

Gynaecology Oncology Nurses Evidence Update

February 2018
(Quarterly)



Respecting everyone
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Our hospitals.



Training Calendar 2018

All sessions last one hour

February (12.00-13.00)

1st (Thu)	Literature Searching
9th (Fri)	Critical Appraisal
12th (Mon)	Statistics
20th (Tue)	Literature Searching
28th (Wed)	Critical Appraisal

March (13.00-14.00)

8th (Thu)	Statistics
12th (Mon)	Literature Searching
20th (Tue)	Critical Appraisal
28th (wed)	Statistics

April (12.00-13.00)

5th (Thu)	Literature Searching
9th (Mon)	Critical Appraisal
17th (Tue)	Statistics
25th (Wed)	Literature Searching

Your Outreach Librarian – Helen Pullen

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Outreach: Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: library@uhbristol.nhs.uk

Literature searching: We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to library@uhbristol.nhs.uk

Journals: Current Contents Tables

Click on the hyperlinked title (+ Ctrl) to access the latest contents table for each journal. If you would like any of the papers in full text then please email the library: library@uhbristol.nhs.uk

Journal	Month/ Year	Volume	Issue
Cancer Nursing	January/ February 2018	41	1
European Journal of Oncology Nursing	February 2018	32	-
Seminars in Oncology Nursing	February 2018	34	1
Canadian Oncology Nursing Journal	2018	28	1
Cancer Nursing Practice	February 08 2018	17	1
Clinical Journal of Oncology Nursing	February 2018	22	1
Oncology Nursing Forum	January 2018	45	1



Library Clinic

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March 7th: **Canteen (Level 9, BRI) 12.00-14.00**

March 19th: **Welcome Centre, BRI 10.00-16.00**

April 4th: **Foyer, Education Centre 12.00-14.00**

April 11th: **Foyer, St Michael's Hospital 12.00-14.00**

May 2nd: **Canteen (Level 9, BRI) 12.00-14.00**

June 6th: **Terrace (Level 4, Education Centre) 12.00-14.00**

June 19th: **Welcome Centre, BRI 10.00-16.00**

July 3rd: **Welcome Centre, BRI 10.00-16.00**

July 4th: **Canteen (Level 9, BRI) 12.00-14.00**

August 8th: **Foyer, Education Centre 12.00-14.00**

August 29th: **Foyer, St Michael's Hospital 12.00-14.00**

September 5th: **Canteen (Level 9, BRI) 12.00-14.00**

September 11th: **Welcome Centre, BRI 10.00-16.00**

October 3rd: **Terrace (Level 4, Education Centre) 12.00-14.00**

November 7th: **Canteen (Level 9, BRI) 12.00-14.00**

December 5th: **Foyer, Education Centre 12.00-14.00**

December 11th: **Welcome Centre, BRI 10.00-16.00**

Recent Database Articles

If you would like any of the articles in full text, or if you would like a more focused search on your own topic, please contact us: library@bristol.nhs.uk

Gynaecology Oncology
Nurse Cancer Training OR Nurse Cancer Education
Cancer AND Sexual Impact
Clinical Nurse Specialists

1. Writing for publication: Sharing your clinical knowledge and skills.

Author(s): Wood, Cate

Source: British Journal of Community Nursing; Jan 2018; vol. 23 (no. 1); p. 20-22

Publication Date: Jan 2018

Publication Type(s): Academic Journal

Available at [British Journal of Community Nursing](#) - from EBSCO (CINAHL with Full Text)

Abstract: Clinical nurses are ideally placed to write for publication in addition to those who work in academia who have this as an accepted part of their role. Nurses generate new evidence from their work in practice by carrying out research and audits and being involved in practice development projects, for example. This resource of knowledge needs to be shared with others, ideally in an international arena so that nurses can learn from each other. Nursing in the United Kingdom is now an all graduate profession and many nurses go on to study at both Masters and PhD level, providing writing from all levels of academic study that can be adapted for publication. It seems wrong to undertake a study and obtain findings and then choose not share this widely. Both a lack of confidence and time are cited as reasons why nurses do not write; however, to share knowledge with others is a duty as part of any nursing role for the improvement of staff working practices and patient care. All nurses need knowledge that is practical, experiential, and scientific; clinical nurses who write for publication can provide this.

Database: CINAHL

2. Creating a Research Agenda and Setting Research Priorities for Clinical Nurse Specialists.

Author(s): Foster, Jan; Bautista, Cynthia; Ellstrom, Kathleen; Kalowes, Peggy; Manning, Jennifer; Pasek, Tracy Ann

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Jan 2018; vol. 32 (no. 1); p. 21-28

Publication Date: Jan 2018

Publication Type(s): Academic Journal

Abstract: Purpose/Objectives: The purpose of this article is to describe the evolution and results of the process for establishing a research agenda and identification of research priorities for clinical nurse specialists, approved by the National Association of Clinical Nurse Specialists (NACNS) membership and sanctioned by the NACNS Board of Directors. Description of the Project/Program:

Development of the research agenda and identification of the priorities were an iterative process and involved a review of the literature; input from multiple stakeholders, including individuals with expertise in conducting research serving as task force members, and NACNS members; and feedback from national board members. Outcome: A research agenda, which is to provide an enduring research platform, was established and research priorities, which are to be applied in the immediate future, were identified as a result of this process. Conclusion: Development of a research agenda and identification of research priorities are a key method of fulfilling the mission and goals of NACNS. The process and outcomes are described in this article.

Database: CINAHL

3. PREPARING CLINICAL NURSES FOR NURSING RESEARCH.

Author(s): PITTROFF, GAIL ELAINE; HENDRICKS-FERGUSON, VERNA L.

Source: Journal of Christian Nursing; Jan 2018; vol. 35 (no. 1); p. 38-43

Publication Date: Jan 2018

Publication Type(s): Academic Journal

Abstract: The importance of academic nurse researchers partnering with clinical nurses for clinical research has been well articulated. A 4-hour training program designed to equip staff nurses to become fully engaged researchers in a palliative care end of life communication-focused research study resulted in enriched human caring skills and professional growth. Results indicate that the training (didactic lecture, group reflection, role-playing) was adequate to prepare the nurses to deliver the study protocol. Relevance for primary investigators, nurses, clinical institutions, those interested in partnered research, and professional growth are discussed.

Database: CINAHL

4. Innovative Intraprofessional Clinical Training for Clinical Nurse Specialists and Nurse Practitioner Students.

Author(s): Haney, Tina Sweeney; Sharp, Pamela B.; Nesbitt, Christianne; Poston, Rebecca Deal

Source: Journal of Nursing Education; Dec 2017; vol. 56 (no. 12); p. 748-751

Publication Date: Dec 2017

Publication Type(s): Academic Journal

Available at [Journal of Nursing Education](#) - from ProQuest (Hospital Premium Collection) - NHS Version

Abstract: Background: Most graduate nursing education curricula naturally segregate students by role as they move into their role-specific coursework and clinical experiences. Segregation diminishes the opportunity for students to form important intraprofessional relationships. Intraprofessional collaboration can potentiate the influence of advanced practice nurses on individual patients, patient populations, and larger health care systems. Method: This pilot program paired clinical nurse specialists and nurse practitioner students in immersion clinical practicum experiences aimed to increase their understanding of each other's role and potential avenues for collaboration in future practice. Results: Students report increased levels of understanding of each other's roles and scope of practice. Pairing students in immersion experiences broadens their clinical reach and potentiates their influence on vulnerable patient populations. Conclusion: Findings indicate that this pilot program can be sustained. Benefits to early and focused intraprofessional educational experiences include increased awareness of advanced practice roles, scope of practice, and potential avenues for future collaboration.

Database: CINAHL

5. Creating a Credible and Ethical Curriculum Vitae.

Author(s): Kawar, Lina Najib; Dunbar, Ghada; Scruth, Elizabeth Ann

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Nov 2017; vol. 31 (no. 6); p. 298-303

Publication Date: Nov 2017

Publication Type(s): Academic Journal

Database: CINAHL

6. Clinical Nurse Specialist-Driven Practice Change: Standardizing Vital Sign Monitoring.

Author(s): Derby, Kelly M; Hartung, Natalie A; Wolf, Sherry L; Zak, Heather L; Evenson, Laura K

Source: Clinical nurse specialist CNS; ; vol. 31 (no. 6); p. 343-348

Publication Type(s): Journal Article

PubMedID: 28991018

Abstract:**PURPOSE**The purpose of this project was to standardize vital sign (VS) monitoring throughout a patient's stay in the hospital, including at admission, following transitions to different levels of care, reassessment of abnormal VS results, daily monitoring, and before dismissal. The population of focus was adult general and progressive care patients.**DESCRIPTION OF THE PROJECT**Standards for VS monitoring, documentation, and provider notification were established. Unit routines, nursing procedural guidelines, and order sets were updated with the new standards. Nursing staff received Web-based education. Compliance with the new standards was monitored monthly, and data were shared with nursing leadership. Leadership reviewed the data with nursing staff to identify opportunities and recognize achievements.**OUTCOMES**Overall, improvement in VS documentation was achieved. Continued opportunities exist for monitoring and reassessment of a full set of VSs after an abnormal result.**CONCLUSION**Establishing a minimum standard of VS frequency and documentation allows for all healthcare providers to trend and monitor a patient's clinical status. Variability in patient care can be diminished by establishing minimum standards of VS monitoring.

Database: Medline

7. A Multifaceted Model to Evaluate Interprofessional Education in Clinical Nurse Specialist Programs.

Author(s): Becker, Heather; Timmerman, Gayle M; Delville, Carole; Seo, EunJin

Source: Clinical nurse specialist CNS; ; vol. 31 (no. 5); p. 243-251

Publication Type(s): Journal Article

PubMedID: 28806230

Abstract:**PURPOSE**Preparing students to engage in team-based healthcare is a major focus of clinical nurse specialist (CNS) education programs. A robust evaluation plan is needed to monitor achievement of key outcomes in this complex undertaking.**DESCRIPTION**Informed by the work of Kirkpatrick and Stufflebeam, an evaluation model that incorporates multiple information sources about process and outcomes related to interprofessional (IP) education is proposed.**OUTCOME**Improvements in scores on attitude and competency measures suggest that the

program had the desired effects on students' attitudes and self-efficacy for IP collaboration and was validated by faculty clinical observations of IP communication and teamwork. Moreover, students indicated at both graduation and at 1-year follow-up surveys that they were prepared to function on IP teams, providing further evidence that the clinical nurse specialist (CNS) program prepared them in this key area of nursing practice. **CONCLUSION**The evaluation plan guided the collection of quantitative and qualitative information that faculty could use to refine the CNS program. Congruent with the CNS role as change agents, future model refinements should incorporate systems change activities.

Database: Medline

Cancer and Sexual Impact

1. Radiotherapy for cervical cancer – impact on the vaginal epithelium and sexual function.

Author(s): Hofsjö, Alexandra; Bergmark, Karin; Blomgren, Bo; Jahren, Helen; Bohm-Starke, Nina

Source: Acta Oncologica; Mar 2018; vol. 57 (no. 3); p. 338-345

Publication Date: Mar 2018

Publication Type(s): Academic Journal

Abstract:Background:Women who have been treated for cervical cancer have persistent changes in their sexual function, which result in considerable distress. The aim of this study was to investigate the morphology of the vaginal epithelium in cervical cancer survivors treated with radiotherapy and its correlation to serum levels of sex steroid hormones and sexual function. Material and methods:We included 34 patients treated for cervical cancer with radiotherapy and 37 healthy age-matched control women scheduled for benign gynecological surgery. After inspection and grading of vaginal atrophy, vaginal biopsies were taken. Epithelial structures were analyzed by measuring epithelial thickness as well as the number, height and width of the dermal papillae and the dermal papillae distance. Sex steroid hormone levels were analyzed and a questionnaire designed to assess sexual function was filled out. Results:In the cervical cancer survivors treated with radiotherapy, the vaginal epithelium volume was reduced compared to control women. Longer distance between the dermal papillae ($p < .001$) and a shorter distance from basal layer to epithelial surface ($p < .05$) were measured. Mucosal atrophy was observed in 91% of the survivors. There was no difference in serum estradiol between cancer survivors and control women, implying that the cancer survivors were sufficiently substituted. The epithelial thickness correlated to serum levels of estradiol. The cervical cancer survivors reported more physical sexual symptoms. The highest relative risk (RR) was found for insufficient vaginal lubrication (RR 12.6), vaginal inelasticity (RR 6.5), reduced genital swelling when sexually aroused (RR 5.9), and for reduction of vaginal length during intercourse (RR 3.9). Conclusion:We found that cervical cancer treatment including radiotherapy is associated with vaginal epithelial atrophy and sexual dysfunction. To hamper the atrophic process affecting the sexual function, an early start of local estrogen after therapy might be of importance.

Database: CINAHL

2. Management of sexuality, intimacy, and menopause symptoms in patients with ovarian cancer.

Author(s): Whicker, Margaret; Black, Jonathan; Altwerger, Gary; Menderes, Gulden; Feinberg, Jacqueline; Ratner, Elena

Source: American Journal of Obstetrics & Gynecology; Oct 2017; vol. 217 (no. 4); p. 395-403

Publication Date: Oct 2017

Publication Type(s): Academic Journal

PubMedID: 28411144

Abstract:Issues of sexuality, intimacy, and early menopause significantly impact the quality of life of patients following the diagnosis and treatment of ovarian cancer. These are undertreated problems. Successful treatment requires the provider's awareness of the problem, ability to identify it, and willingness to treat it. Unfortunately many providers do not address these issues in the pretreatment or perioperative period. Furthermore, patients do not often alert their providers to their symptoms. While systemic hormone therapy may improve many of the issues, they are not appropriate for all patients given their action on estrogen receptors. However, other nonhormonal treatments exist including selective serotonin reuptake inhibitors, antiepileptics, natural remedies, and pelvic floor physical therapy. In addition psychological care and the involvement of the partner can be helpful in managing the sexual health concerns of these patients. At the time of diagnosis or at initial consultation, women should be informed of the potential physiologic, hormonal, and psychosocial effects of ovarian cancer on sexuality and that there is a multimodal approach to dealing with symptoms.

Database: CINAHL

3. 'Promoting continuity of care'-Specialist nurses' role experiences in gynaecological oncology: A qualitative study.

Author(s): Kobleider, Andrea; Mayer, Hanna; Gehrig, Larissa; Senn, Beate

Source: Journal of Clinical Nursing; Dec 2017; vol. 26 (no. 23/24); p. 4890-4898

Publication Date: Dec 2017

Publication Type(s): Academic Journal

Abstract:Aims and objectives To investigate the experiences of specialist nurses in Switzerland concerning their role of caring for women with gynaecological cancer. Background Women with gynaecological cancer often face complex situations, which require an integrative and quality-assured approach by the healthcare system. Specialist nurses can play an important role in supporting these patients. However, in countries where the role of specialist nurses is at a developmental stage, their role lacks clarity. Design A qualitative descriptive design was chosen to gain insights into experiences of specialist nurses who care for women with gynaecological cancer. Methods We conducted three focus groups with 12 specialist nurses to access their experiences with regard to their role. Thematic qualitative text analysis was used to interpret the results. Results Divided into six main themes, the study results describe specialist nurses' (1) current and (2) aspired role. (A) Counselling, (B) guidance, (C) key contact person and (D) team support are relevant themes in their current role. The themes (E) provision of resources and (F) extended knowledge are relevant to their aspired role. Within their current and aspired roles, the specialist nurses' scope of practice is defined as 'promoting continuity of care.' Conclusions The results indicate aspects of specialist nurses' current and aspired roles. Detailed role descriptions and legal requirements are necessary to further support nurses towards an extended and specialised practice. In the context of gynaecological cancer survivors, services should be developed, where specialist nurses can play an important role in providing continuous care. Relevance to clinical practice To support implementation of specialist nursing in clinical practice, resources have to be mobilised and role descriptions should be provided. By creating an appropriate framework, the specialist nurse can turn into an important support for women with gynaecological cancer, in addition to current healthcare services.

Database: CINAHL

Cancer Specialist Nurses

4. Exploring the Role of Key Workers in Cancer Care.

Author(s): Ling, Jonathan; McCabe, Karen; Brent, Sue; Crosland, Ann; Brierley-Jones, Lyn

Source: Clinical Nurse Specialist: The Journal for Advanced Nursing Practice; Sep 2017; vol. 31 (no. 5); p. 252-260

Publication Date: Sep 2017

Publication Type(s): Academic Journal

Abstract: Purpose/Aims: The key worker role in cancer services was established in England to improve the continuity of care for patients. We examined how the role has been implemented by clinical nurse specialists and how both cancer patients and nursing staff viewed its effectiveness to inform debate about the transfer of patients between clinical nurse specialists during cancer care. Design: This study was questionnaire based, with separate surveys developed for patients and staff. Method: The questionnaires explored issues including implementation of the key worker role, modifications to it, and where the role was felt to have most impact. The questionnaires were completed by 101 staff members and 46 patients. The data were analyzed descriptively. Results: Perspectives on the keyworker role differed between nursing staff respondents and patient respondents. Overall, patient respondents were very positive, whereas staff respondents were less so. The following is a key difference related to patient handover: 71% of patient respondents wanted the same key worker throughout their treatment, but only 28% of staff respondents did. Staff respondents wanted more training to clarify the role. Conclusion: Continuity of care through an assigned key worker was highly valued by patients. Successful implementation could be better achieved through improved communication with both nursing staff and allied health professions. Where possible, cancer patients should be assigned a dedicated key worker at initial diagnosis.

Database: CINAHL

5. Experiences of gynecological cancer patients receiving care from specialist nurses: a qualitative systematic review.

Author(s): Cook, Olivia; McIntyre, Meredith; Recoche, Katrina; Lee, Susan

Source: JBI Database of Systematic Reviews & Implementation Reports; Aug 2017; vol. 15 (no. 8); p. 2087-2112

Publication Date: Aug 2017

Publication Type(s): Academic Journal

Abstract: Background The care needs of women with gynecological cancer are complex and change over the course of their cancer journey. Specialist nurses are well positioned to play a role in meeting the needs of women with gynecological cancer although their role and scope of practice have not been well defined. As patients are a key stakeholder, understanding their experience of care is an important step in better defining the role and scope of practice of specialist nurses in gynecological oncology in Australia and New Zealand. Objectives This review sought to consider gynecological cancer patients' experiences of specialist nursing care. Exploring the patient's experience of care by a specialist nurse is one step in the process of better defining the role and scope of practice of specialist gynecological-oncology nurses in Australia and New Zealand. Inclusion criteria Types of participants This review included studies with a focus on women with gynecological cancer who had been cared for by a specialist nurse. Studies of women with gynecological cancer at any point on the continuum of care from pre- diagnosis to survivorship or end of life, including those with a recurrence of the disease, were included, with no limit to the duration of care received for inclusion in the review. Phenomena of interest Studies that explored how women with gynecological

cancer experience the care and interventions of specialist nurses were included. Types of studies Qualitative studies including, but not limited to, designs such as phenomenology, grounded theory, ethnography, action research and feminist research were considered for review. This review also considered the qualitative components of mixed method studies. Context Research conducted in any country was considered for inclusion in this review providing that the study was reported in English. Studies conducted in any setting including, but not limited to, acute hospitals, outpatient/ambulatory clinics, chemotherapy or radiotherapy units, support groups, palliative care units or the patient's home were included. Search strategy A three-step search strategy was utilized in this review. An initial limited search of MEDLINE and CINAHL was undertaken followed by a comprehensive search using all identified keywords and index terms across all included databases. The reference lists of all identified reports and articles were hand searched for additional studies. Methodological quality Each paper was independently assessed by two independent reviewers for methodological validity prior to inclusion in the review using the standardized critical appraisal instrument from the Joanna Briggs Institute the Qualitative Assessment and Review Instrument. When disagreement arose between the reviewers, the given paper was independently appraised by a third reviewer. Data extraction Data were extracted from papers included in the review using the standardized data extraction tool from Joanna Briggs Institute the Qualitative Assessment and Review Instrument. Data extraction was completed independently by two reviewers. Data synthesis Extracted findings from seven included papers were grouped according to similarity in meaning from which 11 categories were developed. These categories were then subjected to a meta-synthesis that produced a set of three synthesized findings. Results Key findings were extracted from six included papers and classified as unequivocal (U) or credible (C). A total of 30 findings were extracted and aggregated into 11 categories based on similarity in meaning. From the 11 categories, three synthesized findings were developed: i) Tailored care: specialist nurses play a role in understanding and meeting the individual needs of women with gynecological cancer; ii) Accessible care: specialist nurses guide women with gynecological cancer along the continuum of care and are an easily accessed source of knowledge and support; iii) Dependable expertise: women with gynecological cancer express trust and reassurance in the experience and expertise of the specialist nurse. Conclusions This systematic review synthesized the findings of seven studies that captured the experiences of women with gynecological cancer who received care from a specialist nurse. The specialist nurse offers tailored, accessible and expert care to women with gynecological cancer. From the synthesis it is recommended that women with gynecological cancer have access to the services of a specialist nurse at key points on the continuum of care, that specialist nurses provide information to patients on their disease and treatment in the form preferred by the patient and ensure that this information has been understood, and that specialist nurses are afforded time to spend with patients to enable greater exploration and identification of patient needs and the provision of personalized care. Further study that considers other key stakeholders in the specialist nurse role in gynecological oncology is recommended in order to gain a full understanding of specialist nurses' contribution to the care of women with gynecological cancer. Additionally, it is recommended that further studies be conducted to seek the perspectives of women with gynecological cancer from culturally and linguistically diverse backgrounds and Indigenous populations on specialist nursing care as they appear to be under-represented in current research.

Database: CINAHL



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