewed. Variations between the ADAC and the CDHB course and practice were highlighted and a strategy developed to address this. Critical notes

were established to highlight differences to the novice learner.

The ADAC and CDHB workshop and programme have been integrated to produce a comprehensive workshop that covers all aspects of chemotherapy administration including telephone triage, venous risk assessment and wellness. The workshop can still be delivered in 2 hour blocks or as half days or as a full day. The ADAC powerpoint presentation, participant learning guide and the facilitator guides have all been updated to reflect this integration.

Competence assessment (using the ADAC competence assessments) remains unchanged; occurring at the end of module 1, modules 2-6 and module 7, however modules 2-6 can be done in any order so that the calculations module can be done early to support the 'second checker' process.

The ADAC 'Time Out' tool was integrated with a reflection tool to allow the novice to integrate 'time out' when checking chemotherapy, reflect on their practice using a framework and record regimens they have administered.

To support adult learning, a contract was developed that has agreed timelines so everyone is clear about expectations during chemotherapy credentialing.

## Reflection

The 'go live' date was May 1st 2017. As of the end of October, three ADAC workshops have been run and there is one more planned for this year; four nurses have been ADAC credentialed

and it is envisaged that up to another three nurses will be credentialed before the end of this year.

The ADAC e-learning modules have been well received by the learners and there is no marking for the facilitators. The modules can be worked through while practice is developed and consolidated in the clinical environment. Workshops are run every two months and are seen as 'putting it all together'. Credentialing is now completed in a shorter time frame than prior to implementation of ADAC which is paramount for the outpatient service where nurses are required to be chemotherapy credentialed within a few weeks of commencing employment.

Comments from nurses who have completed the ADAC training include

*"The modules are easy to follow and an interactive enjoyable way of learning."*

*"Very informative."*

Staff attending the workshop comment they gained most from "working out accessing the policies/procedures and protocols used in their area" and "Recapping patient education is also very helpful".

The workshop schedule continues to be tweaked to meet the needs of both the facilitators, participants and the service. This will be finalised at the end of this year and reviewed again at the end of 2018.

Chemotherapy credentialing is now a shared responsibility between the Charge Nurse Manager (CNM), Nurse Educator (NE) and the CNS of each area to ensure that the participant is progressing. Learning in the clinical workplace has also changed, initially the novice learns under the guidance of the Senior Nursing Group (CNM, CNS, NE), then with the supervision of senior clinical nurses who are encouraged to share their knowledge. A guide to support clinical teaching in the work place is being developed to provide consistency.

## Conclusion

Transitioning to ADAC credentialing has been a massive job. By integrating the CDHB course with the ADAC course we now have the best of both worlds. Chemotherapy training and other chemotherapy related resources across the DHB are being reviewed to ensure practice is evidenced based and consistent.

I would like to acknowledge the support and work of the senior nurses in haematology and oncology who have contributed to and supported this transition.

I am happy for people to contact me [wendy.jar@cdhb.health.nz](mailto:wendy.jar@cdhb.health.nz)

**Wendy Jar**  
**Clinical Nurse Specialist**  
**South Island Bone Marrow Transplant Unit**  
**Christchurch Hospital**



Cancer Nurses - Ōtago  
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# eviQ ADAC: the Waikato DHB experience.

**Gill Archer, Nurse Educator, Professional Development Unit Haematology and Oncology, Waikato DHB**

A decision was made at the end of 2016 that the online chemotherapy training used across the Midland region was in need of some attention. Some information was out of date and other parts did not meet current international best practice.

After some research it was found that the EVIQ anti neoplastic drug administration course (ADAC) was being used in many parts of Australia and was becoming the standard training course used by many DHBs throughout NZ. Considering the transferability of this course, that it meets international standards and is regularly updated by the NSW Cancer Institute, the decision was made to implement its use in Waikato.

There have been many challenges associated with implementation of ADAC, but I have been surprised by how keen many staff were to undertake it. The decision was made that existing senior staff should start the ball rolling, to see what they thought of the course.

As the training took around twelve hours to complete, the decision was made that staff would be allocated an eight hour education day to get the course started. From that date they were given a three month period in which to complete courses 1 – 3. All of the initial group of senior staff completed the course within the period set. The feedback we received was overwhelmingly positive and so the remainder of the existing chemo certified nurses were given the go ahead to undertake the training.

All existing chemo-certified nurses have now been given their education day, but we had some challenges over the winter period with education days having to be cancelled at late notice due to staffing issues. This was compounded by staff shortages and sickness.

Some staff have not completed ADAC within the required time frame and some negotiation has had to take place to set new limits on when they should complete the training.

New chemo staff have been set the task of completing the three courses before being able to be signed off as competent to give chemotherapy. During the year we have had a high turnover of staff and so 15 new staff have completed the course just within Waikato Hospital. Another six are planned for the beginning of next year and some of them have already made a start on the course.

Once we had all the chemotherapy trained staff (and proposed new chemotherapy nurses) undertaking the course we decided it would be a good idea to get the staff on the inpatient unit who did not give chemotherapy to do course 1 on safe handling and waste disposal. This included all registered nurses and health care assistants. An email was sent out to explain this and how to access the course. It also explained why it was necessary, to ensure staff had the knowledge to keep themselves, their patients and their colleagues safe. Approximately half of these staff have now completed course one.

The challenges we have faced across the region have been slightly more complex. As we cover the entire Midland region from Waikato Hospital it meant a trip to each hospital to introduce the course and get the managers buy in to giving staff education time towards completion.

We have had a degree of inconsistency with this approach, with some hospitals getting on board straight away and having all of their staff complete the course within a short period of time. Others have still to do so, although some staff have made the decision to complete the course in their own time.

With Waikato Hospital the Charge Nurses and educator were able to come together to work on when education days were possible within the roster periods. As the wider Midland region is made up of several DHBs the visibility of rosters is not as easy. This has been a particular problem where the chemotherapy units are run by managers who do not work within the unit.

Another issue we have faced is that one of the Midland region hospitals does not have access to the same learning platform used by Waikato. This has involved a large amount of work by our web guru (thanks Ross!) to enable access to be granted to staff from that DHB.

Overall the process has gone really smoothly. There is still some work to be done on ensuring completion by all staff and it is hoped that the course can be

## Thames chemotherapy nurses lead the way

Friday, 18 August 2017 10:06 am



From left to right: Thames chemotherapy nurses Fiona Sayer (nurse coordinator), Kathy McDowell, Sherin George and Deepa Sahadevan. Absent: Karen Atkins.

The Thames Chemotherapy nurse team have all recently completed the Chemotherapy Certification through the online learning platform of eviQ, which is an Australian web-based resource for cancer education and treatment. It provides current evidence based cancer treatment protocols, chemotherapy treatment protocols and information on patient assessment and management of toxicities.

The Thames chemotherapy nurse team is the first in the Midland health region to be 100% eviQ certificated.

Charge nurse manager Sandra King says: "We are very proud of their efforts. Their knowledge base will greatly enhance the patient care and the service our Chemotherapy Clinic provides."

 [Read the article online](#)

used within other specialities, particularly as there is a course specifically for chemotherapy outside of the cancer setting.

With the increased use of chemotherapy in medicine, rheumatology, vascular, renal and many other specialities there will need to be staff across the hospital setting who are able to safely administer these drugs. Maybe in 2018?



# eviQ ADAC: the Southern DHB experience.

*Derek Smith, Nurse Educator, Southern Blood and Cancer Service*

In October 2015, the Southern DHB visited an ADAC workshop in Wellington. The aim of the workshop was to introduce the Antineoplastic Drug Administration Course (ADAC) to NZ and how we could implement it across the country. Most District Health Boards were represented at the workshop.

On return to Dunedin we set about planning the implementation of ADAC, which included senior nursing staff completing the course to evaluate it. We decided that it was an appropriate introduction course for nursing staff working towards chemotherapy competency. To maintain standardisation we also decided to put all existing chemotherapy trained staff through the course.

A booklet was developed for each participant which outlined the course structure and learning objectives for each module/section to allow the participant to reflect on their practice. Competency sign off documentation including supervised practice sheets were included in the booklet in order to keep documentation together.

The first obstacle was how to deliver the online content, monitor and record participation. Unfortunately we were unable to deliver the course through a learning management system which was regrettable and we relied on staff completing the modules through the EviQ website and printing certificates. This made it very labour intensive to

monitor the course but we were keen to get started as soon as possible. As a result, we were able to have staff participating as early as January/February 2016.

The next stage of the course was the clinical skills workshops (CSW). We delivered our first CSW in November 2016 to five participants, utilising the resources supplied by EviQ. Whilst participants evaluated the day highly, some of the EviQ resources lacked relevance to our practice and did not flow as we would like and we decided we could make it better.

We redeveloped a clinical skills workshop utilising some of the resources from EviQ whilst making the content more relevant to our practice including the use of the electronic prescribing system Mosaiq.

We had a big drive in December 2016 and were able to deliver four more clinical skills workshops which we were very happy with and staff evaluated favourably. We continued to have more clinical skills workshops in early 2017 and were able to get the majority of staff through the course and clinical skills workshops.

Following completion of the ADAC modules, self-reflection and clinical skills workshop attendance, the staff were then supervised in clinical practice. The level of supervision varied depended on staff's experience, staff who had already proved competency and were experienced

required minimal supervision to be signed off. New staff who's first experience with chemotherapy administration competency assessment was through ADAC required much greater support and supervision including working one on one with the clinical nurse educator and preceptorship with an experienced staff member.

Overall we have had a very positive experience with ADAC as a competency assessment package although on reflection it would have been much easier if we were able to deliver it through a learning management system which at the time was not an option for our DHB.

The Clinical skills workshop should not be underestimated as an important component of the course, consolidating online learning with local practice. Clinical support and assessment with ongoing mentorship is also imperative.

Having standardisation across NZ has obvious benefits, we have had nurses relocate from other parts of NZ who had completed ADAC, they only needed to attend a clinical skills workshop for local practice variances and clinical assessment to ensure competency.

*We received feedback from experienced staff acknowledging they learnt a lot from the course and felt their practice had been refreshed and reinforced.*

New staff also evaluated the course highly reporting that they have learnt a lot and felt that they were well prepared for chemotherapy administration. To date approximately 65 staff have completed the ADAC modules with about eight still to complete the CSW.

From a personal perspective as a clinical nurse educator I have seen the benefits of having a course organised into modules with objective assessments.

It has improved the overall understanding of chemotherapy administration, especially in junior staff, reinforcing the checking processes including dosing/prescribing, the importance of education and assessment and how they are so closely related with the management of toxicities.

In summary, we find the course to be effective and relevant, the participant is required to spend time exploring the additional links and resources within the modules including extra reading if needed (depending on experience) and not rush through the modules.

We found that the staff who made full use of the content and resources gained much more from the course and found it beneficial.

I feel that it has encouraged staff to continue their professional development with other online modules and resources which are often referenced through ADAC and EviQ.

## the Capital & Coast DHB experience.

**Katie Whytock – CNS Cancer Nurse Coordinator and  
Helen Scott – Nurse Educator, Wellington Blood and Cancer Centre**

In May 2015 with funding from the Ministry of Health, Central Cancer Network (CCN) undertook a pilot project to implement the New South Wales eviQ Antineoplastic Drug Administration Course (ADAC). The aim was to provide a standardised evidence-based approach to training and competence assessment for nurses administering chemotherapy. Paul Smith and Barry Keene, CCN Nurse Directors led the working party for the pilot, which consisted of clinical nurse educators and IT staff from both Mid Central and Capital Coast DHBs. The nursing contingent of the working party attended a facilitators workshop to attain knowledge of the course content, eviQs requirements and develop a working relationship with the eviQ team. Use of ADAC and eviQ were provided for free.

A cohesive project plan with a staggered role out was developed and approved in conjunction with eviQ, the projects steering group and sponsors. Facilitators ensured eight on-line modules were checked for local policy alignment and loaded onto the various DHB learning platforms.

A trial workshop was held with an audience of senior nurses, oncology educators and paediatric counterparts, to provide feedback and enable troubleshooting. Implementation included nurses naïve to administration of cytotoxics and all existing chemotherapy nurses to ensure consistency in standard.

The working group pilot evaluation found increased use of personal protective equipment, improvement in related clinical practice,

refreshed staff attitudes, and provision of a certification transferable within New Zealand and Australia. '95% of respondents said they found the program engaging in format, interesting in its content and appropriate to their clinic practice' (CCN, 2017). Staff with lower IT capability faced minor challenges navigating the online modules.

Following the pilot and evaluation an invitation was sent to all regions outside of CCN to discuss the benefits of a National roll out of ADAC. The opportunity was taken to invite an eviQ representative to hold facilitator training, increasing the number of available facilitators. Facilitator training continues via teleconference training run by eviQ.

Version 3 of ADAC was rolled out at the beginning of 2017, requiring ongoing co-ordination and communication within the working group. The relationship that the working group was able to form with eviQ permitted us to have input into the content of version three allowing for contextualization to the New Zealand setting. Including adding cultural content relating to Maori and Pacific islanders.

CCDHB extended the project to theatres and PACU, utilising the safe handling module. Work is being done to use the ADAC for the non-cancer setting course in appropriate units. The ADAC is also being introduced to satellite centres, some of which are new to chemotherapy administration.

The success of ADAC introduction into the CCN comes from a well-planned pilot, expert project team and facilitator dedication.

## BIG SHOUT OUT to nurses working in cancer care in NZ



Following our successful conference bid, we are delighted to confirm we will be hosting the **ICC International Conference on Cancer Care in 2018.**

Come and be part of the longest running global cancer nursing conference in Auckland, New Zealand. An exciting opportunity to not only show case our beautiful country but to share, network and present on cancer nursing innovation and research within New Zealand and internationally.

We encourage you to submit an oral or poster abstract, assistance will be offered with abstract submission – information to come in the next edition of Cancernet.

## Report from the chair



**Welcome to this edition of Cancernet.**

Thank you to your committee who voluntarily give so much of their time to

the College. They have been very busy including attending College and Sections Days, the annual NZNO AGM and conference, planning next year's ICCN conference, developing the Knowledge and Skill Framework audit and on committee business. CNC are also represented on the Medical Oncology Working Group, the Radiation Oncology Working Group and the Haematology Working Group.

Work continues on the NZ Cancer Survivorship Model project which CNC, the Cancer Society and the Central Cancer Network are leading. We held an expert advisors workshop in Auckland recently, the aim being to reach a consensus on language, principles and a pathway that will inform a survivorship model and strategy. We have now mapped out the structure of the consensus statement and the next steps will be developing this further and distributing within the group for comments.

Project work continues on the national use and implementation of Closed System Transfer Devices to minimise drug exposure. A national stocktake and literature review has been completed and a final report with recommendations is near completion.

I also managed to get to the Health IT conference nursing day in Rotorua. This is a great conference and a wonderful opportunity for nursing to showcase smart application of technology to benefit nursing practice, patient care and outcomes.



*I was invited to attend the NZ Tourism Business Awards evening 19 October which was held at the Heritage. The CNC was awarded a certificate of recognition for securing an international conference. We were the only nursing conference and there was special mention to the great work that nurses do.*

*As I hope you are aware, CNC have been successful in a bid to host this international conference in Auckland, September 23-26, 2018. This is an amazing opportunity for nurses to attend a truly global cancer conference and to showcase advanced, innovative practice and research to the world. There will be pre-conference workshops also available on the Sunday. The call for abstracts will be out soon and remember that posters are also a great way to present.*

*Thank you all again for your contributions to caring for people affected by cancer.*

**Judy Warren**  
**Chairperson, NZNO CNC**

## Introducing our new 2017 committee member



**Sarah Ellery**

**Nurse Practitioner (Adult Oncology)**  
**Canterbury Regional Cancer and Haematology Service,**  
**Christchurch Hospital**

I have been involved in cancer nursing for over 17 years and have nursed for 25 years. I came to oncology from a surgical, ICU and high dependency background. I commenced my time in oncology in the inpatient ward before moving into a Clinical Nurse Specialist role largely in the inpatient setting but over time moving across both inpatient and outpatient care. My outpatient role included undertaking new patient and follow-up consultations with colorectal patients receiving chemotherapy.

Having graduated with a Diploma in nursing originally I went on to do a Bachelor of Nursing and then once in oncology a postgraduate Certificate in Palliative care just prior to successfully gaining the CNS role. I then commenced further post graduate study which evolved into completing a Masters in Health Science via the clinical pathway designed for those who might wish to pursue Nurse Practitioner scope of practice.

In 2014 I was fortunate to be approached by the Clinical Director of Medical Oncology to consider becoming a Nurse Practitioner. I was successful in attaining this in October 2015 and started work in the role in December 2015. During this time I have been a member on the MoH Medical Oncology Working Group and national working groups developing the Cancer Nursing Knowledge and Skills Framework and the National Standards on Antineoplastic Drug Administration.

It continues to be an exciting time in cancer nursing and to be a committee member for the Cancer Nurses College with two other NP's as committee members currently brings a new perspective to cancer nursing and hopefully inspiration for others to achieve NP status.



# REPORT FROM THE Current trends in Immuno-Oncology Meeting

**The meeting on current trends in Immuno-oncology was held earlier this year. Facilitated by Merck, Sharp & Dohme, this was an opportunity to network with other health professionals and to learn from the knowledge and experience shared by speakers who are leaders in their field.**

Speakers included Professor Rod Dunbar, who gave an insightful presentation on the need for a shift in the thinking to targeting immune cells, rather than directly targeting cancer cells.

Stuart Lindsay, a pharmacist, presented on the rapid development of monoclonal antibodies, in the past 5 years there has been 15 newly approved for use. He also talked about the ongoing studies in efficacy and drug stability. Olivia Fenwick from MSD presented an update on Biomarker testing and how predictive biomarkers can be used in targeted therapy.

Other speakers included Dr Roasalie Stephens, Medical Oncologist, who specialised in melanoma, breast and gynecological cancers. She was followed by Dr Laird Cameron who shared the use of immunotherapies in the management of second line NSCLC.

Donna Milne, from the Peter MacCallum Cancer Centre in Melbourne, followed with the management of immune-oncology adverse events, which was a theme throughout all the presentations. Adverse events (AE) in immunotherapy cannot be underestimated. She highlighted the need for nurses to be aware

of the mode of action that could result in potential AE. Nurses are in a prime position to ensure patients are closely followed up and provide early intervention and management of AE.

She also saw the role of the nurse as key to education of the patients, families and other health professionals. Education is vital to highlight that these are immunotherapy drugs, not “chemo” and the potential for adverse events and how these should be managed.

AE can be vague, delayed as well as severe. Symptoms such as fatigue, headache, rash and/or a dry cough can indicate an AE which needs intervention. AE may also need the support of other health professionals such as an endocrinologists or dermatologists – something that is not usually seen in the oncology setting.

## **The key messages to be taken away from the meeting was:**

- *Immunotherapy differs in the mode of action to “traditional cytotoxic drugs”*
- *Immunotherapy has its own set of AE*
- *Ongoing monitoring and assessment of patients through a symptom check list and the monitoring of LFTs/thyroid function is essential*
- *Early intervention of AE is important to minimise interruption to treatment*
- *Nurses have a key role in the education, monitoring and assessment of patients, families and other health professionals*

**Fiona Sayer**  
**Coordinator Oncology/Haematology**  
**Thames Hospital**

# SunSmart training module for nurses

**The training module is aimed at supporting your practice in the early detection and prevention of skin cancer.**

**Called Skin Cancer Prevention and Early Detection it includes the recommended steps nurses can take if a patient expresses concern and/or you are concerned about a suspicious skin lesion.**

The module takes about 45 minutes to complete and comprises:

- *Information on the current burden of skin cancer in New Zealand*
- *Understanding UV radiation*
- *Best practice steps for sun protection (slip, slop, slap and wrap)*
- *Ensuring sufficient vitamin D*
- *Early detection of skin cancer*
- *Types of skin cancer (identification)*

The Nursing Council advises that the slide show can be counted as professional development hours.

You just need to record it, write a bit on your learning and have a senior nurse or a colleague who participated with you, confirm your participation.

 [Click here to view the training module online](#)





# CANCER NURSE LEADERS *Natalie James*

*National Nurse Lead for the Ministry of Health (MoH) funded CNC initiative  
Clinical advisor to the MoH's National Cancer Programme*

NEW  
FEATURE

**Natalie provides an overview of her role as one of many cancer nursing leaders in NZ, reflecting on career development and her vision for cancer nursing...**

I was appointed as the National Nurse Lead for the Cancer Nurse Coordinator Initiative in 2013. This role was developed to provide leadership to the Ministry of Health-funded cancer nurse coordinators (CNCs). CNC's are senior nurses who work at the front of the cancer pathway supporting patients and families from the time that cancer is first suspected, through diagnosis and initial treatment; with a particular focus on those most likely to experience gaps and barriers in existing services.

Forty full-time nursing roles were initially funded across the country and since this time DHBs have worked with the MoH to support more than 70 nurses (working full and part-time) into these new roles.

I was drawn to this role because I believe that nurses are ideally placed to use advanced clinical knowledge and understanding of cancer and cancer treatment to improve patients' experience and outcomes. Nurses are also well placed to collaborate with a range of health professionals across services and DHBs to establish optimal pathways. This vision for the CNC role has been key to the successful leadership of the project.

Cancer care looks very different across all 20 DHBs and my clear understanding of the purpose and scope of these roles was essential to ensuring nurses work to their full ability and remain focused on clear goals such as timeliness, improved patient experience, equity and outcome.

As a nurse lead I very much believe in the potential of the nurses employed within the initiative and support their growth as clinical experts within their cancer specialty and as cancer leads within their DHBs.

An exciting and successful aspect of the CNC initiative has been the opportunity for nurses to build a strong national network to share responsibility for care coordination across DHBs; to share learning's and service improvement initiatives. I know other nurses in New Zealand would love to see this network extend to be more inclusive of other cancer nurses and I hope this is a possibility for the future.

Through 2017 I have also held an additional role (0.2 FTE) as an acting Clinical Advisor to the national cancer programme at the MoH. This provides a great opportunity to influence the development of cancer services across NZ; focusing on new initiatives to developing quality patient care. As an experienced nurse I hope to use my experience to engage more widely on

patient care and nursing issues and to advocate for and support the wider cancer workforce.

So what knowledge, skills and experience have helped me work in a national leadership role? There is no doubt that clinical knowledge, expertise and post graduate qualifications are important.

I have 25 years cancer nursing experience and have worked in a range of roles, from a CNS in oncology and haematology in Wellington to a Nurse Manager at Starship and Blood Cancer Centre in Auckland; with time spent in a variety of other roles such as nurse lecturer, clinical advisor and research associate. Committee membership and governance roles have also provided great learning.

While many see moving roles as a risk, I have learnt a lot from working in a variety of settings; it has given me confidence that I understand the impact of cancer and treatment issues from a number of perspectives and has enabled me to build a wide network of professional colleagues and services. Beyond the clinical experience and qualifications though, it is the attitude you bring to leadership, a willingness to take accountability and to step forward and engage with others.

I believe that the next few years will be an exciting time for cancer nurses.

There are many opportunities for nurses to take on new and expanded roles; providing more comprehensive services for patients and Whanau.

Cancer nurses are also well placed to continue to advocate for improved care across the cancer trajectory; including a focus on screening and early detection of cancer and providing support later in the pathway for people who have completed treatment.

A top priority for nursing is to consider is how, at all levels in the health system; we address inequity, ensuring equal health gains for Maori and other New Zealanders who, due to factors such as location or type of cancer are not receiving best access to care. This will require effort from all, as equity is best served if we do more than adopt overseas knowledge; we must use existing nursing experience to challenge current models of care and grow new and improved services.

One way all nurses can have a stronger nursing voice and greater say over professional development within the specialty is to support development of our national cancer nursing conference which has declined in recent years as nurses face increasing demands for their professional development dollar.



## 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 2017. 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

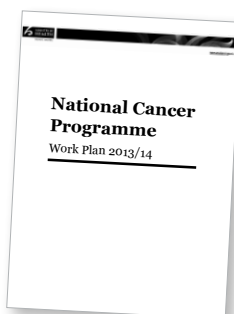
- The Blood Cancer NZ and the Cancer Society offer grants for health professionals to attend conferences or courses. They usually have funding rounds. For further information contact the Cancer Society or Leukaemia and Blood Cancer NZ.

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

 [cancernursesnz@gmail.com](mailto: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.



 Keep up to date on the National Cancer Programme

## Online cancer learning

 [www.cancernursing.org](http://www.cancernursing.org)

 [www.cancerlearning.gov.au/build/edcan\\_learning\\_resources.php](http://www.cancerlearning.gov.au/build/edcan_learning_resources.php)

 [www.ons.org](http://www.ons.org)

 [www.isncc.org](http://www.isncc.org)

 [www.eviq.org.au](http://www.eviq.org.au)

 [www.nccn.org](http://www.nccn.org)

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...

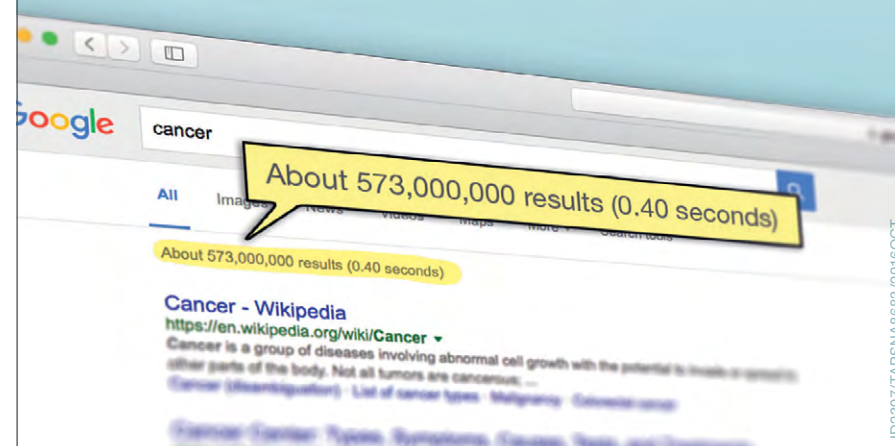
Click the 'Join Group' button and one of our lovely Admins will add you. Easy as that! Hope to see you there!

# A Google search for cancer brings up over 570 million results.

For patients with specific cancers - where's a good place to start?

cancerinfo.co.nz

- Blood Cancer
- Breast Cancer
- Ovarian Cancer
- Bowel Cancer
- Cervical Cancer
- Skin Cancer
- Brain Cancer
- Lung Cancer
- Stomach Cancer



## 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](mailto: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

19th-20th February 2018, Wellington

**Indigenous people and cancer:  
a shared agenda for Aotearoa,  
Australia and Pacific nations**

 [Find out more information](#)

4th-6th April 2018, Wellington

**UV Radiation: Effects on Human Health  
and the Environment**

 [Find out more information](#)

23rd-25th May 2018, Utrecht, Netherlands

**18th International Conference on  
Integrated Care**

 [Find out more information](#)

15th-18th August 2018, Sydney

**World Congress on Cancer of the Skin**

 [Find out more information](#)

23rd-26th September 2018, Auckland

**International Society of Nurses  
in Cancer Care ICCN Conference**

 [Find out more information](#)

2nd-3rd November 2018, Auckland

**Melanoma Summit 2018**

 [Find out more information](#)

## The 2016-17 Cancer Nurses College COMMITTEE



**Back row left to right:** Melissa Warren, Felicity Drumm,  
Joseph Mundava, Sarah Ellery, Moira Gillespie

**Front row left to right:** Fiona Sayer, Judy Warren, Kirstin Unahi

## 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](mailto:cancernursesnz@gmail.com)  
and using internet banking.

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

 [cancernursesnz@gmail.com](mailto:cancernursesnz@gmail.com)