

Certification in oncology nursing is a specific way to ensure that nurses have the education, skill and knowledge to practice in a competent manner. Certification promotes professional development, opens doors to new career opportunities, and is valued by employers and patients. By highlighting the accomplishments of the department's certified nurses, we can promote and mentor more nurses to pursue their certification.

OCN® certification is a professional achievement that nursing administration believes in and supports. Encouraging dialogue of the process between staff, posting deadlines for the test and the application process, time off for test taking, a hospital approved review course are ways to support staff in this endeavor. This project, though small in scale resulted in positively affecting the pursuit of oncology nursing certification. Since the project's initiation, 3 additional nurses in our unit have successfully taken the test.

1914

EYE ON THE COMMUNITY: THE ROLE OF A CANCER TELEHEALTH NURSING SERVICE IN IMPROVING PATIENT AND FAMILY EDUCATION, ACCESS TO RESOURCES AND CLINICAL TRIAL ENROLLMENT. Rebecca Eggleston, RN, OCN®, University of Michigan Health System, Ann Arbor, MI; and Kimberly Zapor, RN, BSN, OCN®, Annette Schork, RN, BSN, OCN®, and Jean Campbell, RN, University of Michigan Cancer AnswerLine, Ann Arbor, MI.

Individuals who have been diagnosed with cancer as well as their family members and friends often seek a comprehensive resource for cancer information, and may need assistance in navigating the cancer care delivery system. Cancer AnswerLine, a cancer telenursing service, invites those affected by a cancer diagnosis to call toll free or submit an online request to communicate with an experienced oncology nurse.

The purpose of this poster presentation is to describe the impact of a singular cancer telenursing service on the patient, and health professional cancer community.

Established in 1995, Cancer AnswerLine has been marketed through print, radio, web and outdoor venues with the vision of increasing public awareness of a trusted and unique community service available for information seekers with questions about cancer prevention, diagnosis, treatment and access to clinical research. Those seeking information need not be patients at the University of Michigan. Program requirements include an established risk management, policy and procedures program, HIPPA compliant software for interaction documentation, and a secure online email database protecting sensitive patient health information. Nurses staffing Cancer Answerline have extensive oncology background, and are expected to be familiar with and comprehend current cancer related issues, pursue oncology continuing education credits, and oncology nursing certification. Assessment of service and value to the cancer community has been measured through direct mail customer satisfaction survey, spoken and written comment, established partnerships, benchmarking, and data captured through both telephone and software functionality.

Collection and interpretation of data evaluating the overall impact of Cancer AnswerLine on the community is in progress. Data representing caller demographics, reason for call, cancer site, number of cancer related service and clinical research referrals, total call/email volume, and patient/family direct mail survey results will be presented. Also provided will be substantiation of our collaborative relationships and benchmarking experiences within the health professional community.

A cancer telenursing service offers the cancer community a unique opportunity to receive information tailored to specific need from an experienced oncology nurse. It fulfills the public need for reliable

cancer education and improves access to appropriate cancer care and support services. A successful cancer telenursing program enhances communication between health professionals and the community and serves as an integral element of the cancer care delivery system.

1917

GENDER AND ETHNICITY: ARE THEY INFLUENCING CANCER PAIN? Eun-Ok Im, PhD, MPH, RN, FAAN, Wonshik Chee, PhD, Enrique Guevara, MSN, Yi Liu, MSN, and Hyun-Ju Lim, MSN, University of Texas at Austin, Austin, TX; and Hsiu-Min Tsai, PhD, Chang Gung Institute of Technology, Taipei, Taiwan.

Studies have reported inconsistent findings on gender and ethnic differences in cancer pain experience, and the inconsistency suggests further investigations on this topic for appropriate cancer pain assessment and adequate cancer pain management.

The purpose of the study was to explore gender and ethnic differences in pain experience of four ethnic groups of cancer patients.

A feminist perspective theoretically guided the research process: gender and ethnicity were viewed as important factors that influenced cancer pain experience within the U.S. multicultural contexts.

This was a survey study among 480 multiethnic cancer patients. The instruments included questions on sociodemographic characteristics and health/illness status, three unidimensional cancer pain scales, two multidimensional cancer pain scales, the Memorial Symptom Assessment Scale, and the Functional Assessment of Cancer Therapy Scale. The data were analyzed using descriptive and inferential statistics.

Certain gender and ethnic differences in types of pain and symptoms that patients experienced were found. Also, the findings indicated statistically significant gender difference in functional status and ethnic differences in cancer pain and functional status. Women reported higher cancer pain, symptom, and functional scores than men. Compared with other ethnic groups, Asians reported the lowest cancer pain scores and pain relief scores; African Americans reported the lowest symptom scores; and Hispanics reported the highest functional status scores. The findings support gender and ethnic differences in cancer pain experience and suggest further in-depth national-scope studies on this topic.

1918

THE DECISION TO CREATE AN OFF-CAMPUS, HOSPITAL-BASED CHEMOTHERAPY SATELLITE. Marcia Gruber, RN, MSN, MS, Debra Smith, RN, OCN®, Nancy Bertran, BSN, OCN®, and Melissa Therrien, BS, Roswell Park Cancer Institute, Buffalo, NY.

As the demand for cancer care increases, hospitals must accommodate more patients who require chemotherapy. We experienced a 12% increase in patient visits, an increase in average treatment time, long wait times for treatment starts, and staff overtime costs that more than doubled. Eventually, all space and staffing options in our existing Infusion Center were exhausted. Before the growing volume compromised patient safety, administrators and clinicians alike believed it was time to look for expansion options.

To maintain our quality of care and improve service delivery, a team of clinicians, administrators, decision support and facility professionals carefully examined the advantages and challenges of creating a remote chemotherapy location.

The multidisciplinary team assessed the financial and operational impact, patient preferences, patient demographics and regulatory issues and recommended that an off-campus satellite office be created. A business plan and site selection criteria were developed. The nurse and physician team members determined which drugs could be safely administered off-campus. The proportion of research versus standard protocol appointments and the number of patients who required same-