

RNAO's Advanced Clinical Practice Fellowship Program

Opportunities Await!



Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

KNRC
Nursing Research Conference
Kingston

ACPE
RNAO's ADVANCED CLINICAL PRACTICE FELLOWSHIP PROGRAM

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Thank you to our sponsor EMD SERONO- Virginia Steele



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Land Acknowledgement

Kingston Health Science Centre -Kingston General Hospital (KGH) is located on the ancestral and traditional territory of the Anishinaabe, Haudenosaunee and Huron-Wendat Nations. This region is also home to a growing Indigenous population. KGH is dedicated to honoring Indigenous history and culture, and committed to moving forward in the spirit of reconciliation and respect.

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Disclosures

RNAO provides up to \$15,000 in funding (through funding from the Ontario government) and KHSC contributes at least \$5,000 in funding for each Fellowship conducted.

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What is an RNAO ACPF?

- An initiative that develops and promotes nursing knowledge and expertise to improve client care and health outcomes
- Aimed at advancing projects that will meet a need or gap in service within organizations
- Streams:
 - Leading Change in Evidence-based Practice
 - ❖ Individual Change Agent (clinical)
 - ❖ Change Team (Leadership)
 - ❖ Organizational (Guidelines Implementation)
 - Equity in Nursing and Health (addresses diversity, equity and inclusion)
 - Health and Wellbeing (focus on nurses and community)
 - Long-term Care (developing resources, programs and approaches)

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How it works

- Support provided by organization, RNAO and individual mentors
- Self directed, intensive learning
- Protected time to work on the activities in the proposal
- Program length: 450 hours total- 12 weeks (Full time) or 20 weeks (Part time)
- Determine the focus or topic, identify mentor (RN, NP with Masters), develop and submit your proposal

<https://mao.ca/bpg/get-involved/acpf>

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Janet's fellowship

- **Stream:** Leading Change in Evidence-based Practice
- **Title:** Care of the Person with Dementia
- **Identified Gap:** Kingston has a higher than average amount of people over the age of 65, this population accounts for 21.1% of all KHSC hospital admissions, 83% of these are people have a diagnosis of dementia. KGH does not currently have access to geriatric psychiatry.
- **Goals:** advance the fellow's clinical competency in diagnosis of the various etiologies of dementia, and appropriate treatment options for associated responsive behaviors

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Learning Plan Objectives

1. Learn about the different types of dementia
2. Gain proficiency in completing a comprehensive geriatric assessment
3. Learn about associated behavioral and psychological symptoms of dementia
4. Understand the pharmacological and non pharmacological treatment options
5. Understand and advocate for proxy decision making that arise from aging issues

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Expected Outcomes

- Improved individual clinical competency
- Improved quality of care and reduction of distress for patients with dementia on the Burr 4 unit and throughout KGH
- Reduction in the risk of violence, reduced risk of falls, reduced length of stay in hospital and appropriate discharge planning
- Education to multidisciplinary staff

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Unexpected outcomes

- Request for consultation immediately
- Multidisciplinary practice change for proxy decision making
- Change in roles and responsibilities in the near future

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Overall Experience

- Improved feelings of confidence working independently with this population
- Enjoyment in having the time to learn and teach others
- Advocating for improved care for this population

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Acknowledgement

Mentors

- Primary Mentor- Jennifer Adomait PHC-NP, MN, BScN, CPMHN(c)
- Dr. Claudio N Soares MD, PhD, FRCPC, MBA

Professor, Department of Psychiatry, Queens University School of Medicine
Clinical Lead, Mental Health & Addictions, Ontario Health East

- Dr. Matthew Tobin MD FRCP

Geriatric Psychiatrist, Assistant Professor Queen's University Department of Psychiatry

Special Thanks:

- Nazanin Alavi, MD, FRCPC

Co-Program Medical Director, Mental Health & Addiction Care Division Chair,
Adult Psychiatry

Associate Professor, Department of Psychiatry, Queen's University

- Nicholas Axas BSSW,MSW, R.S.W.

Program Operational Director, Mental Health & Addictions Care

Adjunct Lecturer, Department of Psychiatry, Queen's University

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Christine's fellowship

- **Stream: Leading Change in Evidence-based Practice-** Individual change agent (Clinical) - Focus on the development of knowledge, skills.
- **Title:** Understanding the persistence of tobacco use in patients with a diagnosis of cancer and receiving oncology services.
- **Identified Gap:** Unclear why some oncology patients continue to use tobacco despite the availability of supportive resources.
Also unclear which oncology patients and what biopsychosocial factors influence decision-making when smoking cessation support is declined.
- **Goals:** Gain a deeper understanding of oncology patients' views who have previously declined a referral for follow-up to an external program by conducting this project.
Improve access, engagement and acceptability of the smoking cessation program.

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Learning Plan Objectives

1. Review literature and gain understanding of project management and create a project plan
2. Design and development of a telephone interview questionnaire, telephone consent script, telephone consent log and sample selection.
3. Develop skills in a Quality Improvement project, and how to make an application with an exemption from Queens Traq - Health Sciences & Affiliated Teaching Hospitals Research Ethics Board (HSREB)
4. Improve knowledge in qualitative data collection and thematic analysis
5. Develop skills and competence in knowledge dissemination.

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Expected Outcomes

- To increase the level of access to smoking cessation support for oncology patients who use tobacco.
- To improve the smoking cessation program deliverables by engaging with oncology patients who use tobacco for their perspectives.
- To develop confidence in conducting QI projects in a clinical setting in order to provide best quality care.

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Unexpected outcomes

- **Due to time limitations:** there is a need to have a follow-up engagement with oncology patients who use tobacco to get a broader understanding of their individual reasons for use.
- **From the participant's responses:** there is a need to re-consider when a smoking cessation screening is completed - first visit to the Cancer Centre, participants felt overwhelmed with the unfamiliar environment, people, staff, paperwork, a new diagnosis, etc., and this influenced their decision to decline a smoking cessation intervention.

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Overall Experience

Participation in the RNAO ACPF:

- Provided an opportunity to pro-actively follow up with patients who previously declined intervention, the norm had been to follow up with patients who want an intervention.
- Personal gratitude for the support in growth and development of my knowledge in health system QI.
- I encourage all RNs to apply to RNAO and complete the Advanced Clinical Practice Fellowship.

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Acknowledgement

Special appreciation:

Romney Pierog - RN KHSC (thank you for being an inspiration)

Supporting Team:

Steph Willing - Manager, KHSC Cancer Clinical Research Team

Aleks Biorac - Clinical Trial Coordinator, KHSC Cancer Clinical Research Team

Jessy Donelle - KHSC Decision Support Analyst


Mentors:

Jan Giroux - RN (EC), MScN, CCN (C), CON(C), de Souza APN
Nurse Practitioner (Adult) - KHSC

Dr. Rosemary Wilson - PhD, RN (EC)
Associate Director -Graduate Programs, School of Nursing, Faculty of Health Sciences, Queen's University

Dr. Oyedeji Ayonrinde - MBBS, MSc, FRCPsych, MBA
Associate Professor of Psychiatry -Dept. of Psychiatry, Queen's University
Clinical Director, Community Mental Health (Providence Care)


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Evaluation



https://kingstonhsc.ca1.qualtrics.com/jfe/form/SV_9AAuvsh9xqiHThk

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