

Training Oncology Nurses to Use Remote Symptom Support Protocols: A Retrospective Pre-/Post-Study

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Patients and their family members contact healthcare providers at ambulatory oncology programs for guidance in symptom management. In many oncology programs, nurses are the first line of contact for assessing the severity of symptoms, triaging to the level of healthcare services required, and, if appropriate, guiding the patient in self-management (Macartney, Stacey, Carley, & Harrison, 2012). To enhance the quality of remote support, guidelines recommend that nurses are trained to provide remote support, follow protocols, document their calls, and monitor outcomes of remote healthcare services (Canadian Nurses Association, 2007).

As part of a pan-Canadian initiative, a set of 13 evidence-based symptom protocols was developed to translate evidence from clinical practice guidelines into user-friendly tools relevant for use in clinical practice (Stacey, Macartney, Carley, Harrison, & the Pan-Canadian Oncology Symptom Triage and Remote Support Group [COSTaRS], 2013). The 13 symptoms included anxiety, bleeding, breathlessness, constipation, depression, diarrhea, fatigue and tiredness, fever with neutropenia, loss of appetite, mouth sores, nausea and vomiting, peripheral neuropathy, and skin reaction. No clinical practice guidelines were available for dysuria or cognitive changes, and no protocol was developed for pain, given the number of protocols already present within organizations. Protocols were developed by a pan-Canadian committee of researchers, information systems specialists, methodologists, library scientists, advanced practice nurses, and nurse leaders using a systematic process guided by the CAN-IMPLEMENT® methodology, a guideline adaptation and implementation planning framework (Harrison et al., 2013; Harrison, van den Hoek, & the Canadian Guideline Adaptation Study Group, 2012). Protocol development involved a systematic review to identify guidelines; consensus

Purpose/Objectives: To evaluate the impact of training on nurses' satisfaction and perceived confidence using symptom protocols for remotely supporting patients undergoing cancer treatment.

Design: Retrospective pre-/post-study guided by the Knowledge-to-Action Framework.

Setting: Interactive workshops at three ambulatory oncology programs in Canada.

Sample: 107 RNs who provide remote support to patients with cancer.

Methods: Workshops included didactic presentation, role play with protocols, and group discussion. Post-training, a survey measured satisfaction with training and retrospective pre-/post-perceived confidence in the ability to provide symptom support using protocols. One-tailed, paired t-tests measured change.

Main Research Variables: Satisfaction with the workshop and perceived confidence in the ability to provide symptom support and use protocols.

Findings: Twenty-two workshops, 30–60 minutes each, were conducted with 107 participants. Ninety completed the survey. Compared to preworkshop, postworkshop nurses had improved self-confidence to assess, triage, and guide patients in self-care for cancer treatment-related symptoms, and use protocols to facilitate symptom assessment, triage, and care. Workshops were rated as easy to understand, comprehensive, and provided new information on remote symptom management. Some specified that the workshop did not provide enough time for role play, but most said they would recommend it to others.

Conclusions: The workshop increased nurses' perceived confidence with providing remote symptom support and was well received.

Implications for Nursing: Subsequent workshops should ensure adequate time for role play to enhance nurses' skills in using protocols and documenting symptom support.

Key Words: oncology; nursing; symptoms; training; knowledge; confidence

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