Survivorship Care: How Nurses Can Fill the Gap

BY SARAH DIGIULIO

In our ongoing series, OT goes in-depth on what needs to change in the cancer care system to better meet the needs of cancer survivors, plus why and how those needs are changing. In this article, oncology nurses explain why and how their specialty may be key to improving the standard of care for survivors.

Nurses Take the ‘Holistic and Comprehensive’ View of the Patient

Nurse practitioners are well positioned to provide the integrated and long-term follow-up care cancer survivors need, explained Carrie Stricker, PhD, CRNP, a medical oncology nurse practitioner at the Abramson Cancer Center and Clinical Assistant Professor of Nursing at the University of Pennsylvania.

“Oncology nurse practitioners in particular are really focused on symptom management—a big concern for cancer survivors. Models of care led by nurse practitioners are proliferating around the country. … These nurses are trained to be health-promotion focused, taking a more holistic and comprehensive view of their patients.”

If a nurse already knows the patient and has an established relationship, it becomes less labor intensive to provide care over the long-term, she said. “There’s now a huge growth in the field of nurse navigation [which focuses on guiding patients through treatment by directing patients to needed resources and referrals].” (See OT’s recent series on Patient Navigators—bit.ly/OT-PtNavigation)

Nurses Can Teach Health Promotion

Nurses have always had a role in teaching patients health promotion—but now they need to do the same thing for

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cancer survivors, Diane McElwain, RN, MEd, OCN, Oncology Coordinator at York Cancer Center in Pennsylvania, said, speaking at this year’s Oncology Nursing Society Annual Congress. “Oncology nurses are trusted, and we need to keep encouraging cancer survivors to maintain healthy behaviors to prevent not only cancer but also other diseases.”

“We are navigators whether we know it or not and regardless of where we work. Find out what’s around you in your own system and see if you can work within it.”

Nurses Address Quality of Care

New research comparing the effectiveness of nurse-led models of follow-up care for post-treatment survivors with physician-led models found that even though the results for nurse-led models showed no significant differences in quality of life or disease recurrence, there were higher levels of patient satisfaction compared with the physician-led models.

“Patients were often more satisfied with nurse-led follow up care, likely because nurses were spending more time addressing ‘whole-person’ issues in survivorship, as well as quality of care.”

As Patricia A. Ganz, MD, Professor of Health Services and Medicine at UCLA Schools of Medicine and Public Health and Director of the Division of Cancer Control Research at Jonsson Comprehensive Cancer Center, noted in OT’s Sept. 10 issue: “The survivorship care gap stems from the fact that during cancer care, the primary care gets cut out; meanwhile this whole period of very intense medical care is missing from the primary care physician’s perspective,” she said.

Ganz was a member of the committee that wrote the Institute of Medicine’s landmark From Cancer Patient to Cancer Survivor: Lost in Transition report, which tried to put survivorship care front and center on the cancer care agenda (OT, 12/10/05 issue). “The report said this was a neglected area of the cancer care continuum and that the millions of people who are living post-treatment without any evidence of cancer really didn’t have any guidance or any coordination of their care,” she said. “But now, seven years after the report was released, the challenge has been to develop strategies and models of care to do a better job.”
Helping Patients Cope with a Cancer Diagnosis
Assessing and Managing Emotional Responses

BY MARY SHARON CURRAN, MS, RN

A cancer diagnosis is a life-altering event. Patients often experience anxiety at the time of diagnosis, at the onset of new treatment regimens, when transitioning from active treatment to follow-up care, and at annual follow-up visits with their health care provider once in remission. Patients may also develop symptoms of depression during or following any of the phases of the cancer experience. It isn’t uncommon for nurses caring for patients and their families to feel unprepared to assist them through the emotional reactions to this experience.

A comprehensive nursing assessment of the oncology patient includes assessing for a history of depression, anxiety, or post-traumatic stress reactions before the cancer diagnosis. A patient with these histories may be at higher risk for developing depression or anxiety in response to the cancer experience.

Ongoing assessment of the patient for current symptoms of depression or anxiety is essential. Keep in mind that patients may not directly report these symptoms to you—but, they may verbalize physical complaints or a decreased ability to function on some level. And, patients may present with complaints of insomnia, fatigue, anorexia, nausea, weakness, or palpitations. They may also report decreased interest in usual activities, isolating themselves at home, feeling like a burden to their caregivers, or having feelings of worthlessness or hopelessness. You might observe patients being irritable, nervous, sad, angry, uncooperative, or noncompliant with treatment. Caregivers may directly or casually report that patients are having difficulty coping when at home, despite their presentation in the outpatient clinical setting.

Although many of these symptoms may be expected responses to cancer treatments, it’s still important to further assess the severity of the patient’s symptoms, and evaluate if those indicators or if decreased functioning in everyday activities may be an abnormal emotional response to the cancer experience.

It is critical to recognize symptoms of anxiety and depression in oncology patients, and differentiate which symptoms would respond best to additional supportive care and which would be most effectively treated with medication and professional counseling.

How a Nurse Can Intervene
Nursing interventions that may be effective in bringing relief to patients and families experiencing emotional distress related to the cancer experience include:

- Providing education regarding the patient’s diagnosis, treatments, and expected physiologic responses to help alleviate fear of the unknown;
- Providing time for the patient to ask questions and for listening to the patient’s stories;
- Validating the patient’s experiences, feelings, thoughts, and emotions; continued on page 4

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Nurses Are Connected
Nurses have the most contact with patients, noted Rhone Levin, MEd, RD, CSO, Oncology Dietitian at St. Luke’s Health System in Meridian, Idaho. “They openly discuss problem-solving with patients, and they have more time to spend with patients than physicians do. ... At the clinic, patients put their health in the hands of the doctor, so the clinic should be supporting the physician and supporting the patient in making sure these resources are utilized by both the staff and patients.”

RHONE LEVIN, MED, RD, CSO, provides nutrition counseling services to patients at St. Luke’s Health System in Idaho, and has also been a part of developing survivorship programs there in nutrition, exercise, social support, and other issues that cancer survivors face.