Cancer Nurses College
NEW ZEALAND NURSES ORGANISATION

COMMUNICATING & NETWORKING FOR HAEMATOLOGY & ONCOLOGY NURSES ACROSS NEW ZEALAND

DECEMBER 2018

cancernet

Editors' note

Kia ora and welcome to the December edition of the Cancernet.

It's hard to believe it's that time again already. It has truly been a very busy year for the college with the International Cancer Nurses College (ICCN) held in Auckland in September, alongside other committee work.

In this edition we have included an update on what the committee has been up to, along with the Chairperson's report from Judy Warren. Judy has completed her term on the committee and February will be her final meeting. As a chairperson Judy has been extremely hardworking, politically proactive and had a pivotal role in bringing the ICCN to New Zealand. Throughout her time on the committee Judy has always been down to earth, encouraging and respectful and I'm sure I'm speaking for the rest of the committee when I say we will be very sorry to see her go. We also say a sad farewell to Joseph Mundava our co-secretary, he has worked very hard at keeping us all organised and entertained.

We have two new members joining the committee in February, Rosie Howard a haematology Nurse Practitioner from Auckland and Jane Wright, Clinical Nurse Specialist from Ashburton and would like to extend a warm welcome to them.

Much of this edition has been dedicated to providing feedback on the ICCN. As a committee we were very proud to be involved with the conference and to stand up and say we are nurses from NZ. Sadly it was very clear that in many ways other countries are much less fortunate in their access to resources.

We also have an article by Sara Farrant who attended a conference at Peter MacCallum Cancer Centre in Melbourne recently, reflecting on her experience and the need for self-compassion, which seems to be a theme in this edition.

We have included a link to the NZNO Strategy for Nursing. As nurses and NZNO members we feel this is a document you should all be aware of.

Finally we have included information on a number of local and international conferences and would like to remind you as CNC members you are eligible to apply for funding to assist with your attendance.

We hope you all have a safe and merry xmas and holiday period.

Meri Kirihimete me te Hape Nū la

Your Cancernet Editors
Kirstin Unahi and Sarah Ellery

NZNO/CNC Grant recipients' feedback

A number of CNC members received grants to attend the International Conference in Cancer Nursing this year, the feedback from them was overwhelming and unfortunately we aren't able to publish it all – below are some of the highlights from their feedback on the conference.

Grant recipient - Debbie Walker

Community Cancer Nurse, WBCC Kapiti Coast

In September I attended the first ICCN conference to be held in NZ. It was amazing to be with so many international cancer nurses all in the same room. Although we were from many countries and cultures, the needs of our patients are very similar. There was much discussion around global diversity, equity and access to treatment and care. It is very evident that in many countries and for the
370 million indigenous people worldwide there is not the same access to cancer treatment.

- Similar as it was for people with HIV/ AIDS, higher income countries received the appropriate drugs in a timely manner but treatment for the marginalised was either delayed or not at all.
- In Serbia it can be "if there is no cure then there is no care".

- In the Middle East, Asia- Pacific, Africa and Central America 90% of people do not have access to basic surgical care and there is a broad variation in cancer outcomes. Part of the reason is they have few Doctors, Anaesthetists and Nurses who are highly trained in surgery and oncology.
- It is predicted by 2025 that there will be 19.3 million new cases of cancer per year globally and 2/3 of these cases will be in low and middle income countries where 85% of the world's population live. *(Allemani et al, 2018).*
- Cancer surgery is central to achieving a 25% reduction in premature deaths from non-communicable diseases as set out by the WHO sustainable development goals.

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In this issue:

NZNO/CNC Grant recipients' feedback

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- Of 15.2 million new cases of cancer in 2015 80% needed surgery and by 2030 this is predicted to be 45 million cases.
- Currently less than 25% of cancer patients worldwide get safe, affordable and timely surgery. *(Sullivan et al, 2015).*
- It is a similar picture for radiotherapy in that 50-60% of all patients with cancer need radiotherapy and the world capacity for radiotherapy is unacceptably low. In fact it can be non-existent in low- and middle-income countries.

Many of our overseas colleagues shared with us that palliative care is not a specialty in many of their countries and so many people, even children, are dying in pain (Daher et al, 2013). For many people worldwide a nurse is often the first, and sometimes the only health professional that people see and the quality of their initial assessment, care and treatment is vital. It was agreed over the four days that good timely cancer treatment and care cannot happen without strengthening nursing globally and enabling nurses to work to their full potential.

Another interesting session I attended was about working as a solo Specialist Nurse where technology and time restraints have led to greater use of phone, email and texting with patients. As nurses in these positions we are having to articulate some of the key elements of assessing patients via remote means. Meaning we are having to develop skills to hone our senses to read between the lines of what you can't see when trying to assess the patient over the phone or through a text message or email. For example, listening for SOB, wheeziness, tiredness, fatigue, distress and anxiety.

Conference was full on! Just so much to go to and hear. The highlight for me was the workshop and sessions throughout the four days on NET's (Neuroendocrine tumours) taken by Kate Wakelin, NZ, Avril Hull, Australia and Philippa Davis from the UK. Experts and specialist nurses working with NET patients, they had a wealth of knowledge in an area that has become a specialty in its own right over recent years. They went through common symptoms, diagnosis and tests, treatment, nutrition and associated syndromes. Survivorship and survivorship care planning for NET patients was also discussed given these patients are often living with a chronic condition and can live many years with this disorder. In NZ we have the Unicorn Foundation which is a registered charity established to provide support and information to patients, families and medical professionals. The Unicorn Foundation is working toward improving access and awareness for NET cancer. Unfortunately vital treatment like PRRT (radionuclide therapy) is not available for patients in NZ and they have to travel to Australia for this. However I believe from February 2019 it will be available in Auckland.

The Unicorn Foundation has many resources and survivorship care plans that we as nurses can download from their website. As a Community Cancer Nurse I frequently look after this patient group and administer octreotide injections.

It was useful to be given some handy hints when drawing up and administering this often tricky injection. One of the key things for ease in giving them is to make sure they are at room temperature before administering. Half an hour out of the fridge is clearly not long enough.
Philippa and Avril said they take them out of the fridge at the beginning of each clinic. I have developed a growing interest in caring for NET patients. This is a group of patients that often come into our service after a lengthy diagnosis period as NET's can often mimic many other disorders such as asthma, diabetes, menopause, IBS. Patients often have to fight for a diagnosis as they are often dismissed after multiple tests that can be inconclusive. These patients live with a lot of uncertainty. Over half these patients have metastatic disease. Nurses play a big role in NET patient care and are often the glue that holds it all together.

Nurses and other healthcare professionals working in oncology/ haematology field who attended the ICCN: from Brazil, China, Kenya, New Zealand, Thailand and the USA

Grant recipient - Varinia Jones

Southern District Health Board

The theme for this year's conference was 'Global Actions: Working towards unity and excellence in Cancer Care with the emphasis placed on the importance of international collaboration as we globally strive for access to quality care for all cancer patients.

And it did not disappoint! With hundreds of nurses in attendance from around the world, the conference provided a forum for nurses across all cancer streams to listen, learn, digest and take away innovative ideas from around the world that could provide a platform for change in their own practice.

The opening plenary panel session set the scene for what we as cancer nurses must prepare for: the rise in patient numbers and subsequently the rise in the need to

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NZNO/CNC Grant recipients' feedback

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provide timely, affordable and accessible care. Often, we note the gradual rise, the increased numbers at FSA, the strain on resources to administer and provide ongoing care but don't give a lot of thought to the future and our role within it. This session, coupled with a few sessions on the increased rise in nursing clinics, nurse practitioners, and nurse prescribers demonstrated not only how crucial our role is at present, but also the potential for development as we rise to meet the increasing demand on cancer care centres.

As this was my first international conference, I was very eager to learn about cancer care in other centres globally. Where were they in terms of nursing leadership, development and patient care? Too often in New Zealand we think we lag behind our international counterparts. Often when we hear talk about cancer care in main stream media, we hear how many drugs we don't have access to – and this talk often overshadows the great things centres around New Zealand provide.

Having worked in the Oncology/Haematology Assessment Unit here in Dunedin for numerous years, I was surprised to go to two sessions from international colleagues who were discussing how they had just obtained grants to set up similar units - one in a main cancer care centre in Australia.

Similarly, I attended a great session by a Chinese colleague whose research this year had shown the need for greater MDT input with head and neck cancer patients- a clinic we have had in place for over 10 years. I think this shows that as cancer nurses, New Zealand nurses are some of the best innovators in terms of cancer care and we should pride ourselves on this fact and demonstrate more of our ideas and development on international stages such as the ICCN.

Grant recipient – Nancy Yang

RN Waikato DHB

I attended the pre-conference workshop, which was held by the end of life nursing education consortium with the focus on improving palliative care for patients and families. The most valuable message I gained from this workshop is that initiating palliative care, starting from the diagnosis of oncology/haematology condition, is more beneficial for patients and their families.

Early implementation of palliative care ensures the continuum of care, in case of sudden deterioration. Furthermore, patients actually live longer if they receive good early palliative care input by increasing quality of life and mood, according to one of the pivotal studies on patients with lung cancer.

Grant recipient – Petra Stolz Baskett

Nelson/Marlborough DHB

With a much appreciated travel scholarship from the NZNO Cancer Nurse College and support from the Nelson Medical Education & Research Trust, I was able to attend the International Society of Nurses in Cancer Care (ISNCC) bi-annual conference. My four personal highlights were:

- the Robert Tiffany Lecture by Professor Alex Molassiotis, summarising his work within symptom management research over the past two decades. It made me rethink my ongoing learning in this area and how important it is to not just assess and/or quantify the plethora of symptoms our cancer patients experience but explore and value the meaning given to these symptoms.
- the session on care delivery in which New Zealand cancer nurses had a strong representation with Varinia Jones from Southland DHB talking about Registered Nurse prescribing, Sarah Ellery and Kirstin Unahi's presentation on their work as Nurse Practitioners focusing on patients with cancer, and myself having the opportunity to present on the establishment of a CNS-led haematology clinic in a secondary care setting.
- Professor Mei Krishnasamy's presentation about the work going into setting up a research hub, focusing on capacity building for nurse-led research across ten different organisations invested in cancer care provision and research in the Melbourne region. I can only wish that one of the cancer care leaders in our country could follow suit and consider the development of a smaller scale project in that vein.
- Dr. Tess Moeke-Maxwell's presentation titled: "An indigenous model of Maori whanau end-of-life care". Come 2020, the results of this research program will provide us with valuable resources to support culturally safe care of patients/whanau at this very important time which the end-of-life period is for patients and whanau alike.

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NZNO/CNC Grant recipients' feedback

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Grant recipient - Dianne Keip

Conference Day 1 - The final speaker of the concurrent session I attended was the best speaker I've heard in a long time – Deborah Boyle, an American Oncology CNS who spoke on compassion fatigue and a nurse-centric model. Her key statement was that all compassion fatigue was not alike. It is often regarded as the cost of our caring.

She described burnout as emanating from all the stressors from your work e.g. political issues, equipment, staffing levels, and compassion fatigue as coming from the relationships that we develop from patients and families. It is the disenfranchised grief that we swallow and contain within ourselves.

She aligned nursing to the role of first responders but then highlighted the differences in nursing that are that you can't leave the tragic scene, you often have to return to the disaster, there are frequently multiple catastrophes in a single shift, an established relationship is severed, there is very little preparatory guidance and there are few antidotes. The grief of working with families is constant, cumulative and concealed making it all the more destructive.

Some solutions presented included: strength and skill-building prior to practice; anticipatory guidance; making the most of available antidotes such as time-sensitive psychological first-aid, mental health days, desk days, counselling.

Reference: Oncol Nsg Forum 43(3) 363:371. Nursing care at the time of death: A bathing and honouring ceremony. Rodgers D, Calmes B, Grotts J. (2016)

Grant recipient – Ann-Maree Murphy

Lakes District Health Board.

On reflection: Words that come to mind post ICCNZ 2018 conference.

Inequity: Ethnicity, country, drugs, country vs city. A number of presentations clearly demonstrated that cancer care, treatment and outcomes are dictated by who you are, and where you live. This should not come as a surprise as the recent Ministry of Health report "Quality indicator report for bowel cancer services in New Zealand: 2018" demonstrated inequalities in diagnostic pathways, and variations in post-operative mortality and equity of outcomes across DHBs in New Zealand. However it was confronting to see survival rates in third world countries.

Nurse-led care (within a collaborative environment). The value of a Nurse Specialist within the cancer streams was clearly demonstrated in research presented. Research included the educating of nursing students and curriculum development in oncology and palliative care in a number of countries, to nurse-led telephone triage, to nurse-led clinics, and to a variety of audits that informed, challenged, and subsequently changed nursing practice within the institution surveyed.

Compassion fatigue/emotional exhaustion/ Managing self, social support. Self care was a theme touched on by various presenters and it is timely to remind ourselves of ways in which to increase our own personal resilience: reflection, clinical supervision, physical fitness, spiritual care, and a social support system.

Opioid errors. Characteristics of opioid errors reported in palliative care inpatient services. Presenter Nicole Heneka.

A clinician-driven project to address opioid errors as a quality improvement priority in palliative care. Undertaken in palliative care settings in NSW. Medication errors were audited over a two-year period. 32% (n=55) of total medication errors were opioid errors and 84% (N=46) reached the patient.

- Administration errors 76% (n=42)-omitted dose 33%, Wrong dose 24%, Transdermal patch error 19%
- Prescribing errors 15% (n=8)
  medication charting errors 50%
  Opioid conversion errors 25%
  wrong drug errors 25%
- Near miss 5% (n=3)
- Dispensing 4% (n=2)

Of concern one third of these errors resulted in patient harm requiring clinical intervention.
57% were under dosed and 39% were overdosed.

Critique: This presentation was phase one of a sequential three phase mixed study with the aim of determining if there was an opioid administration problem and what it consisted of. The subsequent phases look at attitudes and perceptions of staff, and identify changes to ensure safe opioid administration and accurate error reporting and to make recommendations. It was retrospective, and from data presented the results appear to justify the conclusions. I found the findings of the study both scary and unsettling. I wonder how transferable the results are to a NZ setting.

Reference Heneka,N., Shaw,T., Rowett,D. & Phillips,J.L. (2015). Quantifying the burden of opioid medication errors in adult oncology and palliative settings: a systemic review. Palliative Medicine,30 (6), 520-532.

Report from the chair

Welcome to this edition of Cancernet.

Firstly, congratulations to everyone on your contribution to the success of the ICCN conference. Wasn't it just great! We haven't had a final conference committee meeting yet so I can't comment on final evaluations. But I do know that the nurses I spoke to were thoroughly enjoying the conference. I would like to acknowledge past chair Angela Knox who first mooted the idea of hosting an international conference. There are many to thank but I must credit Avril Hull for coordinating a well-attended neuroendocrine preconference workshop as well as conference sessions and Novartis for providing support. Finally Donna and her team at Worx4U and the Skycity Convention Centre, both provided commendable service. There are many learnings from the presentations - opportunities for improved practice, future research, challenges for the future.

At our recent committee meeting we had the pleasure of meeting and inviting a Pharmac representative who gave a presentation on the work and her role at Pharmac. Areas of concern for the committee and cancer nurses include funding and availability of treatments and devices for cancer treatment and also the safe handling of anti neoplastic drugs. I hope this initial meeting will develop a stronger relationship between the College and Pharmac. We have suggested Pharmac consider developing seminars on cancer care which will be of interest to many.

The Minister of Health has announced an initial $80 million to assist with urgent remedial repairs to the northern region including Starship and Middlemore. Many hospitals in NZ require major work and it is estimated this could cost billions. Most DHBs are currently in budget deficit and we are all aware of already stretched resources.

The Ministry of Health team are currently developing the Standards of care for people affected by cancer which has had a targeted distribution for review and comment. The purposes of the new standard are to support national consistency in access to treatment, equity of outcomes, system integration and a shift to people-centred (as opposed to health-system-centred) care. Included within this is the living post cancer section which is a current College project. There is also a consultation document out for the guidance and best practice management for the national bowel screening programme. These aim to embed best practice clinical management across the screening pathway and ensure quality and consistency.

Leaving the committee in November was Joseph Mundava. We sincerely thank you for your commitment to the committee and secretary role Joseph which you have done so competently and with good humour. We will miss you and wish you well for your studies.

We welcome Rosie Howard from Auckland and Jane Wright from Ashburton to the committee.

It is also my last meeting as chair and I end my 5 years on the committee. I never envisaged I would be chair but that's the way it happens! I have enormous respect for everyone who strives to improve the care of people affected by cancer. I leave knowing the College is being led by a solid and nationally respected committee and hand over the chair role to Kirstin Unahi .

Seasons greetings to you all and best wishes.

Judy Warren
Chairperson, NZNO CNC

CANCER NURSES COLLEGE
COMMITTEE REPORT

A brief update on the last meeting for 2018 held on November 23rd and 24th in Wellington. We had two guests to the meeting – Karen Jacobs-Grant from Pharmac and Merian Litchfield a nurse researcher/academic.

This was Karen's first visit with us and we felt meeting Karen has initiated a valuable contact to Pharmac providing opportunity to discuss nursing issues with Pharmac. This link to Pharmac is becoming more necessary and desirable. We now have a number of nurse prescribers and as Pharmac are now responsible for medical devices nationally this is an avenue for us to pursue the equipment necessary for a fully closed IV system for chemotherapy administration.

Merian attended at our invitation to discuss a way forward with reviewing the Knowledge and Skills Framework which is on the current work plan. While Merian didn't feel she could directly assist us with the work, we had useful discussion in a broader sense on nursing and education. Kirstin Unahi and Sarah Ellery stayed longer after the committee meeting to start the work of reviewing the framework. So look out for a draft in the New Year as we will be seeking your feedback on how to make it as usable as possible.

As indicated in the Editors' note we have a 'changing of the guard' so to speak with Judy and Joseph stepping down and Kirstin taking up the reins of the Chair role. We will endeavour to keep you up to date in the first half of next year with the plan for work by the committee moving forward.

CONFERENCE REPORT

Colorectal Cancer Conference 2018

The Colorectal Cancer Conference 2018 was held at the Victorian Comprehensive Cancer Centre and hosted by Peter MacCallum Cancer Centre in Melbourne, Australia.

The focus on a multi-disciplinary approach to provide treatment and care for patients with colorectal cancer. The conference program was true to the focus with presentations covering radiation, chemotherapy, immunotherapy, surgery, pain management and maintaining humanity in medicine.

Conferences are full of opportunity and inspiration, sometimes we take away academic pearls or perhaps a facet of care is dissected and we gain a better perspective of its importance, sometimes it's just comforting to hear other centres tackling similar challenges. The networking is always great, we share our frustrations and we exchange our ideas for providing patients the best care or inspire each other with visions and strategies. And sometimes what we take away from a conference is not what we expected at all.

Dr Ranjana Srivastava a Medical Oncologist, recipient of the Fulbright award for research in medical ethics and doctor-patient communication at the University of Chicago spoke about maintaining humanity in medicine. Dr Srivastava's approach for this presentation focused on practitioners care and acceptance of themselves, their expectations and limitations in order to impart compassion, dignity and understanding for their patients. Dr Srivastava gave us her regimen for maintaining humanity; wide variety of friends for perspective, writing a journal, exercise and family and good communication.

As a mother of two, and full-time Clinical Nurse Specialist working in oncology, this resonated deeply, my expectations of what I can achieve in my career, role model for my children, be a supportive wife, friend, sister is high and at times I am left flat and depleted. I know this is a conversation that has been written a hundred times or more, its one I have read and agreed with, imparted this same advice to friends; 'be kind, go easy on yourself', but I have never applied this to myself.

I cannot tell you why I heard this message louder than at other times; perhaps it was the delivery, after all she has written numerous books on communication, perhaps by attending a conference listening and learning became the only focus. Whatever the reason it got me to thinking about myself as a tool to be applied for best outcomes. To keep myself sharp and adaptable, I need to accept what can't be changed, change what can and to allow myself imperfection. In doing so I can be human for when patients need me to listen and accept, role model to my children, friends and family that aiming high is great, but to get there in one piece you may need to ask for help.

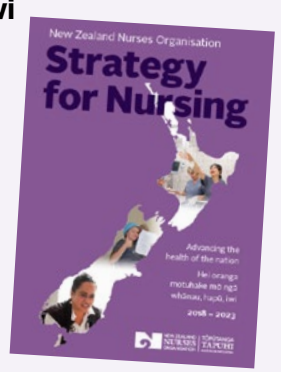
So what could I do differently? I took a look at my role as a CNS in Oncology, its everything a senior nurse would want; autonomy, respectful colleagues that support and enable independent decision making, a manager supportive of my professional growth and patients that never fail to motivate me. However I work in isolation like so many other senior nursing positions and this is where the self talk takes over, debating in your head whether you've been compassionate enough, too compassionate, too quick with a patient that needs to sit a little longer with a health professional for reassurance, the list goes on. I deliberated this with a friend (Medical Doctor), she asked a simple question, do nurses get peer supervision? Maybe I replied, I had no idea. But it's time I found out.

Sara Farrant, Clinical Nurse Specialist for Colorectal Disease, CCDHB.

THE NZNO STRATEGY FOR NURSING

Advancing the health of the nation

Hei oranga motuhake mō ngā whānau, hapū, iwi



The NZNO Strategy for Nursing is a key tool to resolve structural and systemic barriers that impede nursing effectiveness in Aotearoa New Zealand, such as restrictive models of care and employment, contractual methods, funding mechanisms and institutional racism.

The NZNO Strategy for Nursing is a whole-of-profession document, irrespective of the role a nurse has. It has been created for the unique context of Aotearoa New Zealand from 2018 to 2023 and will be reviewed in 2020. The strategy pays particular attention to a Māori world view of health, care and support.

The conceptual model and the interdependent strategy sections and themes provide a strong platform for implementing strategic actions through NZNO membership and in partnership with aligned professional, legislative, regulatory and community agencies.

Click here to read or download the document

Tour of Auckland's Regional Cancer & Blood Department
for visiting attendees at ICCN 2018

In September, the International Society of Nurses in Cancer Care Conference (ICCN) was held in Auckland city's SKYCITY Convention Centre; attracting more than 500 attendees from all corners of the globe.

By tradition, the host city offers a tour of the local oncology centre for interested visiting attendees. As the Auckland representative on the Cancer Nurses College Committee, this task fell to me. 'Don't worry about it –interest is normally very limited – most years there are only 10 -12 that come along! So, imagine our surprise when within moments of the tour being advertised we had filled the 20 spaces available and had a waiting list of almost 50! I had no idea my place of work was so exciting!

Management agreed with my request to offer a second tour given such high interest. I coerced a fellow Committee member Joseph Mundava, together with Rosie Howard, an Auckland colleague working in haematology, to help.

Tour interest was high from nurses hailing from China, Japan and Korea, with others from Norway, Denmark, Canada, Australia and Singapore. We began with a visit to our 28 bed Oncology Ward, which was the initial beneficiary of the 'Sweet Louise' charity. Louise had been cared for on the ward, and as a result the unit is home to many impressive pieces of art, glass sculpture; and uplifting poetry, gracing its walls. We then visited our standalone Phase 1 Research Unit where Sanjeev Deva, the unit's lead Oncologist spoke about the cutting edge work being done here in partnership with Auckland university. Next was the new 'State of the Art' Haematology Ward, where Rosie, New Zealand's only Haematology Nurse Practitioner, took the lead.

We progressed on to our outpatient units, with 100 patients attending daily for chemo / immunotherapy, together with 300 receiving radiation therapy each day. These units are supported by our 'Acutes' department, which is a dedicated 15 bed unit for patients presenting with acute disease or treatment related complications or toxicity. For many on the tour, the Acutes unit equalled the size of their entire outpatient's treatment area.

Finally, whilst enjoying local light cuisine, we were able to show off our panoramic view of the city and Waitemata Harbour. With positive feedback and genuine interest, perhaps I am luckier than I had realised to be working here!

Felicity Drumm, Oncology Nurse Practitioner, Auckland City Hospital

We received this information from our colleagues at ONS on a great resource available to you for further professional development...

In ONS's global work we meet many international colleagues; the more we get to know our global colleagues, the more I realize how much we have in common!

We all want to provide the best patient care and work collaboratively as a care team. We want to learn, connect and share experiences with other nurses.

With so many changes in our work of managing cancer patients, I'm happy to share free ONS best practice video clips that address important issues oncology nurses face every day.

These videos are less than 5 min in length. Feel free to share this valuable resource with your colleagues.

Click here to access the video clips

Topics include:

- Oncology Nurse Skills Training
- Change Recommendations for Needleless Connectors
- Obtaining Blood Cultures from a Central Line
- Proper Use of Chemotherapy Gowns
- Procedure for Access Devices
- Double-Check Requirements for Antineoplastic Agents
- Standard of Practice for Cleansing Access Sites
- Standard of Practice for Topical Anaesthetics Prior to Insertion of a Peripheral IV
- Standard Regarding a Catheter Without a Blood Return
- CHG Impregnated Sponges
- The Risk of Handling Hazardous Drugs While Pregnant
- Syringe, Flush Volume, and Flush Fluid
- Antineoplastics Administration
- Oral Antineoplastic Agents
- Oral Adherence
- Nursing Considerations When Administering CDK4/6 Inhibitors
- How CDK4/6 Inhibitors Work
- Get Up, Get Moving
- A Patient's Journey to Physical Activity
- Oncology Nurse Multicomponent Interventions
- Oncology Nurse Cognitive Behaviour Interventions
- Oncology Nurse Psychoeducational Interventions
- Oncology Nurse Caregiver Assessment

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 2018. 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 Cancer Research Trust NZ 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 the Cancer Research Trust NZ 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 Update

A word from the Manager, Cancer Services

Cancer Care at a Crossroads Conference and workshops

Keep up to date on the National Cancer Programme

Online cancer learning

www.cancerlearning.gov.au

www.cnsa.org.au

www.ons.org

www.isncc.org

www.eviq.org.au

www.nccn.org

www.asco.org

NCCN ANNUAL Conference 2019

Improving the Quality, Effectiveness, & Efficiency of Cancer Care™

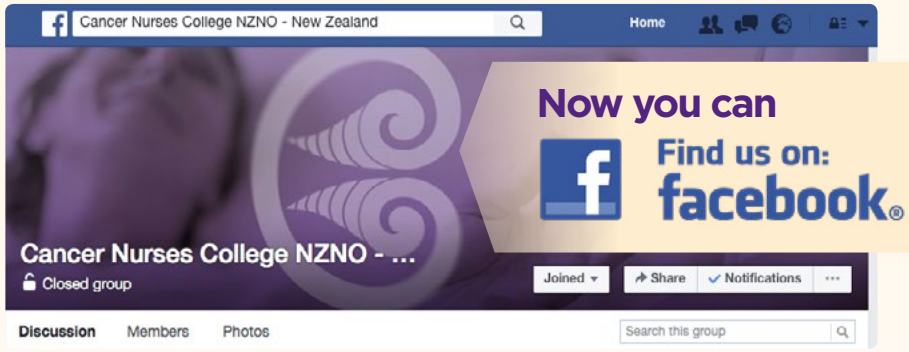
March 21 – 23, 2019
Rosen Shingle Creek
Orlando, FL

REGISTER NOW

Pre-Conference Program on Wednesday, March 20, 2019

The NCCN 2019 Nursing Program at the NCCN Annual Conference will provide oncology nurses with comprehensive and clinically relevant information to optimise patient education and care. Information is focused on current and critical issues to provide oncology nurses with practical information that can be implemented in the practice setting.

Click here to find out more...



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!

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 labelled 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.

31 JANUARY – 1 FEBRUARY, 2019
TE PAPA, WELLINGTON
Cancer Care at a Crossroads Conference
Click here for more information

21 – 23 MARCH, 2019
ORLANDO, FLORIDA
NCCN Annual Conference: Improving the Quality, Effectiveness, and Efficiency of Cancer Care
Click here for more information

31 MAY – 4 JUNE, 2019
CHICAGO, USA
2019 ASCO Annual Meeting: Caring for Every Patient, Learning from Every Patient
Click here for more information

20 – 22 JUNE, 2019
MELBOURNE, AUSTRALIA
Cancer Nurses Society of Australia 22nd Annual Congress: The complexity of cancer care: what will the future of cancer nursing look like?
Click here for more information

27 SEPTEMBER – 1 OCTOBER, 2019
BARCELONA, SPAIN
SAVE THE DATE: ESMO 2019 Congress
Click here for more information

The 2017-18 Cancer Nurses College **COMMITTEE**

Back row Left to right:
Fiona Sayer, Sarah Ellery, Judith Warren, Moira Gillespie
Front row left to right:
Kate Whytock, Joseph Mundava, Kirstin Unahi, Felicity Drumm (insert bottom right)

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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