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Feature story:

Technology: The 21st Century Stethoscope



NURSES KNOW *your Story*

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The voice on the other end of the line is a familiar one. The nurse quickly flips through the patient's chart to review her latest labs and treatments. The conversation between nurse and patient is an exchange of information—symptoms and instructions—but the patient only has to convey what has changed in the last day or so. The nurse already knows her story.

Like a family member or an old friend who knows you well because they experienced fundamental parts of your life journey with you, the ambulatory care nurses at the Markey Cancer Center and its affiliates share a health journey with each of their patients and are a critical part of a cancer treatment strategy that is increasingly conducted on an outpatient basis.

Starting in the 1980s, nurses slowly began giving treatments such as chemotherapy, which previously had been given by physicians. This has had a tremendous impact on patient care as it allows clinics to offer more flexible treatment hours, giving patients the opportunity to continue being productive and maintaining as much of a normal lifestyle as they are physically able. The holistic treatment provided by nurses also improves outcomes.

“Nurses giving chemotherapy reduces stress on the patient and their families; it makes the experience more personal,” says Mary Ryles, BSN, RN, who has been with Markey since it opened in 1986 and was one of the first nurses trained to give chemotherapy. “They know that somebody knows them, they know we can catch onto subtle cues that something isn’t right, and that we have years of experience and are best able to advise patients on how to care for side effects like nausea.”

Ambulatory oncology nurses have become the point people for a multidisciplinary system of treatment, coordinating with a team of health care professionals to deliver customized care for each patient. They also provide patient education that ranges from how to give themselves injections to answering their questions about how their disease is affecting their body.

“In ambulatory care you have a patient who comes in and needs to be taught about their chemotherapy and their treatments,” explains Ryles. “They need to be taught about possible side effects and what do to about them; what you can take care of at home; what you need to call the doctors for. And the patient is stressed, so you don’t want to bombard them with everything. So very frequently they’ll get stacks of papers describing what to do and we show them which ones are the most important to know right now.”

giving hope

Ryles could not get a single word out of her 5-year-old patient. Day after day, the small girl would silently eat M&Ms™ while Ryles drew her blood and carried on an imagined conversation out loud between herself and her patient. “And one day after I drew her blood, she handed me an M&M,” says Ryles, her voice sinking to an emotion-laden whisper. The little girl did not respond well to the treatments and before she died, she asked her mother to take her in her wheelchair to see Ryles.

“She leaned over to hug me and whispered in my ear, ‘I know I’m dying. But I don’t want Mommy to know that I know. But thank you,’” recounts Ryles softly.

As cliché as it is to describe nurses as angels, the comparison rings true especially for the ambulatory oncology nurses who serve in the Markey Cancer Center and its affiliate programs. Besides being highly skilled professional health care providers, the nurses shepherd their patients through some of the most difficult times in their lives and, for some, it is a journey that ends all too soon.

“Everything is on the table. There are no ‘How’s the weather?’ or ‘Where are you from?’ We just know it. You don’t waste any time,” says Ryles. “We try to teach patients to live their life or live their dying. We don’t take away hope. We may change what they hope for, but we always give them hope.”

As they care for patients, the nurses of Markey also care for each other. While the emotional toll of working closely with very sick patients can sometimes be high, they support each other and each has a deep sense that this is the work they were called to do.

Catherine Rainwater, BSN, RN, CRNI, has practiced in oncology and stem cell transplant for most of her 23 years at the university. Currently, she is a disease team leader in the Markey Cancer Center Outpatient Hematology Program. “I have always told my patients that if anyone in my family were to need cancer care, I would trust all of the professionals at Markey with their life. Patients find comfort in knowing that level of trust.” Her purpose in being a part of the Markey family became clear when her mother was diagnosed with leukemia in August 2010.

“I was really proud that Mom could see firsthand my environment and the outstanding level of care we provide here,” says Rainwater. “In retrospect, this just solidified the appreciation I had for her encouraging me to pursue nursing. Even though it didn’t turn out for her, it keeps me here every day with a mission to guide my patients down a difficult path the easiest way I can. If you talk to anybody, everybody has a reason for being here.”

“I just had my reason.”



“The nursing staff at Markey are some of the best and most professional in the country. When I was interviewing for my position a little over a year ago, I interacted with 15-20 people in the community and all of them commented on the warm and caring staff. They all knew of family, friends or neighbors who had been treated at Markey. Given the fact that our patients have cancer, not all of the outcomes were good, but the families were impressed and touched by the excellent care from the nursing staff. Markey nurses treat all of their patients like family which is much appreciated by all who come in contact with them. We are truly fortunate and blessed to have these nurses as a major part of our Markey Cancer Center team.”

—B. Mark Evers, MD, Director, Markey Cancer Center; Chief, Surgical Oncology





leaders in education

The line between therapeutic and toxic levels of chemotherapy is razor thin and ambulatory oncology nurses constantly have to stay up-to-date on the latest drug developments, dosages and protocols.

“It is necessary to not only be knowledgeable about a variety of cancers, but to also know the chemotherapy regimens designated for those cancer types as well as the side effects associated with those treatments,” explains nurse practitioner Stacy Stanifer, MSN, APRN, OCN, part of a team of nurse educators who teaches a two-day, eight-hour class for oncology nurses.

While physicians see patients and write the orders for chemotherapy, it is the nurses who must assess if a patient has the right blood cell count levels to safely receive treatment on the day the patient comes to the clinic. “It is crucial for the nurse to have good assessment skills as the patient does not necessarily see the doctor with each treatment,” says Stanifer. “A nurse assesses side effects from the cancer as well as side effects and toxicities associated with the designated treatment.”

Training classes follow national guidelines for chemotherapy and biotherapy. All ambulatory oncology nurses in the Markey cancer program, including affiliates, receive the same training. This means, as nurse educator Jill Dobias, MSN, RN, ONC, explains, patients receive the exact same high level of care in the affiliate programs as they would in Lexington. Additionally, nurses in Markey’s affiliate programs ease the burden on patients and their caregivers who do not have to travel as far or take as much time off work to receive treatments.

“The class gives nurses the validation and information they need to help prevent an error and to realize how important it is to follow up with certain drugs — such as giving you certain medications before or after treatment that make things easier for the patient and her family,” explains Dobias, who has been training oncology nurses for the past two years.

Cancer care is trending toward increasingly personalized medicine. While medical professionals are able to say with more certainty how a patient will respond to certain drugs and dosages, David Gosky, director of administration and finance at the Markey Cancer Center, says the day is coming when a patient’s cancer treatment will be tailored down to the person’s individual genomes.

“Today we can analyze DNA in the blood and know this drug will work and this one won’t,” says Gosky. “Eventually we’ll get to the next step in the sequence where a patient’s treatment will be based on her specific genetic makeup.”

When that day comes, Gosky says, nurses will play an even more critical role in assessing and interpreting this new massive amount of patient data, delivering a highly specialized level of professional care because they will be equipped with knowledge of the patient from the patient’s smallest atoms to her most deeply rooted fears.

**Nurses know the patient’s story,
and that makes all the difference.**

fast facts

MARKEY CANCER CENTER

Markey Cancer Center’s mission is to reduce the incidence, morbidity and mortality of cancer in Kentucky and the surrounding region through a comprehensive program of cancer education, research, patient care and community outreach.

- ▶ Nearly **70,000 outpatient cancer visits** in FY10
- ▶ More than **12,000 outpatient chemotherapy visits** in FY10
- ▶ Approximately **14,000 radiation medicine treatment visits** in FY10
- ▶ More than **2,500 new patient clinic visits** in FY10
- ▶ Established a **psychosocial resource center** and patient navigators for better patient care
- ▶ **29 UK Markey Cancer Center physicians** were voted to the list of Best Doctors in America® (2010)
- ▶ More than **100 clinical trials** open for patient enrollment
- ▶ More than **\$30 million annually** in cancer-related grant funding

