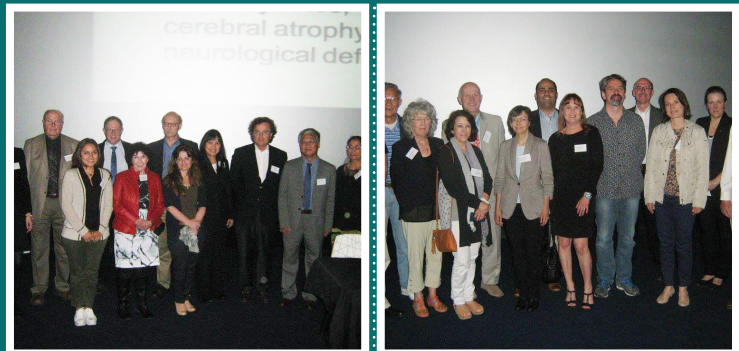


# DAY 1

Keynote Forum



6<sup>th</sup> International Conference on

# Advance Nursing Practice

June 21-22, 2018 | Paris, France

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## LGBT AND CANCER: IMPROVING QUALITY OF CARE TO LESBIAN, GAY, BISEXUAL, TRANSGENDER PATIENTS AND THEIR FAMILIES WITH CANCER

**Robert David Rice**

City of Hope National Medical Center, USA



### Biography

Robert David Rice is the Director of Nursing Education, Evidence Based Practice, and Research at City of Hope National Medical Center in Duarte, CA. He joined City of Hope in July 2013. He and his staff develop and apply cross-disciplinary education programs to keep clinical providers current on evidence-based best practices, clinical techniques, standards, and emerging technologies unique to their clinical discipline. His clinical and research interests include hematologic malignancies, hematopoietic cell transplantation, cancer chemotherapy / immunotherapy, immuno-oncology, psycho-oncology, healthcare disparities, and improving the quality of cancer care for LGBT patients and families. He participates in national consortia of comprehensive cancer centers which address quality initiatives, nurse sensitive indicators (establishing a national benchmark for the incidence of vesicant chemotherapy extravasation), and developing a core curriculum to train nurses in safe chemotherapy administration.

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Lesbian, gay, bisexual, and transgender (LGBT) individuals are designated by the United States National Institutes of Health as a healthcare disparity population. In general, LGBT people may experience increased disease prevalence, premature or excessive mortality, increased burden of disease, and poorer daily functioning. LGBT people may experience 'minority stress,' where chronic stress due to stigmatization influences health and behavior through distal objective stressors (actual experiences of violence and discrimination); proximal subjective stressors (internalized homophobia) and perceived stigma (that one will be rejected). Multiple factors may impact LGBT peoples' ability to access healthcare and maintain healthy living patterns. These may include: low socioeconomic status / poverty, lack of health insurance or underinsured, poor living conditions, homelessness or incarceration, risky health behaviors such as smoking, heavy alcohol use, substance use, unprotected sex, HIV risk / STD risk, challenges with psychological coping (e.g. depression, anxiety, suicidality), stigma of sexism, racism, transphobia, homophobia etc. There are known cancer risks for the LGBT community. Yet, the patient's sexual orientation and gender identity (SOGI) are often not known (or asked) during healthcare encounters. Cancer screening rates are often low, and there are gaps in screening recommendations for LGBT persons. Cancer prevention and early detection efforts are often lacking in this community. Co-existing HIV adds to the risk of certain cancers and disease and treatment outcomes. Advanced practice providers (APPs) can play key roles in supporting care quality overall, and patient preventive care, screening uptake, and care through the cancer continuum, in particular, through assessment, counseling, education, advocacy, and intervention. As advanced practice providers, in multiple settings (primary care, family care, acute care, oncology-specific care) become expert in the culturally competent care of LGBT persons, they can contribute to the improvement of quality of care and overall well-being of this health care disparity population.

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## EVALUATING A NEW ADMISSION MODEL TO IMPROVE THE EXPERIENCE OF PARENTAL CAREGIVERS IN THE ORTHO-PEDIATRIC SETTING

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Childhood limb fractures are a cause of concern for parental caregivers; moreover, the stress, anxiety, and unstable psychological states related to these fractures can negatively influence the outcomes of pediatric patients. We evaluated the implementation of a new admission model that features coordinated, continuous, and family-centered care to promote the positive psychological state of the parental caregivers. In addition, we explored the characterization of factors associated with successful family communication in the ortho-pediatric setting.

**Methods:** Using a descriptive, qualitative design, parents of children with limb fractures were randomly assigned to either the interventional group (n = 92) or the control group (n = 100). We surveyed the parental caregivers in both groups using a self-designed demographic questionnaire and the symptom checklist 90-revised (SCL-90-R) self-rating symptom assessment, at both admission and discharge.

**Results:** Most parental caregivers in our sample who experienced the new admission model reported that they not only felt supported, but also benefitted from the continuous education provided by the healthcare professionals. Moreover, these parents reported that the open communication they experienced and the knowledge they gained helped ameliorate some of their unstable psychological status. Although the self-reported SCL90-R for symptoms related to various psychological states demonstrated no statistically significant differences between the two groups upon admission, SCL90-R mean scores did exhibit statistically significant differences for the intervention group vis-a-vis somatization, obsessive-compulsive symptoms, depression, anxiety, hostility, and paranoia.

**Conclusions:** Our findings demonstrate that the new admission model for parental caregivers of children with limb fractures can enhance the experiences of these caregivers as their children transition from care preparation to discharge. Nevertheless, the new model requires further development to tailor its support to better meet the specific needs of caregivers and children.

### Biography

Weiwen Wang has completed her DNP from University of Pittsburgh on 2012. She has been a Nursing Educator and Medical-Surgical Practitioner in China and USA for over 28 years. She has five publications in Peer-reviewed journals and is actively involved with professional organizations such as the Asian American Pacific Islander Nurses Association (AAPINA), the American Nursing Informatics Association (ANIA), and the Western PA ANIA Chapter. She is a reviewer for *Nursing Education Today*, *Computers, Informatics, Nursing*, and the *Journal of Clinical Nursing*.

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## 'MISSED CARE': FROM THE PERSPECTIVE OF THE STUDENT NURSE

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**M**issed care is a recently described concept subject to an increasing amount of international nursing research. The impact of missed care is associated with poorer patient outcomes (mortality and morbidity) and poor patient satisfaction with the services provided by the hospital. Missed care has also been linked to decreased staff satisfaction and increased intention to leave. Overall disaffection amongst registered nurses is also reported. Professional socialisation refers to the acquisition of behaviours within cultural norms, and it has been suggested that students enter a period of professional socialisation during their programme. Whilst it has been proposed that students may absorb the characteristics of those around them, to date, no empirical studies have reported the impact of missed care on student nurses. The aim of this project was to explore the impact of missed care on the professional socialisation of student nurses. A qualitative study was undertaken in one higher education institute in UK with final year pre-registration nursing degree (Adult field) students. Focus group interviews, utilizing a topic guide, were used to collect data which was analysed using thematic analysis. Student nurses were aware that some planned care is missed and that the activities most frequently missed were discharge planning and patient teaching, surveillance: in particular skin inspections, ambulating patients, emotional support, hygiene, especially oral hygiene, and maintaining intake and output documentation. The participants explained that care missed was due to staffing shortages, competing demands, and poor team coordination. They had developed strategies to minimise the impact of missed care on patients and on themselves. The findings of this small scale study suggest that missed care is a characteristic of the professional socialisation of student nurses and that pragmatic acceptance is internalised. Although this study is set within nurse education in the UK it has relevance within a global context.



### Biography

Julie Crane is a Registered General Nurse with 30 years of experience in Nursing and Healthcare. She is Head of the Directorate of Nursing at the University of Liverpool. She has been a Nurse Educator for 13 years, and has undertaken many roles within the University. In her current role she has overall responsibility for the leadership and management of a top ranking Nursing department. She has an MA in Health Research and is currently pursuing PhD in Educational Research, Higher Education at Lancaster University, UK. She has varied clinical and research experience, mostly in the field of Cancer Care. She has maintained excellent links with clinical practice, and leads an Education Initiative in a local acute hospital Trust.

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# DAY 2

Keynote Forum



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## IMMUNE EFFECTOR CELL THERAPIES: CONSIDERATIONS FOR THE ADVANCED PRACTICE PROVIDER

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### Biography

Robert David Rice is the Director of Nursing Education, Evidence Based Practice, and Research at City of Hope National Medical Center in Duarte, CA. He joined City of Hope in July 2013. He and his staff develop and apply cross-disciplinary education programs to keep clinical providers current on evidence-based best practices, clinical techniques, standards, and emerging technologies unique to their clinical discipline. His clinical and research interests include hematologic malignancies, hematopoietic cell transplantation, cancer chemotherapy / immunotherapy, immuno-oncology, psycho-oncology, healthcare disparities, and improving the quality of cancer care for LGBT patients and families. He participates in national consortia of comprehensive cancer centers which address quality initiatives, nurse sensitive indicators (establishing a national benchmark for the incidence of vesicant chemotherapy extravasation), and developing a core curriculum to train nurses in safe chemotherapy administration.

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The allogeneic graft-versus leukaemia effect was first suggested in 1956 and allogeneic transplant is the original immunotherapy. With the continued evolution of immunotherapy since 1970s and progressively better understanding of T cell biology, the treatment paradigms for numerous malignant and non-malignant diseases have dramatically changed. The understanding of innate and adaptive immunity, genomic profiling, cell mutations, biomarkers, effector cells, co-stimulatory molecules, viral vectors and oncogenes, expression of programmed death genes and checkpoint inhibitors, ongoing clinical trials continue worldwide as single agents and in combination. Understanding the tumor microenvironment, tumor-derived factors, and the microbiome also influence the development of therapeutics. Immune effector cellular therapy also continues to advance with classic T cell receptors and chimeric antigen receptor T cells (CART) manufactured from the patient's own T cells which are genetically modified, returned to the patient, and cause an immune response whereby the T cells attack the patient's cancer. Many of these therapies will be used in combination, in sequencing, and with more traditional forms of treatment, such as chemotherapy, radiation therapy, and hematopoietic cell transplantation. With an aging population and increasing incidence of cancer, the workforce demands cannot be met by medical oncologists and hematologists alone. Advanced practice providers (APP) and oncology nurses will be ideally situated to care for this vulnerable population of patients who are living longer with the new therapies, but have the potential for substantial immune-related side effects (irAE) and symptom expression, the potential for unanticipated autoimmune expression, and the potential for debilitating financial toxicity. Intensive patient and family education, prompt recognition of irAEs, and multi-specialty, collaborative approach to patient management will be the key to safely helping patients on their challenging journeys.

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## POSITIONING HIV AND COMMUNICATIONS: NARRATIVES OF BLACK AFRICAN HETEROSEXUAL COUPLES IN RELATIONSHIPS WITH ONE HIV POSITIVE PARTNER IN THE UK

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### Biography

Kemoh Rogers has completed his PhD from City University, London in 2016. He is a Senior Lecturer in Nursing Sciences, School of Health Sciences in the Faculty of Medicine and Health Sciences, University of East Anglia, Norwich. He has made several presentations at national and international conferences.

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**Background:** Through effective use of anti-HIV medications, stable relationships containing one HIV positive partner (Serodiscordant Relationships (SdRs)) have emerged and are increasing in number and significance. Black African heterosexual men and women are among the high HIV epidemic populations in the UK although some do not know about their HIV positive status. Hence, a substantial number of people in the black African community might have a partner with non-identical HIV status. However, limited studies have explored the lived experiences and support needs of Black African couples in known SdRs. Specifically, the positions of HIV in SdRs and how these are reflected in communications about HIV have not been described. Therefore, this proposed oral presentation explores the relative positions of HIV within SdRs and how these relate to couples' communications about HIV.

**Methods:** Following multi-centre ethical approval, 25 in-depth interviews were conducted with 19 heterosexual participants from black African backgrounds in SdRs from three London genitourinary medicines (GUM) clinics. Age range of participants was 30-58 years (12 females (30-45), 7 males (31-58)). MAXQDA software was used for data storage and retrieval. Data was analysed through phenomenological reflection and writing.

**Results:** Significant themes emerged from this study including positioning of HIV and communications between couples. This presentation shows that the positions HIV occupy in SdRs are conceptualised in an ordinal continuum from less prominence to greater prominence but positioning does not represent functional or dysfunctional modes of managing HIV within SdRs.

**Discussions:** The relative positions HIV occupy is contextualised in the context of 'erasing and protecting' the difference between HIV positive and negative partners in SdRs.

**Implications for nursing practice:** The implications for providing support and information for Black African heterosexual couples are considered, particularly with potential benefits of greater engagement with both sero-negative and positive partners.



