



## *Kids Cancer Research Trust Paediatric Oncology Nursing Research Fellow Report 2008*

The Paediatric Oncology Nursing Research Fellow position has been generously supported by the Kids Cancer Research Trust since March 2007. The nursing research fellow is responsible for initiating, developing, promoting, publishing and implementing research and evidence based practice within the haematology/oncology unit, working alongside bedside nurses & the multi-disciplinary team. Susan Dyer is working in this role in a part time capacity (0.5 FTE) and has been involved in several exciting and challenging projects. Below are some descriptions of projects that have been undertaken since 2007, it is impossible to include all activities as the list is extensive but significant projects are listed below.

### *Nursing Practice Council*

The nursing practice council was established in 2005 and is a forum for bedside clinicians to participate in research within a model that offers collegial support and facilitation from the clinical services coordinator, associate clinical service coordinator and the nursing research fellow. In 2008 there were three bedside clinicians who were involved in the NPC, Georgie Kakoulis, Shandelle Hill and Andrew Palmer.

### *Georgie kakoulis*

Georgie has been working on a project that is investigating the most appropriate model of care that is required to deliver safe and effective nursing care to our patients and families with the work force skill mix that is available to us today. Due to an ageing workforce, more nurses wanting to work part time and with more flexible hours it is increasingly harder to recruit and retain nurses who are experienced in both paediatric and oncology nursing. We are therefore faced with a skill mix of registered nurses where the majority are less experienced and few are very experienced. Therefore Georgie undertook an extensive literature search and review and came up with the recommendation that the ideal nursing model of care with our current work force is team nursing. Team nursing means working together to ensure safe and effective nursing care is delivered to all patients. The haematology/oncology unit will be calling this nursing model 'collaborative care'. We are currently in the process of implementing this model into the clinical area.

### *Shandelle Hill*

Shandelle has been working on a project investigating what information needs adolescents and young adults (AYA) have regarding their sexual health. Using a survey technique, Shandelle has been looking at what information is provided and what information young adults want us to provide about sexual health. Sexual health is never an easy topic to discuss but it is fundamental to the physical and psychological wellbeing of adolescents and young adults being treated for cancer and their partners. The participants contacted were members of canteen who have been treated for cancer in South Australia or Northern Territory. The surveys were sent out anonymously and all returned surveys are confidential. Shandelle is currently waiting for remaining surveys to be returned and when she has analysed the results we will hopefully have a better idea of what young adults want to know, when they want to be told about it and by which health professionals.

### *Andrew Palmer*

Andrew has been working on a project looking at the grief and support needs of fathers and male caregivers whose child has been diagnosed with cancer. Andrew has done the foundation work of searching the literature, bench marking with other national cancer centres, creating networks with other health professionals who have expertise in this area or who work through organisations with a focus on supporting men. Unfortunately Andrew has left the oncology unit for a change in nursing experience but we hope to continue the good work he has started.

### *Chris Williams*

Susan worked with Chris through the nursing practice council in 2007 to standardise the management of central lines. There were five practice changes endorsed and implemented that were evidence based and brought us in line with international standards.

### *Audits*

The KCRT paediatric oncology nursing research fellow role is required to support nursing staff to undertake audits of standards of nursing care. In the last two years several audits have been performed. One of them was an audit undertaken by Louise MacLennan as part of her post-graduate studies, looking at how well we follow our standard of care for giving antibiotics to children who are at risk of infection because they do not have an immune system and present to the hospital with a fever. Louise is now conducting a second audit but is looking at children who are already in hospital and subsequently develop a fever.

We continue to audit our practice of 'Aseptic Non Touch Technique' when handling central lines. This is an annual audit conducted by our infection control link nurse (ICLN), Georgie Kakoulis and assesses how well nurses are washing their hands, how careful they are when handling equipment that cannot be contaminated and if they keep their work area clean. The audit this year had a very high compliance rate and all staff have been awarded for their hard work by receiving a hospital vest to wear on the unit when it is cold as jumpers are not allowed to be worn.

A major audit that was conducted in June 2008 by Sheree Westthorpe, observed how well nurses are handing over patient care at the change of shifts. This audit was carried out for the month of June and involved the observation of 318 episodes of patient handover. Nursing staff were also surveyed asking them to rate their experience and understanding of the handover process. The results have been collated and are ready for presentation to the nursing staff.

### *Clinical practice changes and standards*

Susan has been working with Georgie Kakoulis to write standards of practice for senior nurses to manage central lines that have a blood clot in them or that are contaminated with a bug. This practice is usually managed by medical staff but as nurses are handling central lines all the time they have the expertise in how to use the equipment needed to access central lines and how to inject the medication required. This practice change will require endorsement from the Drugs and Therapeutic committee, and we are currently writing a submission for the practice to be endorsed. The haematology/oncology Clinical Practice Committee (CPC) recognised this issue and have supported the practice change to go ahead.

### *Discovery Interviews*

The discovery interview project is an exciting initiative that aims to look at the experience of parents and children in hospital and to learn from these experiences and make positive changes to improve the service provided. The project involved asking parents and young people to volunteer to be interviewed by a research nurse and to describe their experience of being in hospital. The interview did not have any set questions, parents were able to talk about whatever they felt was an important issue to raise and if necessary the interviewer would ask for more information about an incident. Each interview was recorded with the parent's permission. The project was run collaboratively with the surgical unit. The idea was to support nurses at the bedside to be involved with the research process. So far there have been 8 interviews conducted and all of these were oncology patients. This is probably because oncology patients are in and out of hospital multiple times and have a depth of experience to share regarding the hospital. Surgical patients who are often in hospital for shorter periods of time and for one episode have been less motivated to participate in the project. To analyse the interviews, a team consisting of a doctor, nurse, allied health professional and research nurse sit around a table and play the interview back listening and documenting what the parents say that the service does well and the things that are not done as well. The group then discuss their findings and make a recommendation about how to improve the service through a change of practice or by enhancing something that is already working well. This project has been a very rich experience and we would like to thank all the parents that have participated.

### *Presentations at conferences*

Since 2007 Susan has assisted 3 nurses to present posters and four nurses to present oral presentations at two separate national conferences (the Australian New Zealand Children's Haematology Oncology Group and the Paediatric and Child Health Practice Development conference). Support consists of helping the nurses to write abstracts to submit for selection and then preparation for the content of their posters or oral presentations. Susan has also presented four oral presentations herself since 2007 at the same national conferences mentioned above and including the Children's Hospital Association conference in 2008. All presentations both poster and oral were in relation to projects mentioned above.

### *Summary*

In summary, the past 18 months have been very successful when measured by what projects have been commenced and completed. There is a significant amount of nursing research/ practice development being undertaken by nursing staff in the Department of Clinical Haematology/Oncology. The level of motivation to improve the standard of care delivered to the children and their families is inspiring and I look forward to the challenges that 2009 bring.

Yours Sincerely  
Susan Dyer