Helping Patients’ Distress:  
A pan-Canadian knowledge translation strategy to advance oncology professionals’ distress management knowledge and skills

What do most clinicians do about cancer related distress?

Not as much as they want to and not enough, according to data from patients themselves. Very often oncology professionals ask nothing at all about the emotional distress patients’ experience. When they do ask, often not enough is done to help. Patients tell us emotional distress is often stigmatizing, yet being quiet about it complicates their cancer journey.

It’s understandable: oncology professionals are run off their feet delivering non-negotiable bio-medical care. People who are clearly suffering from severe emotional distress are referred to psychosocial specialists. But, for many more their distress is successfully hidden or minimally visible because they want to be seen as “good” patients who are “coping” well. These people are waiting for direction from oncology professionals that managing distress is an important part of care.

Even though emotional distress is an expected and normal part of the cancer experience, patients and families across the country say help with managing distress is difficult to find. And many are not aware that nurses and doctors can help.

This newsletter is designed to inform you of a three-year research project intended to help answer that question. The project aims to integrate distress management into routine care given by oncology professionals, specifically nurses and physicians, in a way that is practical and not time consuming.

We know you are busy people, so this newsletter will informative, brief, and to the point! For more in-depth info, we have a website coming soon. We promise to update you frequently on progress, challenges, and successes.

With appreciation for all you do,

Dr. Deborah McLeod, Clinician Scientist, Psychosocial Oncology Team (NSCC), Capital Health, Halifax

Dr. Mary Jane Esplen, Director, de Souza Institute, Toronto

Project Co-leads

The question is
“How do we meet these needs given the demands on us already?”
TITLE:
Helping Patients’ Distress: A pan-Canadian knowledge translation strategy to advance oncology professionals’ distress management knowledge and skills

AIM:
To enable health care systems and individual clinicians to help people living with cancer manage mild to moderate emotional distress by:

• Overcoming barriers that get in the way of routine distress management.
• Educating nurses and other health professionals to integrate distress management guidelines into routine cancer care.

Focus
• Four key symptoms - fatigue, pain, anxiety & depression.
• We are targeting oncology nurse/physician teams in ambulatory care settings with support from managers, mentors, and interprofessional team members.

THE CHALLENGE:
Finding ways to change clinic practices to support the integration of the guidelines for fatigue, pain, anxiety & depression into routine care.

WHERE?
This three-year research project is being conducted at:
• Capital Health, Halifax & District Health Authorities, NS
• Cancer Care Manitoba
• CHU de Québec, QC
• Grand River Regional Cancer Centre, Kitchener, ON
• Princess Margaret Hospital, Toronto, ON

Up For The Challenge?
We Need Nurse/Physician Teams; Social Workers can play a role too.
If you are:
• Concerned about cancer patients’ distress
• Aware that addressing distress helps improve patients’ outcomes
• Not afraid of changing your work routine
• Willing to have respectful but difficult conversations
• Interested in learning new skills
• Working in one of the cancer programs involved in this research

To participate and receive more information please use the contact information below:

At Capital Health, call Dr. Deborah McLeod at 902 473-2964 or by email: Deborahl.mcleod@cdha.nshealth.ca

Q&A

Q: I barely have time now! How am I going to fit this in?

A: We know you can’t add anything more to your day.

Part of the work will be figuring out how to change what you do now to open up space for something new.

In most cases, implementation of the recommendations in the guidelines will not take a lot of time, but it will take some. It will also take everyone working together to make it happen. It won’t be easy but we hope some of you are up for a challenge!

Through this newsletter we’ll continue to share what others have done and how it’s working - - attempts, miss steps, and successes.

We’re making this space as safe as we can for sharing, if you feel comfortable doing so.

We’re committed to answering questions in each newsletter.

Ask yours,
By emailing or phoning Dr. Deborah McLeod at 902 473-2964 or: Deborahl.mcleod@cdha.nshealth.ca