

Global Breast Cancer Conference 2011

**Effective Communication in
Oncology ANP of Japan**

Kazuko Onishi R.N., Ph.D

School of Nursing

Mie University

October 6, 2011



日本
JAPAN



北海道

青森

秋田

岩手

山形

宮城

新潟

福島

石川 富山

福井

長野

群馬

栃木

茨城

島根

鳥取

兵庫

京都

滋賀

岐阜

山梨

東京

千葉

山口

広島

岡山

大阪

奈良

三重

静岡

神奈川

和歌山

佐賀

福岡

長崎

熊本

大分

宮崎

鹿児島

愛媛

高知

徳島

和歌山

沖縄



School of Nursing



< Contents >

- I . Oncology Situation in Japanese Society
- II . Oncology Certified Nurse Specialist
Training Program as ANP
- III. Effective Communication of Oncology
Certified Nurse Specialist
- IV. Case Studies

I . Oncology Situation in Japanese Society

1. Cancer Prevalence

- * Since 1981, the first leading cause of death
- * “National lifestyle related Disease” in the increase of elderly cancer patients because of the rising elderly population
- * The incidence (1/2 male, 1/3 female) ; the death rate; 1/3 people
- * Long term cancer survivors who have been living with cancer for a long time



- * Multidisciplinary team approach is important for total care including physical, psychological, social, & spiritual care

2. Oncology Professional Training Program

2007. 4: The fundamental law for cancer was established

The 14 article in the law for cancer states: every cancer patient should have the best medical treatment irrespective of where they live, and maintain a good quality of care.

In order to achieve this, a multidisciplinary oncology professional team is needed to offer quality care to patients and families.

As a result, an oncology training program for health-care professionals such as physicians, nurses, pharmacologists, and radiologists has been developed.

There are 18 projects through the whole country

The project began in 2007 and will for 5 years until 2012.

3. Courses for Oncology Professional Training Program

*** Course for oncologist (medical specialist)**

Program to gain doctoral degree for 4 years

*** Courses for co-medical workers such as nurse,
Pharmacist, radiotherapist, others.**

Program for master or doctoral degree at graduate school

*** Intensive course for oncology specialist**

Seminar or short training programs without degree

|| . Oncology Certified Nurse Specialist (OCNS) Training Program as ANP

1. Number of Nursing University/College, Graduate School

Year	Nursing University/college (diploma school)	Graduate	
		Master program (OCNS course)	Ph.D. program
1991	11	5	2
1996	41	<u>7 (3)</u>	5
2000	86	36	11
2002	100	54 (9)	16
2004	119	73	25
2006	144	86	37
2007	157	<u>101 (11)</u>	43
2008	168	109 (14)	46
2009	181(337)	119 (22)	54
2010	191	127 (37)	61
2011	200	<u>131 (44)</u>	62

2. Number of Registered Oncology Certified Nurse Specialists (OCNS)

Year	Registered number (total)
1996 (Beginning),	4
2005.4	44
2007.4	79
2008.4	104
2009.4	129
2010.4	193 (451)
2011.9	250 (612)

3. Certified Nurses Specialist (CNS) and Certified Nurse(CN)

Certified Nurse Specialist (CNS)

- * **Beginning in 1996 for Master of Science in Nursing (at graduate school)**
- * **Education:** master 's degree program for 2 years.
- * **Certification:** in order to take the certified examination offered by the Japanese Nursing Association, there is a requirement of over 6 months of clinical practice following completion of the training program , as well as a history of more than 5 years clinical practice of which 3years must be in cancer nursing.

Certified Nurse(CN)

- * **Beginning in 1997 for Certification with advanced specific nursing**
- * **Education:** 6 months training program for nurses having over 5 years clinical experiences
- * **Certification:** in order to take the certified examination offered by the Japanese Nursing Association after finishing the training program

4. Purposes of CNS and CN

Certified Nurse Specialist

Japanese Nursing Association(JNA) extends certification as Certified Nurse Specialist to nurses who have **in-depth knowledge and skills in a specific area of specialization for efficiently providing a high level of nursing care to individuals, families and groups that face complex and difficult nursing issues**

Certified Nurse

Certification as Certified Nurse is extended to nurses who can use matured nursing skills and knowledge to provide a high level of **nursing practice, leadership, and consultation in a specific nursing area.**

5. Roles of CNS

- 1. Efficiently providing a high level of nursing care to individuals, families and groups ([clinical practice](#))**
- 2. Having educational function to make general nurses improve cancer care ([education](#))**
- 3. Consulting to care givers including nurse ([consultation](#))**
- 4. Coordinating among health care workers in order to manage smoothly necessary care ([coordination](#))**
- 5. Doing research in the clinical field to improve and develop nursing knowledge /skill ([research](#))**
- 6. Doing ethical coordination among people who face ethical problem/conflict ([ethics](#))**

Number of Registered Certified Nurse Specialists (2011.9)

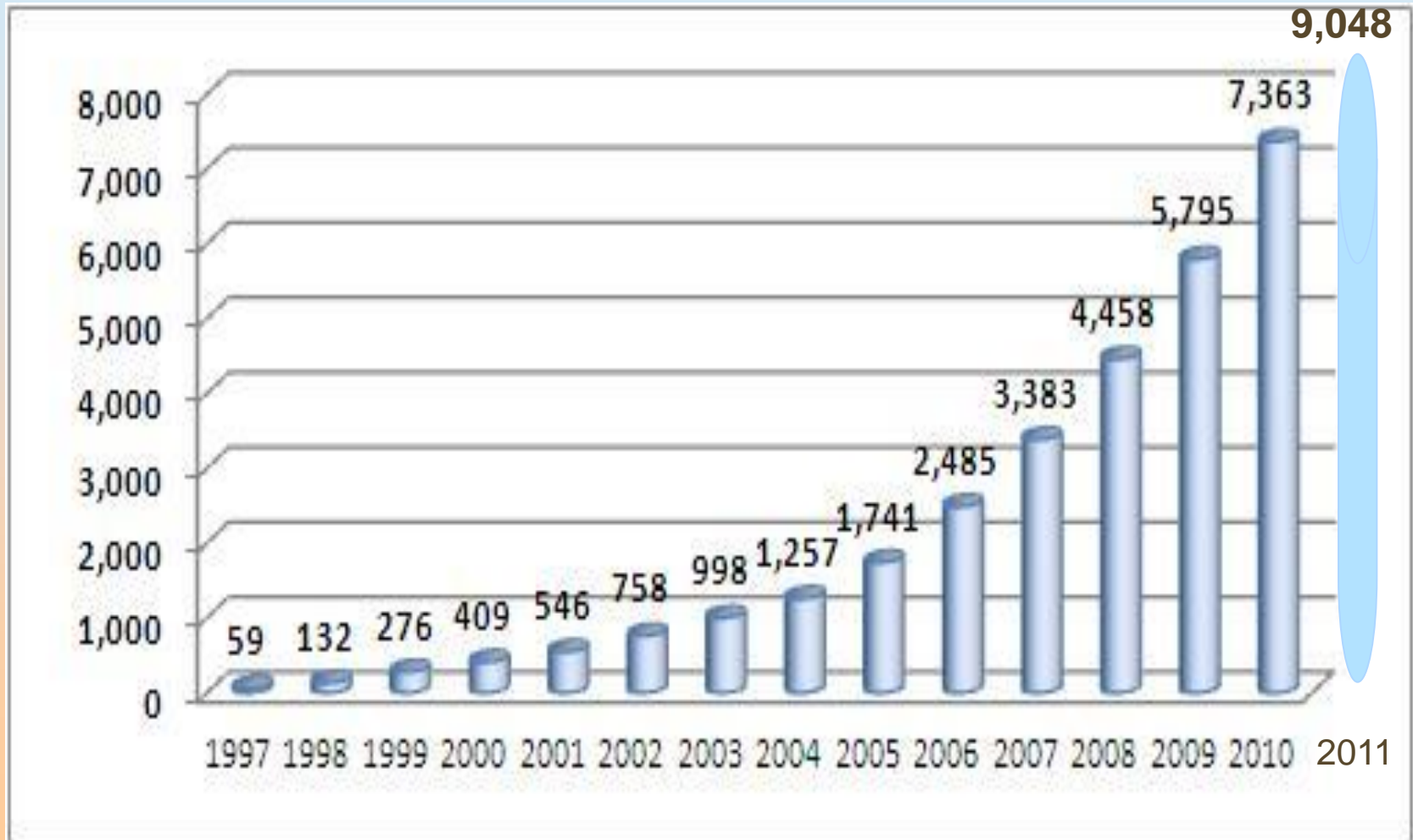
Field	Registered number
Cancer Nursing	<u>250</u>
Psychiatric Mental Health Nursing	93
Community Health Nursing	20
Gerontological Nursing	31
Child Health Nursing	56
Women's Health Nursing	35
Chronic Care Nursing	48
Critical Care Nursing	62
Infection Control Nursing	9
Family Health Nursing	8
Total	612

Number of Registered Certified Nurses (2011.9)

Field	Registered number
Emergency Nursing	622
Wound, Ostomy and Continence Nursing	1,598
Intensive Care	646
Palliative Care	<u>1100</u>
Cancer Chemotherapy Nursing	<u>844</u>
Cancer Pain Management Nursing	<u>563</u>
Visiting Nursing	270
Infection Control	1,365
Diabetes Nursing	322
Infertility Nursing	112

Neonatal Intensive Care	237
Dialysis Nursing	135
Perioperative Nursing	210
Breast Cancer Nursing	<u>163</u>
Dysphagia Nursing	304
Pediatric Emergency Nursing	131
Dementia Nursing	178
Stroke Rehabilitation Nursing	184
Radiation Therapy Nursing	<u>64</u>
<hr/>	
Total	9,048(5,967)

Transition in the Number of Registered Certified Nurses



III . Effective Communication of Oncology Certified Nurse Specialist (OCNS)

1. Basic Communication Skill

Effective communication is a component of the professional practice role of OCNS, as it exerts an influence on patient's outcomes. Communication in cancer care is challenging due to fear and stigma associated with cancer, complexity of medical information and uncertainty about the course of the disease.

The component for communication skill ; **trust, empathy, listening, nonverbal, and documenting.**

Basic Communication Skill

- 1) **Trust**: Trust increases when communication is honest.
- 2) **Empathy**: Respecting communication is more effective than cold or gushy dialogue.
- 3) **Listening**: Active listening is more useful than speaking or any other form of expression, in order to confront difficult issues.
- 4) **Nonverbal**: Body language such as direct eye contact and lower body position is also effective
- 5) **Documenting**: Written communication should be legible, listed in chronological order, dated and signed

2. Communication as OCNS

OCNS takes responsible for their patient's health care needs and arrange care with other health-care professionals as needed. Thus OCNSs communicate with multidisciplinary care team members in order to coordinate and integrate a patient's care. Collaboration in the form of effective communication complements the delivery health care.

Communication as OCNS

The requirement for OCNS to communicate:

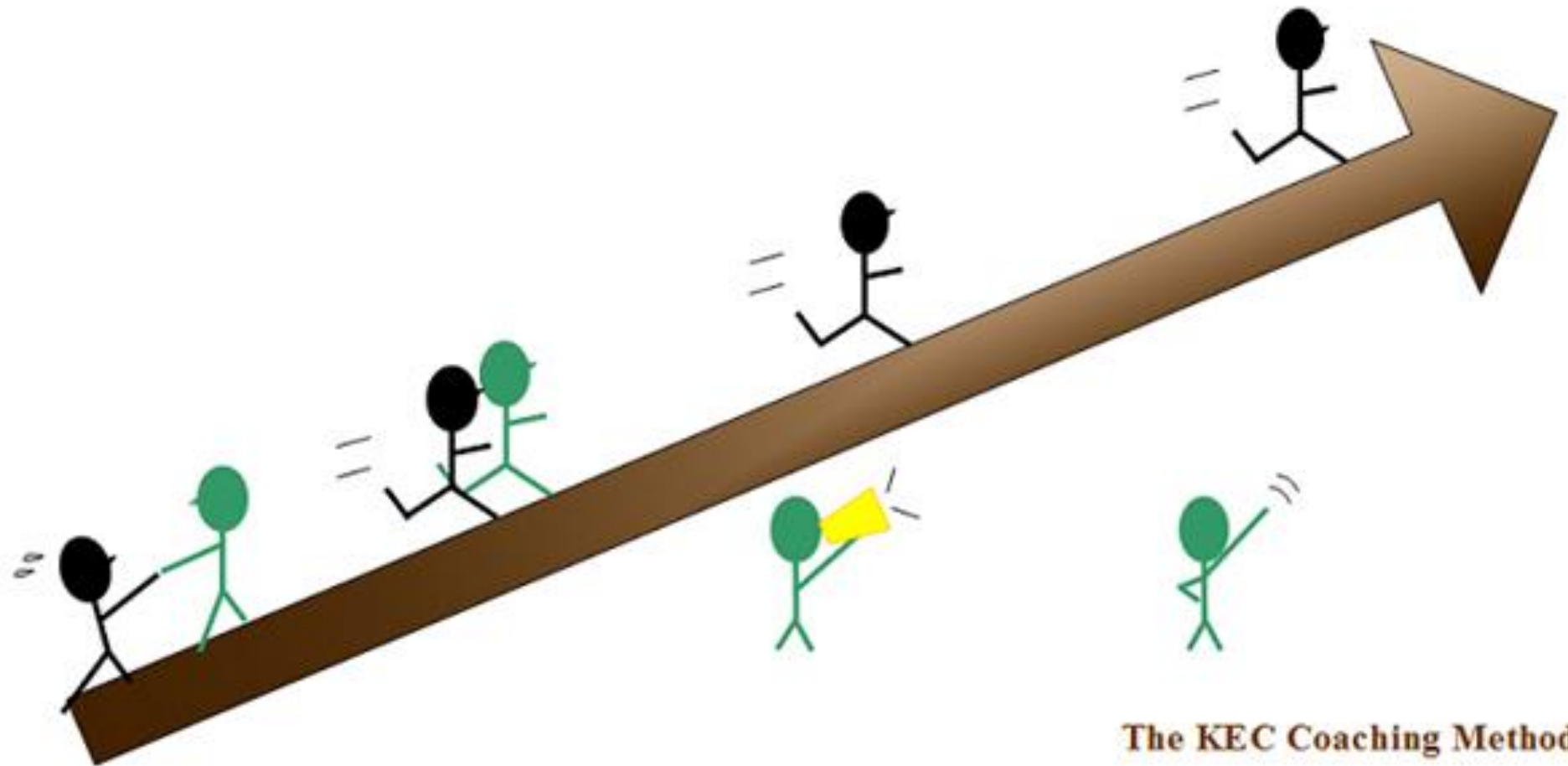
- 1) Communicating effectively and sharing knowledge, skill and expertise with other health-care professionals as required **for the benefit of patients and families.**
- 2) Continuously analyzing and improving level of communication skill associated authority gradients **among multidisciplinary medical care team** members.

For example :

Sometimes, some physicians have strong powers of persuasion for patient's physical state to prolong his life, even though the patient does not want to do, because of his end of life stage.

So, OCNS takes a part of the patient's advocate and coordinate multidisciplinary team while using the concept of total care concerning his/her physical, mental, social, and spiritual states.

■ Communication for Helping Patient's Autonomy and Self Decision-Making



The KEC Coaching Method

■ Effective Communication

Purpose: Multidisciplinary medical care team for the benefit of patients and families.

Knowledge & Skill

Caring

being with patient

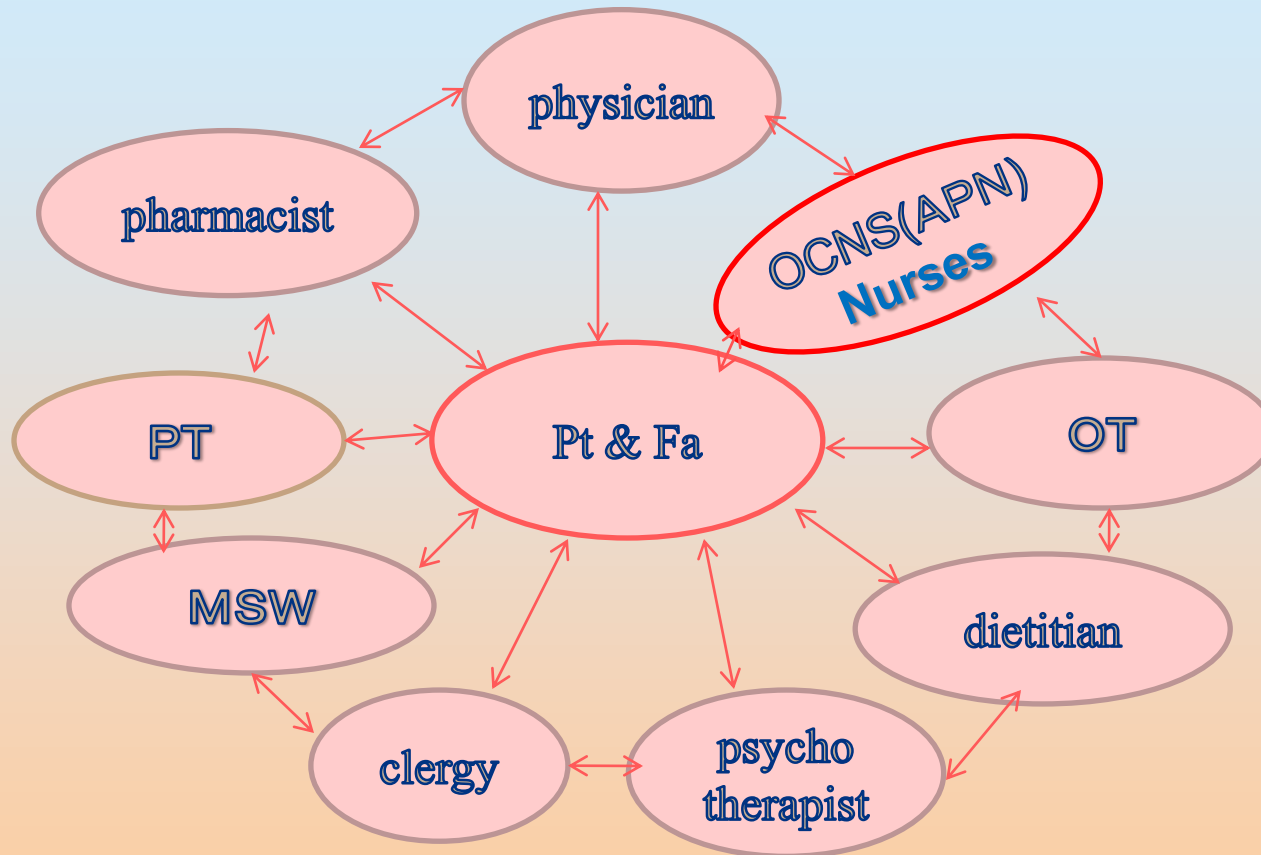
- listening, understanding
- empathy, trust,
- sharing ...

request, complain, anger,
silent, thanks,

Good Communication



■ Multidisciplinary team



■ CNS Roles

1. Efficiently providing a high level of nursing care to individuals, families and groups ([clinical practice](#))
2. Having educational function to make general nurses improve cancer care ([education](#))
3. Consulting to care givers including nurse ([consultation](#))
4. Coordinating among health care workers in order to manage smoothly necessary care ([coordination](#))
5. Doing research in the clinical field to improve and develop nursing knowledge /skill ([research](#))
6. Doing ethical coordination among people who face ethical problem/conflict ([ethics](#))

■ **OCNS's Activities with Effective Communication**

- 1) **Clinical practice** in using knowledge and skill; for example, symptom management with the concept of total care
- 2) **Consultation** for patients, family and medical staff regarding treatment and nursing knowledge/skill in order to offer good quality cares for patients
- 3) **Coordination** for multi-disciplinary team members to have the conferences in order to solve difficult patients problems
- 4) **Coordination for ethical problems** between physician and patient, patient and family, physician and nurse, etc.

■ **OCNS's Activities with Effective Communication**

1) **Education for nurses**

Educating general nurses at OCNS working institutions. about cancer nursing such as epidemiology, chemotherapy, radiation therapy, palliative care, total care, etc.

2) **Planning and Education for short term training program and seminars in prefectural and national level**

For example, training program of quality cancer nursing for 40days, short training program for 10days, OCNS seminars, etc.

3. Communication with using Complementary Therapy

Group	Therapies in the group
Rep. medical system	Homeopathy, traditional Chinese medicine (traditional medicine, acupuncture/ moxibustion)
Mind-body collaborative intervention method	Relaxation , visualization, music therapy , image-inducing therapy, meditation , aroma therapy
Physical therapy	Manipulative treatment, massage , acupressure, reflexology
Biological therapy	Vitamin, herb
Energy therapy	Qigong, yoga, touch therapy
Psychotherapy	Counseling

My laboratory



IV. Case Studies (research)

Case study 1

Communication for terminal cancer patients through aromatherapy massage

- **Aim:** To elucidate the content of narratives and display sequential patterns over time for the cancer patients at end of life stage from narratives (**listening**) through three sessions of aromatherapy massages.
- **Methods:** The participants in this study were 11 end of life stage cancer patients. The patients were given a 15 minute aromatherapy massage by a nurse once a day every three days for three times (1st, 2nd, 3rd). Data in narrative form were collected through patients talks during the massage (**listening**). These were analyzed by inductive and qualitative methods to characterize any mind changes.

• **Results:** Three categories were identified from each of the narratives ①“narratives about themselves”, ②“narratives about their family”, and ③ “narratives about their illness”.

① As for “narratives about themselves”, during the first session the patients delivered a ‘self-introduction’ and ‘pride in themselves about their lives’. During the second and third sessions they added talk about the emotions related to their illness, such as ‘memories of themselves with cancer’, and ‘self-pride in their strength with cancer’

- ②As for “narratives about their family”, during the first session patients included talk of ‘wishes for their family’s happiness’, and ‘pleasure from their family’s love’. During the second they, ‘complained about family’, and during the third they expressed their ‘gratefulness to their family’.
- ③As for “narratives about their illness”, during all three sessions the patients included narratives concerning ‘grief with cancer’, ‘symptoms management’ and ‘anxiety about their uncertain future’. However, patients also talked about “acceptance of the state of their illness” and “about their end of life”, while reviewing ‘overcoming difficulties’. As well, ‘wishing for a recovery from illness’ changed to “keenly and deeply wishing for a recovery from illness”, when showing some ‘pleasure in a slightly better condition’ and talking about a ‘positive approach facing disease’

- ❁ **Conclusion:** The patients reconfirmed their pride and their strengths, and became positive about facing illness in their review of their lives and overcoming the difficulties. We think that aromatherapy massage can improve patients' narratives about themselves and that these reflect self-actualization or the expanding of patients' consciousness . The use of aromatherapy massages, and their continuity, could be a positive and **effective communication** for the end of life cancer patients.

Case study 2

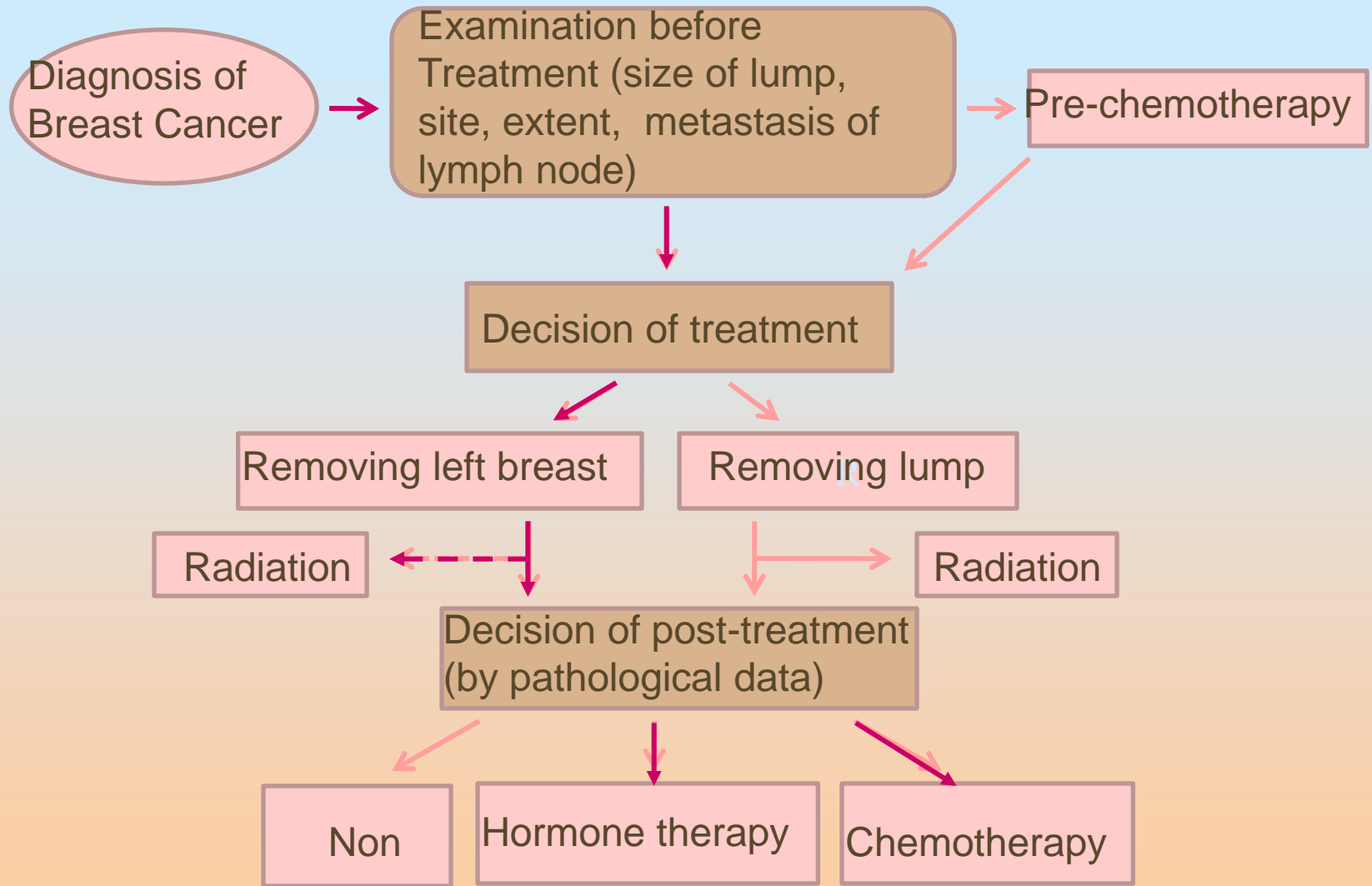
Clarification of the processes of pattern recognition in a breast cancer patient and her sensing of her own being
----through effective communication---

- ❁ **Purpose:** To clarify the process of pattern recognition in a breast cancer patient and the sense of her own being.
- ❁ **Methods:** The care involved in the nurse-patient partnership based on M. Newman theory of health as expanding consciousness and the concept of cancer survivorship. The personal care involved 6 interviews with the patient. Interview notes and nursing records were used to categorize the contents into meanings.
- ❁ Listening and offering or suggesting appropriate information if necessary are important for effective communication.

Subject :

A 30 year old patient with cancer of the breast living with husband and one children (3 years old). On diagnosis she was shocked and entered a crisis state. A patient-nurse partnership began soon after and continued until she was discharged at hospital.

Disease ; Stage IIIa N2 T0



Flow chart of disease treatment

- **Results & Discussion** : There were 5 categorizations related to the process of pattern recognition and the sense of her own being; ① gaining a sense of fulfillment and satisfaction in making the decisions by herself to undergo an operation, ② recovery from her operation and regaining her sense of her own being, ③ finding her own way to live at home after her discharge by utilizing social resources, ④ understanding the limitations of her abilities and changing actions and behavior in her daily life, and ⑤ balancing her life and developing phenomena such as self actualization, an expanded consciousness, and personal transformation.

The patient was able to find self actualization, to change her behavior by using her own abilities, and to promote herself as her own person.

Mt Fuji



Japanese
Garden



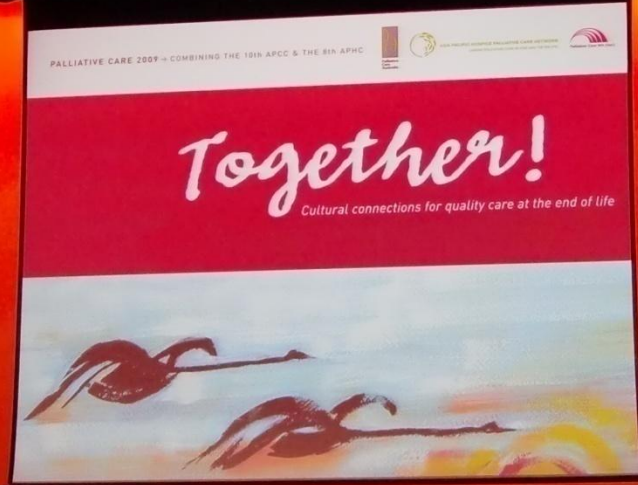
Japanese Garden



Ise Shrine







Thank you very much for
your attention

