Cancer Nurses College
NEW ZEALAND NURSES ORGANISATION

COMMUNICATING & NETWORKING FOR HAEMATOLOGY & ONCOLOGY NURSES ACROSS NEW ZEALAND

MAY 2017

cancernet

## Editors' note

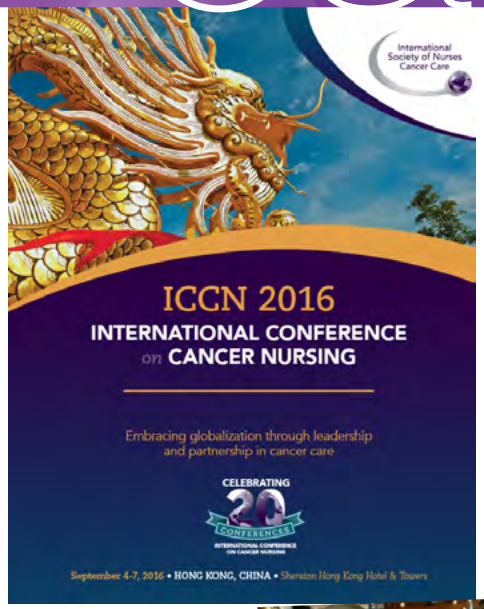
***Welcome to the first edition of Cancernet for 2017.***

*When embarking on this edition we thought it would be timely to consider the theme for International Nurses Day 2017 – 'A voice to lead', and look at how audit and research within cancer nursing may be applied in developing practice innovations. In approaching a number of cancer nurses across the country, what was greatly apparent was that nurses are actively influencing and contributing to improved cancer nursing practice, however were unable to contribute audit and research findings at this time. Entrenched in clinical practice, cancer nurses often are faced with the dichotomy of clinical practice and service improvement. Audit and research in cancer nursing practice is evolving, and increasingly being viewed as being relevant to clinical practice and not just the academic field.*

*This edition reports on the attendance by two cancer nurses at an international research workshop and conference whereby cancer nursing research was highlighted and deemed crucial for continuing advancements that promote optimal cancer nursing care.*

*We invite nurses working in a variety of cancer nursing settings to share clinical practice innovations in future editions of Cancernet, thus contributing to a diversity of skills and experiences in cancer nursing care.*

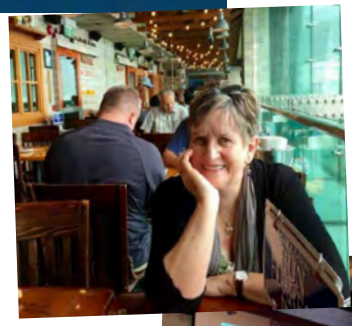
***Melissa Warren and Kirstin Unahi***




# CONFERENCE REPORT

***The following report is written by Moira Gillespie a current member of the CNC Committee.***

In September last year I had the fortunate opportunity to attend the International Conference on Cancer Nursing. This conference attracts nurses from around the world and this year was no exception with over 400 participants. The presentations are researched and evidence-based and provide cancer nurses with the opportunity to expand knowledge and exchange ideas to enable enhanced care of people with cancer. With over a hundred oral presentations, it was a challenge to select from the sessions, the following is a snapshot of some of the sessions I found most interesting and relevant to the New Zealand setting and my practice. I have included some of my own reflections on how these presentations relate to a New Zealand context.



### Demographic predictors of breast cancer screening behaviours among immigrant women in Australia

*Cannas Know, Mi Joung*

This study reported on breast cancer screening practices and examined the relationship between socio-demographic factors and immigrant women's breast cancer screening behaviors in Australia.

Immigrant women have lower participant rates in breast cancer screening when compared with Caucasian women. 1744 women from Chinese, Indian, Arabic, African and Korean backgrounds were enrolled in the study. 73% were married and approximately 50% had tertiary education. Findings showed that 19.3% practiced breast awareness on a regular monthly basis; 23.3% underwent clinical breast examination and 35.4% had biannual mammography.

Factors as to why women did not attend clinical examination included socio-demographic reasons such as culturally-based beliefs and embarrassment. The length of time the women had been in Australia was associated with how immigrant women's perceive self-breast awareness (SBE), marital status and English proficiency

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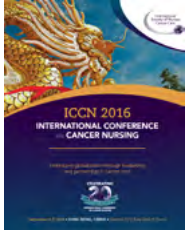




# ICCN 2016 CONFERENCE REPORT... *continued*

were also significant factors. Married women were more likely to perform SBE and have clinical breast examination (CBE). Women who were employed were least likely to attend CBE.

Further studies are needed to fully understand the barriers discouraging immigrant women from participating in screening, with a focus on those women who were single, employed, newly arrived in the country and for whom English may be poor.

Breast cancer is the most commonly reported cancer in New Zealand women. There are approximately 3000 women diagnosed a year with approximately 600 dying annually and it is the most common cause of death[1]. According to Breast Screening Aotearoa, pacific women have a 54% greater chance of dying from breast cancer than European women. A targeted media campaign has encouraged pacific women to attend for screening by sending a mobile screening bus into areas for those for whom transport may be an issue. Maori women are 1.5 times more likely to die from breast cancer than non-Maori. The risk increases with age, with those over the age of 50 years more at risk. Maori women have a 33% higher incidence of breast cancer than non-Maori women. Maori and Pacific women are at greater risk of dying with Maori showing a 65% higher mortality rate than non-Maori[2].

I could not find any recent studies into the status of non-Pacific immigrant women living in New Zealand, but it would be important to consider their risk factors and access to health care now that more immigrants are arriving to live in this country, especially those from war torn countries where the health systems have deteriorated and women would be less likely to be screened, or receive treatment.

## The impact of chemotherapy on patients greater than 65 years

*Carole Farrell, Bernadette Rose and Cathy Heaven, United Kingdom*

Findings were presented of a Stage 2 study on the impact of chemotherapy on older patients. The aim of the study was to look at the challenges for those who have potential comorbidities, mobility and functional problems. 146 patients aged 65-87 were recruited. Patients were selected from one cancer care centre in the UK and seen pre- commencing chemotherapy, after cycle 3 and 6 (end of treatment). Several questionnaires were administered including a geriatric depression scale and SPARC - a multidimensional screening tool that gives a profile of needs to identify patients who may benefit from additional supportive or palliative care, regardless of diagnosis or stage of disease.

62% had co-morbidities, including 21% with multiple co-morbidities. Of note the death risk increased if the patient had respiratory or cardiac problems. 53 were undergoing adjuvant chemotherapy using 38 different regimes, 82% completed chemotherapy although dose reductions were frequent; 20% died (4 within 30 days of completion of treatment), 33% had unplanned hospital admissions, 17-30% were malnourished with very few being referred to the dietitian.

Patients experienced increased concerns during treatment with a greater risk of affective disorders, but no significant depression. Independence and mobility were decreased significantly which placed a bigger burden and reliance on family and friends however as the disease progressed, contact with nursing staff and family decreased. Up to 22% of patients expressed 'helplessness' with 46% preferring to stay at home. Patients had decreased social activity, mobility, independence and use of car, with culminant increase in isolation, however were seen as 'stoic' by themselves and family.

Findings from the study found that many patients struggle with toxicities but fail to report them. Comprehensive assessments are not routinely undertaken with the result that declines in independence and function was not detected. Monitoring of patients generally was not optimum however those with CNS input had better outcomes.

## Closing the gap: implementation of a national cancer nurse coordination program:

*Natalie James, National Cancer Programme, Ministry of Health, NZ*

Natalie gave an informative session on the establishment and implementation of the national nurse coordination programme. The programme was set up by the Ministry of Health following concerns expressed about the widening gap of survival rates among specific groups and populations.

The programme aims to improve timely diagnosis, identify gaps in service and initiation of treatment and follows the experience for patient and family. Currently there are 40 cancer nurse coordinator roles with Natalie working with the coordinators to establish treatment guidelines, identifying patients with high needs and working to improve patient care and outcomes.

Outcomes from patients, health professionals and stakeholders surveyed show a high level of satisfaction with the coordinator roles. There have been system improvements across all regions. The coordinators are reaching those in need although there is still work to be done to understand the reasons for a group of patients who are not accessing the service and whether the roles are contributing to timely access to treatment.

For those who have accessed the service and were likely to experience gaps and barriers, satisfaction is high and the coordinator roles are valued both by patients and other health professionals. A further survey will be carried out in due course.

## Perspectives on spiritual care

*Margaret Fitch, Canada*

According to the World Health Organisation, spiritual care is a core element of patient care and whilst patients see nurses as central to spiritual care, workloads are also a significant factor and generally health care professionals do not see this as part of their role. However according to Fitch there is a need to identify spiritual distress and hold patient centred conversations when the need arises.

A project was undertaken looking at the realities of identifying spiritual distress in the clinical setting. 16 patients and 7 nurses were interviewed. Patients were able to identify common themes such as isolation, loneliness and disconnection; and identified spiritual care as being

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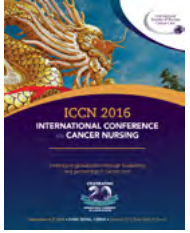



# ICCN 2016 CONFERENCE REPORT... *continued*

listened to, connecting with an individual, and the ability to have a conversation.

Nurses on the other hand had difficulty in describing spirituality, giving examples or seeing a role for providing spiritual care.

The study concluded that while patients expected that spiritual care would be part of nursing care, overall nurses struggled with identifying and talking about spiritual distress and that nurses could benefit from gaining skills in assessing and providing interventions surrounding spiritual distress.

## A national cancer nursing workforce development project: Assessing reach and impact ten years on

*Kylie Ash, Patsy Yates, Australia*

This was an interesting session looking at the national cancer nursing workforce development project (EdCan) and its implementation and adoption in policy and practice in Australia and overseas.

In 2005, the project was funded by the Australian government in recognition that people with cancer needed specialist nursing care. Two phases were initiated, one to develop resources that were underpinned by the national professional development framework for cancer nursing and a competency assessment.

A widespread data search included the Publish or Perish software programme, Google scholar, and Web of Science and Scopus. Research showed that the EdCan Framework and Competency assessment have been referenced in numerous publications in Australia and overseas including New Zealand.

The documents have been used as a guide to the development of education for other specialist nursing groups, and provide a framework for workforce development and education. It also informs the common language that nurses use when speaking with patients.

The EdCan website provides a learning resource for all nurses.

Overall, findings suggest that using recognised frameworks are associated with a higher quality and sustainable nursing workforce, however in order to sustain this, there needs to also be development of multi-level evidence-based development.

## Contribution of prostate cancer specialist nurses: perspectives of clinicians

*Julie Sykes, Danette Langbecker, Wei-Hong Liu, Patsy Yates: Australia*

Purpose/Objective: To present clinician perceptions of the influence of prostate cancer specialist nurses (PCSN) on patients and the perceived impact of the role on patient outcomes.

It was piloted across 12 health regions (12 nurses) in metropolitan and regional Australia. 63% of the nurses had greater than 10 years experience in nursing.

An online survey of medical, nursing and allied health staff was carried out at 12 and 20 months after the PCSN's were appointed. The majority reported the roles had significant influence on patient's outcomes. It was noted that while the PCSN were not involved in the administration of anti-neoplastic medications they needed to understand the implications for patients.

Outcomes from the study showed the majority reported that the role had significant influence on patients' outcomes and on patients acceptance of appropriate care; improvement in supportive care (90%); improvement in patients' knowledge and access to services (87%); patients' satisfaction of care (80%); reduction in duplication of services; reduction in variance of evidence-based care; reduced patient stress and aided in informed decisions.

Recommendations included the development of case management pathways; expanding the role scope within the MDT context, developing the roles to work across private and public settings. There was also a need to secure ongoing funding for the roles.

## Summary

The ISNCC conference is an important date in the cancer nurses calendar, the next one is being held July 9-12th 2017 in Anaheim, California and will be research-focused.

Finally, The ISNCC is seeking ways to work more collaboratively with cancer societies and groups globally and as the a member of the national committee for the New Zealand Cancer Nurses College, I had the privilege of being invited to a meeting with the incoming and outgoing President and Executive Officer to discuss ways that ISNCC could work in partnership more with the NZ Cancer Nurses College.

I was also invited to the Member Council Dinner and Presidents Social which was an added opportunity to network with nurses from around the world and take part in a round table discussion. This provided a significant opportunity to share how we provide cancer care in New Zealand.

ISNCC were very interested in the recently published National Standards for Anti-Neoplastic Administration, and the Knowledge and Skills Framework for cancer nurse education, both significant bodies of work for New Zealand cancer nurses.

We can be very proud of cancer nursing in this country as we are up there with the best, although there is always room to improve as through reflection and revising, we can constantly keep up to date with new advances in treatment and care.

Thank you to the NZNO College of Cancer Nurses and the Hawke's Bay District Health Board Nursing and Midwifery fund for supporting me to attend this conference. It was much appreciated.

***Moira Gillespie, Clinical Nurse Specialist, Medical Oncology, Hawke's Bay DHB***

## References

1. Ministry of Health *http://www.health.govt.nz/*
2. The New Zealand Breast Cancer Foundation *http://www.nzbcf.org.nz/*

## Appendix

Obtained from *http://ecog-acrin.org/resources/ecog-performance-status*

| Grade ECOG | |
|---|---|
| *0* | *Fully active, able to carry on all pre-disease performance without restriction* |
| *1* | *Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work* |
| *2* | *Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours* |
| *3* | *Capable of only limited self-care, confined to bed or chair more than 50% of waking hours* |
| *4* | *Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair* |
| *5* | *Dead* |

# Report from the chair

***Welcome to this edition of Cancernet.***

*As I write this, many areas of the country are being affected by the remnants of Cyclone Debbie. I hope you are all safe and have not suffered major damage. I heard a meteorologist explaining that with the climate warming, we can expect similar conditions more frequently. Combine that with our extensive exposed coastline and with our vulnerability to earthquakes, we certainly must have our emergency plans well-oiled, and this extends to ensuring the ability to maintain health services and delivery. Natural disasters often result in innovation, but better to say "what can we do differently now?"*

*I am sure many of you will be attending our national conference in Christchurch. The organising committee are doing a superb job, ensuring a range of speakers and content. I anticipate that following the conference some concepts presented will challenge us to consider opportunities for change.*

*National project work continues for a national survivorship model which describes the key components , language and principles to guide service planning and development in NZ. This project is led by the Cancer Society, Midcentral Cancer Network and the Cancer Nurses College. A current stocktake survey has been sent with replies still being collected. A second workshop is currently being planned.*

*Other CNC committee work in progress includes a national audit on the implementation and usability of the Cancer Knowledge and Skills framework and the National Nursing Standards for Antineoplastic Drug Administration in New Zealand. Alongside this, are the national work groups currently for closed systems and monoclonal antibodies. We are also aiming to get an accurate figure on how many nurses are currently certificated to administer anti-neoplastic drugs.*

*The Medical Oncology Working Group (MOWG) and the Radiation Oncology Working Group (ROWG) have two nursing representatives appointed by the CNC committee. The committee would like to thank Cathy Teague and Sarah Ellery for their time as nursing representatives to the MOWG and Jo Tuaine to the ROWG. They have provided valuable communication and discussion between CNC committee and MOWG, particularly with the KSF and Standards endorsement process. We welcome Erin Snaith, Elaine Rogers and Leanne Wilson to these roles (see profiles on next page).*

*I look forward to seeing many of you at the conference.*

*Kind regards,*

***Judy Warren, Chairperson***
***NZNO CANCER NURSES COLLEGE***


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!***

## OUR REPRESENTATIVES ON THE **MEDICAL ONCOLOGY WORKING GROUP (MOWG)** & **RADIATION ONCOLOGY WORKING GROUP (ROWG)...**

### **Elaine Rogers** MOWG

*I have worked and studied in the field of oncology since 1993, and oncology nursing since 2003. This has included all solid cancer sites specialising in breast, gynaecological and more recently lung cancer and palliative care/symptom management. I have experience in laboratory analysis, PET and MRI scanning, along with the surgical, radioactive and chemotherapeutic oncology treatments. My experience has covered the cancer journey ranging from screening and genetic family history, through to diagnosis, treatment and palliative care.*

*These above positions have allowed me to develop skills in the following areas. Firstly, my oncology nursing skills within a ward, outpatient and hospice setting. Along with the safe administration of chemotherapeutic treatments with a special interest in the area of patients receiving hypersensitivity and de-sensitising protocols and developing evidence-based practice guidelines. Secondly, oncology research in both pharmaceutical sponsored studies along with developing research study teams and investigator-initiated research studies to address symptom management issues. I have consolidated this knowledge in the designing and project management of a clinical study that I have submitted for my doctoral thesis. Thirdly, in the area of educator by supervising medical student's projects, lecturing to a wide range of post-graduate pharmacy, medical and nursing students, as well as supporting junior nurses within the department.*

*I am pleased to have been offered this position within the MOWG. Firstly, it will allow me the opportunity to evaluate and support nursing staff through the imminent change to the 'closed-system' which will improve safety and exposure for the nursing profession. Secondly, with developing evidence-based practice guidelines and protocols in new chemotherapeutic regimens and supportive measures for the patients in our care, thereby allowing equitable access to 'gold-standard' treatments wherever possible for all patients.*

### **Erin Snaith** MOWG

*I am a passionate cancer nurse and have worked within this specialty for 16 years both at Waikato Hospital and currently at MidCentral in Palmerston North, where I have been employed since March 2007.*

*I have previously held the position of Inpatient Oncology Charge Nurse at MidCentral however, since January 2013, I have been the Oncology Outpatient Charge Nurse responsible for Medical Oncology, Clinical Haematology, Radiation Oncology and Hospital Palliative Care. Last year I also temporarily covered the position of Nurse Director for the Regional Cancer Treatment Service*

*I have been involved in the pilot programme of the Anti-Neoplastic Drug Administration Course (ADAC) across Capital & Coast and MidCentral DHB's and I am currently working with the Central Cancer Network to look at a stock take of Closed System Transfer Devices for the administration of chemotherapy – this project has come about following the publication of the National Nursing Standards for Antineoplastic Drug Administration in NZ.*

### **Leanne Wilson** ROWG

*Tena koutou katoa,*

*I am pleased to have been chosen as the nursing representative on the ROWG. As representative I hope to act as a conduit for all nurses working with people undergoing radiation therapy. I know that throughout NZ the radiation nursing workforce is very heterogeneous, and that often the nurses' role is seen as an adjunct to the core business of planning and delivering radiation. However, I believe that nurses are crucial to the care and safety of people undergoing radiation and I see it as my role to raise this profile in the ROWG setting.*

*I believe I have a good under-standing of the nursing perspective – having been an Oncology nurse since 1993. Since that time I have provided care for oncology patients and their families as a staff nurse in inpatients, outpatients and the community. I have been a Charge Nurse Manager of an inpatient Oncology ward, a Nurse Specialist in Radiation and most recently a Nurse Specialist in medical and radiation gynaecologic- oncology. I have gained a Masters of Nursing over many years part-time study.*

*My first task in representation is to establish a network of radiation nurses in order that I understand and thus represent your concerns better. I welcome your feedback and am happy to raise issues on your behalf.*

*Nga mihi.*

# SunSmart training module for nurses


**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 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 mins to complete and comprises:

- Information on the current burden of skin cancer in New Zealand (slide 3 to 8)
- Understanding UV radiation (slide 9 to 16)
- Best practice steps for sun protection (slip, slop, slap and wrap) (slide 17 to 28)
- Ensuring sufficient vitamin D (slide 29 to 34)
- Early detection of skin cancer (slide 35 to 45) – includes what nurses need to do re. assessment, referral, documentation and follow-up.
- Types of skin cancer (identification) (slide 46 to 49)

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***

# Australia & Asia Pacific Clinical Oncology Research Development **(ACORD)** Workshop

**Since 2004, the Medical Oncology Group of Australia (MOGA) has led Asia/ Pacific in educating health professionals in clinical trial design. Collaborating with international organisations including the American Association for Cancer Research (AACR), the American Society of Clinical Oncology (ASCO), the European Society for Medical Oncology (ESMO), the Cancer Council Australia and the Clinical Oncological Society of Australia, MOGA has developed both a one day Proposal Development Workshop and a six day educational program, targeting all disciplines of cancer research to improve and advance clinical trial design in the Australia and Asia Pacific region.**

Workshop participants are selected through a merit-based application process, whereby each individual applicant must present a clinical trial protocol to develop throughout the Workshop and subsequently conduct in a clinical setting. The underpinning goals of ACORD consist of imparting principles of good clinical trial design which yield clear results to apply in the clinic and future research and exposing participants to the full spectrum of challenges in clinical research. A variety of educational components aid workshop participants in successful protocol design, including development sessions where participants present and discuss their clinical trial proposal in detail.

Session topics are extensive and include areas such as global cancer research, principles of clinical trials design, phase I-III trials, basic biostatistics, epidemiology, meta-analysis and systematic review. This unique regional Workshop maintains a substantial position in oncology education due to its international focus and provision of hands-on collaboration and guidance by a world renowned Faculty. The ACORD Faculty includes some of the leading world experts in clinical trials design and oncology.

The ratio of Faculty to participants is maintained at three to one to facilitate individual project focus and learning. Participants, many fully sponsored, come together from all areas of the globe to bridge cultural gaps in the name of science. Past workshop participants have come from India, Nepal, Malaysia, China, Thailand, Singapore, Japan, United Kingdom, Taiwan, Iran, Bangladesh, Philippines, Pakistan, United States of America, Korea, Australia and New Zealand.

## Participant and faculty at ACORD 2016

I was lucky enough to be one of two nurses to attend ACORD 2016, the first workshop nurses had ever been invited to attended. The experience was unique to anything I have encountered in my career in haematology and oncology. It was overwhelming to be eating breakfast with some of the best and brightest oncology clinicians and researchers in the world. The environment was encouraging, nurturing, and inclusive... and enormous fun.

*The ACORD faculty want to encourage nurses and allied health professionals to apply and attend ACORD 2018. The Faculty hope to widen the participant experience to be truly multidisciplinary. If you think ACORD could be for you and you have a burning research question then please contact me on **ann@adhb.govt.nz** to register your interest.*

Be prepared for little or no sleep. Be prepared to be next to one of the most beautiful beaches in Australia and never set foot on it! Be prepared for great food, amazing accommodation, great friendships, and wonderful mentorship.

## Workshop Goals

- Imparting principles of good clinical trial design which yield clear results to apply in the clinic and in future research
- Exposing participants to the full spectrum of challenges in clinical research, from conventional antineoplastic agents and multidisciplinary treatment regimens to biological therapy
- Encouraging participants to continue clinical research
- Cultivating well-trained, experienced researchers to propel the region forward in cancer therapy and prevention through clinical trials, medical practice and patient care
- Fostering collaboration and facilitation of clinical trials across the region

## Materials

- Protocol development sessions where participants present and discuss their clinical trial proposal in detail
- Lectures by faculty which present specific topics aimed to give participants an essential overview of the principles of designing and conducting high-quality clinical trials
- Small group discussion sessions provide time to address a variety of clinical trials and specific relevant issues
- One-on-one sessions provide individual counselling and advice on protocol and career development
- Session topics may include, but are not limited to, the following areas:
- Global cancer research
- Principles of clinical trials design
- Phase I-III trials
- Basic biostatistics
- Epidemiology
- Meta-analysis and systematic review
- Principles of pharmacology
- Defining clinical benefits
- Multi-modality trials
- Clinical trials of biological agents
- Ethics and research
- Qualitative research
- Supportive care and quality of life research
- Translational research

***Ann Fraser***

*"If we knew what it was we were doing, it would not be called research, would it?"*

**ALBERT EINSTEIN**

# *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:*

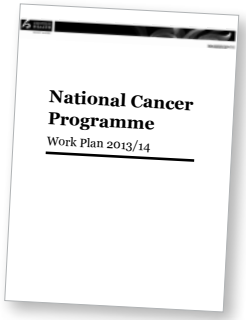
***Visit the Grant Application section on Genesis Oncology website***

- *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***

# 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***

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

***www.ons.org***

***www.isncc.org***

***www.eviq.org.au***

***www.nccn.org***

# SAVE THE DATE
# 14-16 August, 2017
## Nursing people with haematological disorders
## (GCHD700-17-T3)

**Develop your knowledge in assessment and management of haematology patients with complex health needs by attending "Nursing people with haematological disorders" run through ARA (previously CPIT, Christchurch Polytechnic).**

The course will be run this year over three days, 14-16 August 2017. This Level 7 paper will give you 50 hours credit towards the Nursing Council of New Zealand Education Competency Requirements.

This course looks at the management of haematology patients with long term conditions, often managed in the outpatient setting or home environment. We will also discuss home administration of certain therapies and look at the changing modalities of care. We will also look at recognising and understanding the stresses that people go through living with their disease or disorder.

This course is better suited to nurses new to haematology, nurses working in the community with patients with haematological disorders or nurses that feel that they require an update of their knowledge and skills.

The Course is held at Christchurch Hospital.

Ara
Institute of Canterbury
Ara rau, taumata rau


## 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

14-16th June 2017
**Palliative and Aged Care Forum: Re-thinking and improving end-of-life and aging care for senior citizens**
**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**
**Find out more information**

21-25th August 2017, China
**World Congress on Health and Medical Informatics**
**Find out more information**

9th September 2017, Queenstown
**Melanoma Research Meeting**
**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 2016-17 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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