

Collaborating to Build Capacity for Cancer Nursing in Kenya

Margaret Fitch, Toronto

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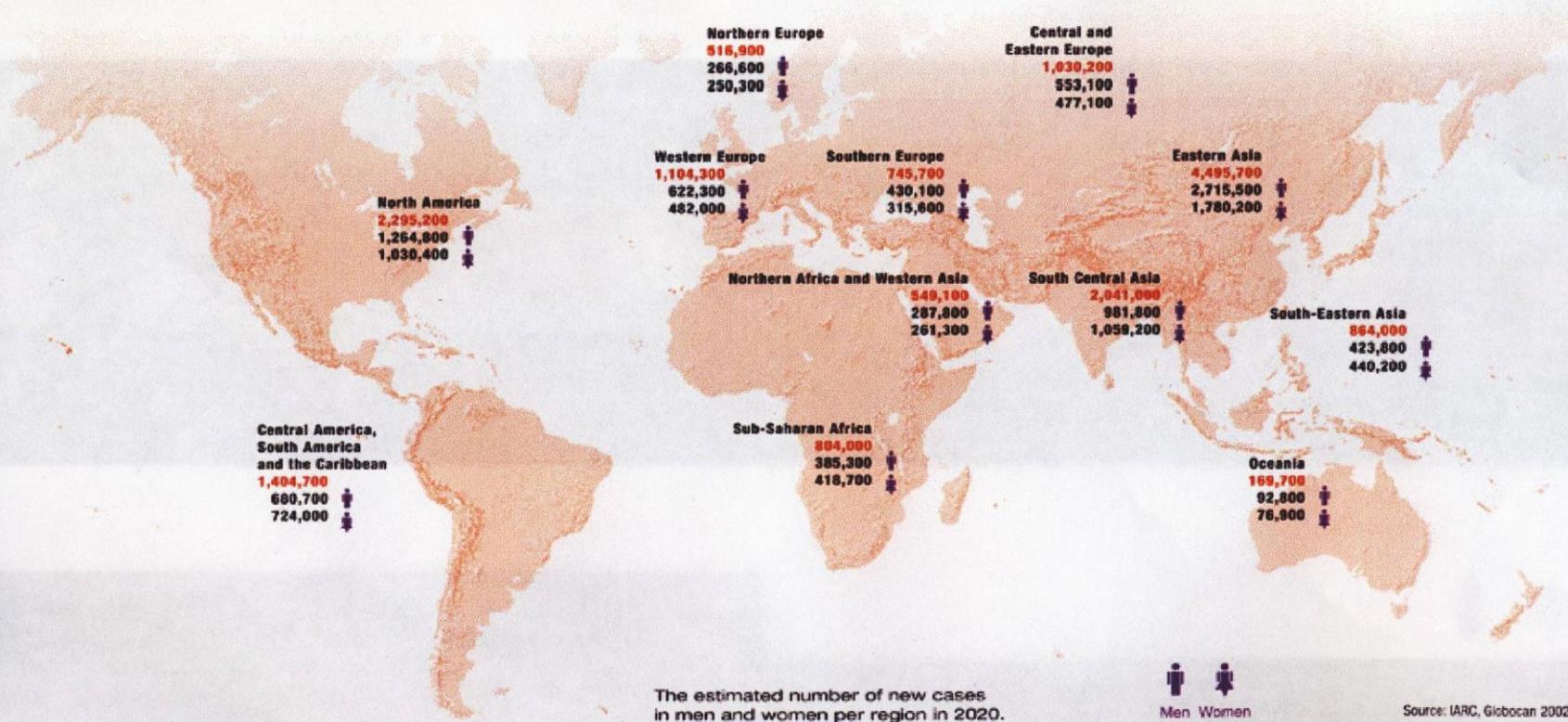
Plan for Presentation

- Outline the planning process and context for the work that was completed
- Describe the program that was provided
- Highlight the lessons learned during the project



The number of new cases each year could rise from **10.9 million in 2002**

to **16 million in 2020** nearly a **50% increase**

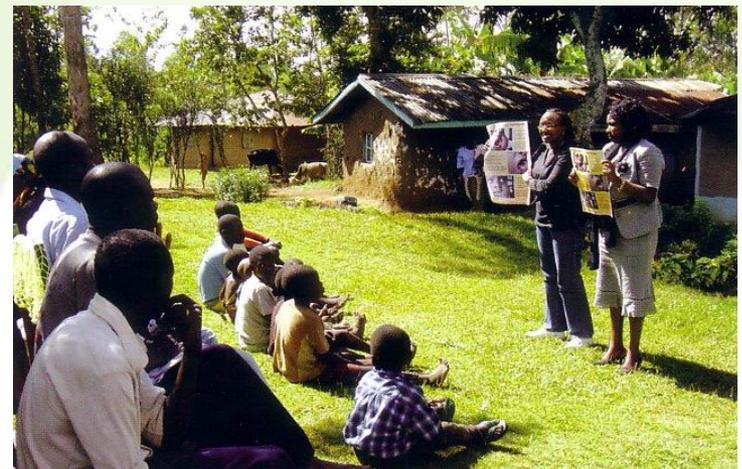


The estimated number of new cases in men and women per region in 2020.

Source: IARC, Gizeban 2002

Nursing has a key role to play regarding cancer in middle and low resource countries

- Public education
- Prevention/early detection
- Care (assessment, symptom management, patient and family education, support)
- Palliative care



Program sponsors and funding

- Held in **Nairobi**
- Twinning Program: International Society of Nurses in Cancer Care
Aga Khan University Hospital, Nairobi
Odette Cancer Centre –Nursing, Toronto
- UICC Proposal and Grant:
Trish Greene UICC International Cancer Nursing Training Workshop Award
- 5 day workshop (plus one day symposium added in)
- Held in **Eldoret**
- Partnership Program: Indiana University/University of Toronto
MOI Teaching and Referral Hospital/MOI University School of Medicine
Odette Cancer Centre –Nursing, Toronto (ISNCC)
- Ampath Program Funding
- 5 day workshop (some in clinic mentoring)

Collaborating to Build Capacity for Cancer Nursing in Kenya

- Nairobi
- Eldoret
- Aga Khan University Hospital
- MOI Teaching and Referral Hospital
- David Makumi
- Peter Kamau



Context of our Planning

- Collaboration with Local Planning Groups
 - Learning about the local situation
 - Planning the type of educational sessions needed
 - Revisions based on learnings



Planning Process

- Several group meetings
- Multiple emails
- Planning questionnaire
- Conference call(s)
- Planning group meeting on arrival
- Local hospital/clinic visits
- (Engagement at Symposium)



Challenges as we understood them before we arrived in Kenya

- Culturally Sensitive
- Sharing knowledge & expertise (nonjudgmental)
- Comparable treatment to Canada
- Context specific realities
- Lack of resources
- Absence of formal oncology education
- Funding (patient financial resources)

Learning through Local Visits: Public Hospitals (beds/patients)



Chemotherapy (Kenyatta)

Mixing/Administration/running IV



Eldoret and surrounding outreach clinics



Radiation in Nairobi: 2 cobalt machines servicing the country



Children's ward



Private hospitals: Levels of accommodation dependent on financial means



Mission Hospital



Palliative Care Teams



Referral/return transfer challenges

- Difficult process
 - Lengthy
 - No or little communication between institutions
 - All referral come to the public facility
 - Distance/roads
 - Lack of oncology knowledge



Emerging insight and new understanding of the challenges

- No connections, education for nurses caring for oncology patients (specialized oncology nurse)
- Restrictions: inability to perform skills learned
- Funding & resource issues: multi-layered
- Significant differences between rural and urban facilities
- Nurses vocal about the lack of information/communication/education

Learning at the Workshop



Workshop Content Overview

- Introduction to the Cancer Problem
- Overview of Cancer Control Principles
- Impact of Cancer
- Principles of Oncology Nursing
- Introduction to chemotherapy and Pharmacology
- Protocol: Putting it all together and
- Assessment
- Side effect monitoring framework and criteria
- Toxicity Management
- Vascular Access
- Safe Handling
- Moving forward

Needs of Cancer Patients

- **Physical**
 - Pain (resources lacking, insurance limited)
 - Nutrition poor; lack proper diet/ADL
 - Poor hygiene
 - Secondary type. Cancer stage, available care/treatment
- **Social**
 - Only available in hospital
 - Families abandon patients
 - Friends may leave
 - Worry about family needs
- **Psychological**
 - Many fears about cancer/treatment
 - Limited services available
- **Emotional**
 - Social stigma; cannot talk about cancer
 - Distress; limited access in remote areas
 - Shock; anxiety; fear
- **Spiritual**
 - Concerns; ‘why me?’;
 - Spiritual prophets (promise healing)
 - Witchcraft used often
 - Turn to traditional healers
 - Belief cancer is a curse
- **Informational**
 - Little information available or given
 - Little understanding about condition or treatment
- **Practical**
 - Poverty; job loss; financial constraints
 - Poor infrastructure

Varied Teaching Strategies

- Didactic sessions – cancer nursing with a focus on chemotherapy administration and patient care
- Workbooks (Paper copies and CD of all Presentations)
- Small groups/report back
- Q & A sessions
- Pre and post knowledge quiz
- 6 month follow-up survey (use of learnings)



Confidence Teaching Patients

Item	Percent of Respondents			
During the past month, I felt confident teaching patients and families about:	Course Participants (N=57) Strongly Agree/Agree	N/A	Follow-up Respondents (N=17) Strongly Agree/Agree	N/A
a) Chemotherapy	38.6	17.5	82.4	11.7
b) Radiation Therapy	19.3	26.3	52.9	23.5
c) Hormonal Therapy	0.53	33.3	35.3	35.3
d) Pain Control	68.7	12.2	88.2	11.7
e) Side Effect Management	56.1	17.5	82.4	5.9
f) Palliative Care	45.6	21.0	76.4	11.7

Nurse Attitudes Pre/Post Workshop

Item	Percent of Respondents	
	Course Participants (N=57) Strongly Agree/Agree	Follow-up Respondents (N=17) Strongly Agree/Agree
I believe my current oncology education adequately prepares me to take care of the patients with cancer and their family.	47.4	70.6
I have sufficient oncology knowledge to provide high quality nursing care to patients with cancer and their families.	33.3	76.5
When a question related to the care of the patient with cancer and their family arises, I can easily get information to answer the question.	68.4	82.4

Impressions...for the Nurses

“It was an eye-opener to the cancer problem.”

“I liked the participation...wide experience from nurses from different institutions.”

“Please bring more forums like this to other parts of Kenya.”

“Make it annual...and 2 weeks next time.” “Keep up the good work and pass on the knowledge to others as you did to us. God bless you mightily as you continue with your noble job.”

“You made me proud to be a nurse.”

“We really appreciate the program and you have achieved the goals and objectives. For my side, I did appreciate it and I would like to ask you to come to my country (Rwanda) and to do the same program.”

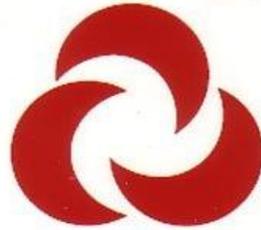


Lasting impressions...for us

- Transfer of knowledge needs to continue and be self-supporting; there is a passion for cancer nursing
- Thirst for oncology knowledge; there are continuing questions/challenges
- Everyone was very grateful for the learning experiences and patient stories
- Teaching strategies and flexibility were a necessity



Thank you! Questions?



The Aga Khan University Hospital, (Nairobi)

