

Every person tells a story

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Overview

- Introduction
- Establishment of Colorectal Nurse role
- Protocol & Nurse-led clinics
- Survivorship Awareness and Communication
- Limitations: professional & personal
- Reflective question

Introduction

- Professional background
- Personal background

Establishment of role

- Set up in 2005
- MoH initiative
- Protocol established by CNM and medical staff

Protocol/Framework

- 5 year follow up
- 2 streams depending on surgery type
- Nurse led clinics

FOLLOW-UP FOR COLORECTAL CANCER AT HUTT HOSPITAL			
Timeframe	AP Resection & Colon Resection		
S & N	PE		
N		CEA	
N	PE	CEA	
N		CEA	
N & S	PE	CEA	Abdo ultrasound + pelvic US (female) +/- Colonoscopy*
GP	PE	CEA	
GP	PE	CEA	Abdo ultrasound + pelvic US (female)
GP	PE	CEA	
GP	PE	CEA	Colonoscopy Abdo ultrasound
GP	PE	CEA	
GP	PE	CEA	Abdo ultrasound
GP	PE	CEA	
GP	PE	CEA	Abdo ultrasound
GP	PE	CEA	
GP	PE	CEA	Colonoscopy

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FOLLOW-UP FOR COLORECTAL CANCER AT HUTT HOSPITAL

Timeframe	Anterior Resection				
Post op	S & N	PE		CEA	
3 months	N			CEA	
6 months	N & S	PE		CEA	Sigmoidoscopy
9 months	N			CEA	
12 months (1 year)	N & S	PE		CEA	Sigmoidoscopy +/- Colonoscopy* Abdo ultrasound + pelvic US (female)
18 mths	N & S	PE		CEA	Sigmoidoscopy
24 mths (2 years)	N & S	PE		CEA	Sigmoidoscopy Abdo ultrasound + pelvic US (female)
30 mths	N & S	PE		CEA	Sigmoidoscopy
36 mths (3 years)	GP	PE	CEA	CEA	Colonoscopy Abdo ultrasound
42 mths	GP	PE	CEA	CEA	
48 mths (4 years)	GP	PE	CEA	CEA	Abdo ultrasound
54 mths	GP	PE	CEA	CEA	
60 mths (5 years)	GP	PE	CEA	CEA	Abdo ultrasound
72 mths (6 years)	GP	PE			Colonoscopy

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Nurse Led Clinics

- 45 minute appointments
- Physical and psychosocial focus

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Nurse-led clinics

“Emotional distress can be experienced by cancer survivors at any stage, not just at the point of diagnosis, during treatment or when learning of a relapse”.

from Guidance for improving supportive care for adults with cancer in New Zealand 2010

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Nurse-led clinics

- Standardised assessment form
- Patient education
- Present to Surgeon
- Write to GP/referrals
- Phone availability

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GP shared care program

Currently 40% approx on GP shared care program

- I continue to arrange surveillance tests
- Availability via phone until final discharge.

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“Communication is central to healthcare delivery.”

-Dev M. Rungapadiachy (1999)

Survivorship Awareness

- How do I facilitate good communication in my own nursing practice?

Survivorship Awareness

- Creating the right environment
- Develop a rapport
- Give time and focus
- Verbal and non-verbal cues
- Open questions
- Active listening techniques

Survivorship Awareness

Importance of validation

Survivorship awareness

We have to recognise our own limitations

- Professional
- Personal

- “Suffering is acknowledged and sometimes reduced by the act of comforting as we give voice and a listening presence to the suffering”

From “The nature of suffering and the goals of nursing”
BR Ferrell & N Coyle
Oxford University Press 2008

Question for reflection

What can I do to improve the care I give to survivors?



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