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## An Evaluation of Cancer Nurse Providers' Implementation of the 2018 Commission on Cancer Survivorship Care Plan Requirement

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This doctoral project, directed and approved by the candidate's committee, has been accepted by the College of Graduate and Professional Studies of Abilene Christian University in partial fulfillment of the requirements for the degree

## Doctor of Nursing Practice

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Abilene Christian University

School of Nursing

An Evaluation of Cancer Nurse Providers' Implementation of the 2018 Commission on Cancer  
Survivorship Care Plan Requirement

A doctoral project submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Nursing Practice

by

Angelia Natascha Drake

August 2021

## **Dedication**

I dedicate my research to Harv and our twins, Alexander and Gabriella; my sister; and close friends who have supported me during this journey and always remind me to never quit because quitting is not an option. Also, I dedicate this to all my fellow cancer survivors, who inspired me to do this important project.

Additionally, I would like to share with all the cancer survivor heroes who fought and who may still be fighting the following quote of inspiration: “Show me someone who has done something worthwhile, and I’ll show you someone who has overcome adversity” (Lou Holtz).

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## Abstract

There are apparent problems and fragmentation in the health care delivery system across all specialties, specifically oncology. Oncology is an area within the health care system that has an exponential growth of patients. The incidences of newly diagnosed cancer patients are increasing annually, and the improvements in cancer treatments allow patients to live beyond cancer, resulting in an increased volume of survivors annually as well. These increases place an incredible demand on our health care system, including, but not limited to, primary care physicians and specialists such as medical oncologists. With these increases, there is still an evident gap within oncology survivorship care as one transitions from the end of treatment to survivorship care. This study revealed that more than 50% of nurses surveyed believed survivorship care plans (SCPs) were beneficial to cancer survivors. It was also revealed that more than 50% of cancer centers or programs represented in this study utilized SCPs in some fashion. Based on this study, survivorship care seems to be recognized as important, but barriers prevent consistency in these patients receiving an SCP and smoothly transitioning to survivorship care. To date, programs and models have been initiated but do not provide enough evidence on the health outcomes of cancer survivors. Also, there is still poor utilization related to the development and implementation of SCPs. This issue raises concern and leads to this project, an evaluation of cancer nurse providers' implementation of the 2018 Commission on Cancer survivorship care plan requirement. This requirement entails 50% of eligible survivors receive an SCP.

*Keywords:* cancer patients, cancer survivor, quality of life, survivorship care, survivorship clinic, survivorship care plan

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## Chapter 1: Introduction

A cancer diagnosis is frightening and may be challenging to comprehend. Any person receiving this diagnosis may struggle with a rush of emotions and trouble focusing, which tend to come along with a cancer diagnosis (Meierhofer, 2020). Consequently, it may also be difficult for patients to understand the type of cancer, stage, prognosis, and available treatment options. Also, it may be challenging for one to think beyond the diagnosis and treatment phases of the cancer journey or having a plan for survivorship. Thus, it would be of no surprise if the conversation of a survivorship care plan (SCP) or the survivorship phase did not come up at the time of diagnosis or during active treatment. This discussion may not be approached until the patient is at the point of transitioning into the long-term survivorship care phase with their primary care physician or nurse provider. While survivors need to be more proactive in their care, health care providers can help by providing a survivorship care plan as one transitions into the survivorship phase.

The survivorship phase of the cancer journey is the phase that is before the end-of-life phase; thus, it is after the diagnosis and active treatment phases. In an ideal situation, educating patients at the beginning of one's cancer journey about each phase may help patients become familiar with the entire cancer journey, including the survivorship phase and what to expect. At the survivorship phase, the patient has completed active treatment and is considered posttreatment. Oncologists will release the cancer survivor back to the community for their primary care physician or nurse provider to carry out long-term surveillance. Survivorship care as a whole is still developing; however, patients who are transitioning into this phase may have specific and challenging needs to meet. Moreover, the transition from one's oncologist's care to the primary care physician's care may not be as smooth as it could be (Debono, 2010).

The need for transitioning to the cancer survivorship phase is that the incidence of cancer cases continues to rise as per the Surveillance, Epidemiology, and End Results (SEER) program. SEER estimated a higher number of new cancer cases per year within the United States: For example, there are approximately 270,000 breast cases, 175,000 prostate cases, and 146,000 colon cases, totaling greater than 590,000 cases of cancer (National Cancer Institute, 2019). This total reflects only the top three cancer locations within the body. Additionally, the National Cancer Institute (2019) estimated there were 16.9 million cancer survivors, male and female, in the United States. The survivorship numbers are projected to increase to more than 20 million by 2026 (National Cancer Institute, 2019). Also, the increased needs and demands specific to cancer survivors will increase (Nekhlyudov et al., 2017). This volume of cancer survivors demonstrates a need for more focus on the SCP and survivorship phase. Conceivably, the SCP enables sufficient communication, coordination of care, smooth transition into the survivorship phase, and ongoing high-quality care, thus resulting in possibly improved quality of life and health outcomes.

### **Statement of the Problem**

The number of cancer survivors is significantly overwhelming. Cancer survivors account for almost 17 million of the overall cancer population, including both genders (National Cancer Institute, 2019). These sheer numbers and volumes of survivors are significant and growing. Having these volumes intensifies the gaps and barriers within the health care system, specifically with the survivorship phase of the cancer journey. Several critical gaps exist with cancer survivors who have reached the end of active cancer treatment and surveillance and are released by their oncologist, known as the long-term survivorship phase (completed active treatments and surveillance with their oncologists). While there may be improvements in survivors' care with

the different survivorship care models and survivorship care plans (SCPs), this phase of the cancer journey currently does not address all the needs of this population (Gast et al., 2017). Also, it has not demonstrated quality-of-life improvements or health outcomes (Gast et al., 2017). It is important to recognize that some small studies may have shown levels of satisfaction with cancer survivors in the survivorship phase, which includes being aware of which doctor is in charge, increased confidence, adhering to surveillance recommendations, exercise, and reporting their health outcomes (Mayer et al., 2016). Still, cancer survivor satisfaction is a separate issue from quality of life and health outcomes issues and SCP implementation (Nyarko et al., 2015).

The cancer survivorship phase is an evolving science and practice that supports cancer patients who have completed active treatments and surveillance with their oncologists. Currently, survivors may transition back to their primary care physicians (PCPs) within the community for long-term survivorship care if their oncologist releases them. Concerns arise with the survivorship care plan concept and with the actual transitioning to the survivorship care phase. Some of these concerns include the following: (a) inconsistent SCP development and implementation, (b) unmet needs, (c) communication and coordination of care, (d) the primary focus of the oncologists and PCPs once a cancer patient reaches the survivorship phase, and (e) recurrence and unknown health outcomes associated (Lisy et al., 2019).

## **Background**

### ***Survivorship Care Plans***

Survivorship care plans (SCPs) are a tool that tells the story of the cancer patient's journey in a high-level summary manner (Cancer.net, 2020). There are different organizations other than Cancer.net that have web-based SCP templates. Implications of this tool are to help

educate the cancer survivor, and their primary care physician or nurse provider on the survivor's cancer, treatment(s) underwent, and long-term and late-term side effects of the treatment(s). Also, as an overview of the cancer survivor's history, the SCP is utilized as a communication tool for oncologists and survivors' PCPs or nurse providers for transitioning the survivor. The use of this tool may help the providers to smoothly move and coordinate the survivor out of the oncology setting and into the community setting where long-term survivorship care will continue. In simpler terms, the oncologist no longer needs to see the patient, and the PCP or nurse provider will take over the patient's care. In doing so, a completed and implemented SCP may prove to be of great importance to help facilitate communication, transition, and coordination of care for the cancer survivor and may have a positive impact on the quality of life.

### ***Survivorship Care Phase and the Survivorship Care Plan***

The survivorship care phase (acute and extended), not to be confused with the survivorship care plan, is the point a cancer survivor starts shifting from the diagnosis to acute survivorship care, also known as the active treatment phase, and then onto the extended (also known as long-term) survivorship care, which is post-active treatment and is living beyond cancer (Goetz & Klemp, 2018). This phase is the point of celebration in that the cancer survivor has successfully reached it and no longer needs to see their oncologist unless there is a recurrence, new cancer diagnosis, or other reason. However, the cancer survivor still requires long-term survivorship care with a provider outside the oncology setting due to cancer and treatment(s) they have undergone. All cancer patients will go through the cancer journey, which comprises several phases. These phases include the diagnosis phase, treatment phase, follow-up phase, and end-of-life phase. Follow-up evaluations vary based on the individual, cancer site or location, the complexity and stage of cancer, and the necessary treatment or treatments (e.g.,

surgeries, chemotherapy, immunotherapy, maintenance therapy, etc.). Subsequently, the cancer patient will eventually reach and begin the long-term survivorship phase of care, barring no complications or death.

The purpose of the SCP tool and the survivorship care phase is to support the prevention and surveillance of recurrence, new cancers, side effects, and long-term and late effects; the intervention for the consequences of cancer and its treatment; and the communication and coordination between specialists (oncologists) and primary care providers (PCPs). Sadly, for cancer survivors, the definition of the survivorship care phase is not clear. Moreover, the Institute of Medicine's report with survivorship care recommendations was issued almost 15 years ago, and yet it seems as if there is no consistent practice in place for this patient population. Also, there are no best clinical practice suggestions for the survivorship care phase, SCPs are still inconsistently developed and implemented, and there is no clear demonstrated understanding of outcomes (Gast et al., 2017).

The Institute of Medicine's report of 2005 provided multiple recommendations for patients transitioning from active cancer treatment to life after cancer treatment, the survivorship care phase (IOM, 2013). These recommendations included the development and dissemination of SCPs to help patients understand their prior treatment(s) and survivorship care—and, thus, life after cancer and what to expect. It is presumed that oncologists will develop an SCP and share a copy with the patients and the patients' PCPs in efforts to promote communication and high-quality long-term survivorship care. While the IOM's recommendations focus on life after cancer, there is no emphasis on best practices or how to incorporate it into practice. Awareness of the importance of the survivorship care phase with an SCP, once released from the oncologist, is equally as important as diagnosis and active treatment and surveillance with the oncologist. In



reality, it appears that not all survivors have SCPs developed, or the sharing of SCPs with patients or their PCP is not consistently happening. It seems that developing SCPs is a time-consuming process and requires dedicated resources that may not be financially feasible in an oncology practice or hospital setting (Mayer et al., 2014).

However, ideally, all cancer survivors entering the survivorship care phase of their cancer journey, including their PCP or nurse provider, would have an SCP developed, shared, and implemented. At that point, the oncologist and PCP or nurse provider would communicate and coordinate care, and the PCP or nurse provider would also review the SCP with the cancer survivor and begin a partnering relationship for long-term survivorship care. Then, the SCP is considered implemented by the PCP or nurse provider. The PCP or nurse provider will communicate as appropriate with the cancer survivor's oncologist during survivorship care. The implemented SCP tool should orient and aid PCPs or nurse providers in observing survivors' history and health, such as earlier diagnosis of possible recurrences and new cancers, surveillance of cancer spread and second cancers, and long-term and late side effects; proposing interventions and treatment options; managing care; and ensuring appropriate health needs are met (Chaput, 2018). Additionally, the SCP document may further help with engagement and partnerships with both providers and the cancer survivor.

### ***Possible Idea for Advancement in Survivorship Care Phase***

In an ideal world, a possible advancement for survivorship care includes a nurse-led dedicated clinic and the consistent development and implementation of SCPs for cancer survivors. However, removing the gaps and barriers related to the lack of communication and coordination between both primary and specialty care physicians should be addressed. Also, these providers must proactively overcome their differences in role perspectives, responsibilities,

lack of communication, and any other barriers that may prohibit delivering high-quality care and a smooth transition. After the gaps and barriers are eliminated, the movement toward consistent SCP development and implementation could begin and the efforts for high-quality survivorship care might commence. Subsequently, the focus shifts back to the patient—hence, patient-centeredness. It seems there is a drop in any structure and high-quality care as one reaches the survivorship care phase. A cancer survivor becomes accustomed to high touch points and high-quality care while moving through the diagnosis and active treatment phases. Then, upon entering the survivorship phase, many cancer survivors are left trying to sort and figure out their survivorship care and requirements. Also, it should be recognized that the SCP is just a tool to be used to assist providers and survivors with survivorship care. Even if the SCP is developed, it needs to be shared, as the SCP document does not directly deliver the care or actively improve health outcomes.

Consistently completed and implemented SCPs could serve as a vehicle toward high-quality care and possibly improved health outcomes for cancer survivors. Even though among breast cancer survivors, it has been noted that some patients may receive SCPs and are more educated on their doctors' expertise and specific medical responsibilities, still no health outcomes have been collected or evaluated. This also does not mean these cancer survivors received high-quality care. Plus, to date, it is well known that many patients and PCPs are not in receipt of an SCP (Donohue et al., 2017). In many cases, the PCP may not even be alerted that their oncologist is releasing the cancer survivor unless they learn it from the cancer survivor. Therefore, it is clear that a lack of communication and coordination of care among the oncologists and PCPs exists. A shift back to patient-centeredness is essential and could be done with the consistent development and implementation of the SCP document. In turn, this might

help support gaining clinical evidence of the quality of life and health outcomes associated with an SCP implemented during the survivorship phase as well as helping cancer survivors be better patients. Also, in doing so, it might lead to a better understanding of the impact of the SCP on breast cancer survivors and future research initiatives.

### **Purpose of the Study**

The purpose of this quantitative nonexperimental project is to explore the cancer nurse providers' implementation of an SCP on cancer survivors who are post-active treatment and within the survivorship phase. To understand the nurse provider's behaviors, a 20-item questionnaire was utilized. Learning these outcomes will help drive the direction of survivorship care toward smoother transition, better communication, coordination of high-quality care, and potentially meeting the majority of needs of the cancer survivors. Cancer survivors have outnumbered the newly diagnosed cases and continue to grow due to more patients surviving their cancer and treatment and technology improvements. Understanding the nurse providers' utilization of an SCP on cancer survivors is essential for recommendations for future improvements. Currently, the effects of an SCP on the cancer survivor in the survivorship phase are not clearly understood, so moving toward consistency is important. Gaining insights into SCP utilization will help toward advancements and higher quality in this care.

The survivorship care phase, with full utilization of an SCP, should support communication and transition among providers, surveillance for prevention, detection of new and recurrent cancers, long-term and late effects of treatments, and continuous management of care. The assumption of consistently developed and implemented SCPs will elevate the survivorship phase and may have a domino effect on the survivor. Thus, survivors would have a better understanding of their cancer, treatments experienced, and what to expect with ongoing

surveillance; potentially less stress and anxiety; and a smoother transition into the survivorship phase. Presently, this is not always the norm in the survivorship care phase practice. Moreover, cancer survivors are used to having a high level of touch points before entering the long-term survivorship care phase. The survivorship care phase should be no different. This SCP and survivorship care phase is an area within health care that provides plenty of opportunities for exploring it further.

### **Significance of the Problem**

Oncologists' patient volumes are growing considerably each year, which includes new patients, active patients, and posttreatment patients who have reached the point of being released back to the community. The latter are known as cancer survivors who are entering into the survivorship care phase. With this group of cancer survivors who are ready to be released by their oncologists, there is an exponential increase in this population annually. This increase creates a burden on oncologists and primary care physicians and their ability to sustain delivering high-quality care to such a growing population. Coordination and transitioning of cancer survivors from the oncology setting and into the primary care setting is a necessary shift. A clinical tool known as the survivorship care plan helps with this transition. However, there are barriers related to the development and implementation (also known as full utilization) of SCPs and the survivorship care models. These identified barriers include the following (Gast et al., 2017):

1. Oncologists do not have confidence in the PCPs to manage the ongoing follow-up of survivors who have reached the survivorship phase.
2. Oncologists are not comfortable with the skills and knowledge base of PCPs in survivorship care.

3. Survivorship care lacks coordination of care, communication, and responsibilities among the oncologists and PCPs involved
4. The different providers have different focuses. Oncologists concentrate their practice on receiving and managing new cancer cases, managing patients who are in active treatment, and standard follow-up practices for post-active treatments. PCPs' efforts are focused on conducting screening activities for diseases and health-related issues, education, and health promotion for new and current patients.
5. Developing SCPs are time-consuming and require dedicated resources.

Also, a bill recently passed into law allows more patients access to health insurance, thus increasing the volume of patients for both providers. This legislation is known as the Accountable Care Act (ACA), which has enabled more access to health care for preexisting conditions, the ability to purchase coverage outside the workplace, the ability for children up to 26 years of age to continue on parents' insurance, and elimination of lifetime expenditure limits (Nekhlyudov et al., 2017). This further increases the volume of patients and the clinical burden for oncologists and primary care providers. Other barriers include the demand for high-quality care, the complexity of care, required provider skill sets, and new technologies. These barriers have an impact on the current models of survivorship care, contributing to the unmet needs of this patient population.

### **Nature of the DNP Project**

The nature of this DNP project is to evaluate the cancer nurse providers' implementation of the 2018 Commission on Cancer's SCP requirement within survivorship. Anyone familiar with the survivorship care phase of health care may not be surprised that there are gaps in this phase of the cancer journey. Some of the gaps that have been noted involve the lack of

communication and continuity of high-quality care. Moreover, the lack of consistently developing and implemented survivorship care plans for cancer survivors makes it hard to measure the quality of life and health outcomes (Gast et al., 2017). Regardless of the IOM, extensive recommendations for survivorship care, survivorship care models, and implemented survivorship care plans, this patient population's needs are not being met and there is little evidence of the effects on quality of life and health outcomes (Gast et al., 2017). Understanding the cancer nurse providers' behaviors with SCP utilization, which includes the development and implementation of SCPs for patients or their primary care providers, will help to show how to begin to fill these gaps.

In 2016, the Commission on Cancer (COC) issued a requirement to be met by 2018 and beyond, which entails that 50% of eligible cancer survivors would receive a survivorship care plan (COC, 2016). Eligible cancer survivors are those patients who are in stage I, II, or III. Patients who are stage 0 or IV are excluded from the COC's requirement (COC, 2016). Stage 0 may not require treatment, only surveillance, whereas stage IV is typically terminal.

The study's limitations were related to enrollment being limited to cancer nurse providers who were members of an oncology nurse society. No other health care providers were eligible to participate in this project. Despite all the good intentions and governing requirements, it was assumed that many survivors might not have been aware of an SCP and/or had never received an SCP from their oncologist or cancer center. Additionally, this project was a self-reported nonrandomized control trial with no control group for comparison.

### **Research Questions**

The PICOT question guiding this project was an evaluation of cancer nurse providers' implementation of the 2018 Commission on Cancer survivorship care plan requirement.

**P**—cancer nurse providers’ implementation of the Commission on Cancer’s requirement for the implementation of a cancer survivorship care plan for 50% of eligible patients by 2018 and beyond

**I**—have cancer nurse providers implement this requirement and identify what are the benefits and barriers to implementation

**C**—a comparison of cancer center types, personnel disciplines, cancer locations, survivorship care plan implementation, and barriers

**O**—to identify processes and practices for implementation and sustainability of a cancer survivorship plan

**T**—one month

As mentioned, the study population came from an oncology nurse association that included cancer health care providers who are nurses at various health care centers throughout the United States. This project was not a randomized clinical trial, and there was no comparison group for this study. The 6-month time frame was selected to allow for the recruitment of this study’s population and responses.

### **Theoretical Framework**

Lewin’s theoretical framework was an essential component of this DNP project to bring awareness to start moving from inconsistently to consistently developing and implementing the SCP for cancer survivors. Lewin’s framework consists of a change in current practice and moves to a new practice—for example, in this case, consistently utilizing SCPs for cancer survivors in efforts for coordinating their care and supporting a smooth transition into survivorship care post-active treatment. In doing so, this practice change may improve cancer survivors’ health outcomes, unmet needs, quality of life, and psychosocial aspects.

## **Operational Definitions**

**Cancer patient.** A cancer patient is an individual (patient) who has been diagnosed with cancer and requires medical treatment from an oncologist(s).

**Cancer survivor.** A cancer survivor is an individual (patient) diagnosed with cancer who has undergone medical treatment from an oncologist(s) and is in or has entered into the survivorship phase.

**Commission on Cancer.** The CoC is an organization under the American Society of Clinical Oncology that establishes requirements to help improve patients' outcomes.

**Quality of life.** Quality of life measures one's ability to function at or close to their baseline status before the illness, health crisis, or event that may have changed their baseline.

**Survivorship care.** This is the care delivered in the survivorship care phase of the cancer journey where high-quality care and surveillance of an individual who has completed active treatment require follow-up with their oncologist.

**Survivorship care phase.** The survivorship care phase is the phase of the cancer journey where an individual has completed their active treatments and required follow-up with their oncologists. This phase usually begins at the 5-year mark from a cancer diagnosis and throughout the rest of the survivor's life.

**Survivorship care plan.** A survivorship care plan is a document that includes in detail an individual's medical history and includes details about the treatments (cancer treatments) and any potential medical plans and surveillance requirements.

## **Scope of Project**

The scope for this DNP project entailed a survey of cancer nurses across the United States. The project was done by collaborating with the Oncology Nursing Society (ONS). At the



time of study, this organization had over 35,000 members. The inclusion criteria for this project included members of ONS and registered nurses only. The exclusion criteria were anyone who was not a registered nurse within the ONS. To ensure inclusion criteria were met, the ONS filtered their membership for registered nurses only. Once their members were filtered, then the ONS emailed the survey link and information regarding this study to each member. An existing nonvalidated survey tool was utilized, which entailed 20-items around survivorship care plans. The author of this survey provided their approval to use for this DNP project. The study survey was created in SurveyMonkey and this survey was open for a month to ensure all participants had time to complete the survey. Also, within this timeframe, ONS sent email reminders to all the filtered members. Once the survey was closed, after a month, the data were exported from SurveyMonkey and imported into a statistical program for data analysis. Each survey item was analyzed using descriptive statistics.

### **Chapter Summary**

The aim of this study was to understand cancer nurses' implementation of survivorship care plans based on the Commission on Cancer 2018 recommendations. Since the recommendation of the IOM, the utilization of SCPs has been inconsistent. Also, no health outcomes have been determined with the utilization of SCPs. Therefore, the true value of the SCP is not well understood. However, nurses are critical in the smooth transition and care coordination of patients as they move throughout the health care system. SCPs provide an opportunity for nurses to support patients who are entering the survivorship care phase of their cancer journey and potentially impact their outcomes positively.

## Chapter 2: Literature Review

A review of the literature was completed to understand the current state of the science related to cancer survivors who have entered the survivorship care phase of their cancer journey and the development, implementation, and delivery to patients or their PCP or nurse provider of SCPs. SCPs are recommended for patients who have completed active cancer treatments and are released by their oncologists to the community. The SCP document is a tool to facilitate the communication and coordination of care between providers.

The leading search terms were derived from the PICOT question and included *cancer survivorship care, survivorship care, breast cancer survivorship phase, cancer survivorship care plan, breast survivorship phase, survivorship outcomes, quality of life of cancer survivors, clinical guidelines for cancer survivorship care, primary care physicians involved in survivorship care, and implementation of cancer survivorship care plans*. The search engines utilized included the National Center for Biotechnology Information (NCBI)–PubMed, ScienceDirect, and the Abilene Christian University (ACU) Library database powered by EBSCO (includes CINHAL, OVID). Articles from January 1, 2012, to current, peer-reviewed and in the English language, were reviewed and considered. The number of academic articles in AC-EBSCO resulted in 537; the number of findings in NCBI-PubMed resulted in 1,521, and the number of findings in ScienceDirect resulted in 38. Articles that were excluded included articles that did not pertain to cancer or cancer survivorship care.

### Cancer Survivors

Cancer patients are living beyond their cancer diagnosis and associated treatments (IOM, 2013). The advancements in oncology therapies continue to improve, and so do survival rates. Therefore, the number of cancer survivors continues to increase every year, as well as the

number of new cancer cases. The journey of a cancer patient begins at diagnosis and continues until the end of life. The continuum of care includes the diagnosis phase, active treatment phase, follow-up phase, and survivorship care phase through the end of life (IOM, 2013). A medical oncologist directs cancer patients' care and treatments within a specialty oncology clinic. Once a cancer patient completes their active treatments and required follow-ups with their oncologist, the oncologist releases these patients back to their PCP or nurse provider. This time frame is usually 3–5 years of post–active treatment and follow-up. In efforts to provide adequate care to cancer patients who are entering into the survivorship phase of their journey, the IOM issued a report in 2005, which indicated that patients should receive an SCP based on their cancer history and treatment. The SCP tool was revealed to support and possibly improve the survivors' care as they transitioned from their oncologist out of the oncology setting. The concern at that time and currently is that cancer survivors were and are not receiving comprehensive, coordinated, high-quality, long-term follow-up care during survivorship.

Some oncology clinics or hospitals have developed SCPs and programs; however, the actual development and implementation of SCPs and programs are either inconsistent, minimally utilized, or nonexistent across health care systems. It has been mentioned in the literature that some institutions went as far as to hire external staff to implement the minimally required percentage of SCPs for cancer survivors to meet national obligations (Birken, 2018). Also mentioned in the literature, some institutions have implemented a small percentage of SCPs with their cancer survivors (Birken, 2018). However, evidence of health outcomes has not been collected or evaluated. Additionally, the existing gaps, barriers, and a complex health care system contribute to the cancer survivor's inability to receive high-quality, long-term survivorship care.

### *Delivering High-Quality Cancer Care*

A study committee was formed to understand the evidence behind the IOM's recommendations on survivorship care plans and models. This committee reviewed the evidence behind the IOM's initial 1999 report of the 10 recommendations to improve cancer care (IOM, 2013). Their recommendations focused on cancer survivors and their needs. These needs included (a) raising awareness; (b) survivors receiving an SCP; (c) evidence-based guidelines and tools to identify and manage late effects; (d) developing quality measures and quality assurance programs; (e) testing models of survivorship care in diverse communities; (f) SCP implementation, evaluation, and refinement; (g) educational opportunities to health care providers to address survivors' needs; (h) eliminating discrimination against cancer patients in the workplace; (i) ensuring survivors have access to adequate and affordable care; and (j) governmental agencies supporting survivorship research (IOM, 2013).

The survivorship definition remains unclear. IOM (2013) defined survivorship care as a phase of care in which the care delivered for cancer survivors involves four components. These components include prevention and detection of new cancers and recurrent cancers; surveillance for cancer spread, recurrence, or second cancers; intervention for consequences of cancer and its treatment; and coordination between specialists and primary care providers to ensure that all of the survivor's health needs are met (IOM, 2013).

The IOM report also revealed that as the U.S. population increases over the next 20 years, so will the total cancer incidences (IOM, 2013). Equally, the incidences of cancer survivors will continue to grow. Interestingly, out of a U.S. population of more than 300 million people, approximately 17 million people are cancer survivors (American Cancer Society, 2019). Projections estimate that the total number of cancer survivors will reach 22 million, both male

and female, by 2030 (American Cancer Society, 2019). Of note, the most prevalent tumor sites continue to include breast, prostate, lung, and colorectal cancer, which are the bulk of cancer survivors.

The cancer journey is often complicated and complex. Cancer care encompasses the initial diagnosis phase, active treatment, and posttreatment surveillance with an oncologist, transitioning to the survivorship phase, which lasts until the end of one's life. Due to the total patient volume (cancer diagnosis and survivors), the disease and its treatment, a shrinking workforce, access, disparities, and rising costs, there is a crisis in cancer care delivery across the board. Many patients do not receive an adequate explanation of their treatment goals and cancer journey (Smith & Ferrell, 2014). When a phase of treatment concludes, cancer survivors frequently do not know what treatments they have received or the consequences of their treatments for their future health, or their follow-up requirements (IOM, 2013).

### ***Primary Care Physician-Delivered Survivorship Care***

Nyarko et al. (2015) evaluated cancer survivors' perspectives on survivorship care delivered by primary care physicians (PCPs). These researchers found that the cancer survivors were most interested in general care, psychosocial support, and holistic care almost equally. Interestingly, survivors were less likely to perceive their PCP as knowledgeable about cancer follow-up, late or long-term effects of cancer therapy, or diagnosis and treatment of symptoms related to disease or cancer therapy also equally. While a large percentage of survivors reported satisfaction with their PCP care overall, a small percentage felt that their PCPs and oncologist's communication and coordination were lacking. This study also brought an understanding around the fact that if patients visited their PCP more frequently (i.e., two or more times a year), they held a higher trust level and satisfaction in their PCP's ability to provide survivorship care

(Nyarko et al., 2015). Still, patients felt that the PCPs did not have the knowledge and expertise to identify new cancers or cancer treatment-related effects (Nyarko et al., 2015). Yet, these are the core of survivorship care, as well as communication between primary and specialty care.

### ***Primary Care Provider and Cancer Specialist Relationships***

Dossett et al. (2017) shared the relationship and communication between PCPs and cancer specialists lacks the frequency, timing, and content desired by PCPs who are trying to provide survivorship care. PCPs and cancer specialists both expressed skepticism regarding the other's ability to play their role. Cancer specialists felt that PCPs lack familiarity with cancer treatments and surveillance, and PCPs noted that cancer specialists neglect psychosocial care, which they believe PCPs are better positioned and equipped to provide (Dossett et al., 2017). While cancer specialists want to hold onto the cancer survivor throughout the long-term survivorship care phase, PCPs are willing to participate in the continuum of care even before transitioning to the long-term survivorship care phase for better coordination and continuity of survivorship care.

McDonough (2019) shared the experiences and preferences of primary care physicians around opportunities to improve care for cancer survivors. These researchers found that while most PCPs within an integrated health care system are engaged in survivorship care, many PCPs feel inexperienced in screening for late complications of therapy and recurrence. Among these PCPs, a significant number of these physicians considered themselves not properly equipped to screen for new complications and recurrences. Interestingly, the researchers found that most PCPs were uncertain of the delegation of responsibilities between providers, and they also had a lack of training in oncology care. On a positive note, these primary care physicians were very interested in the shared caring of cancer survivors. These physicians exhibited a willingness to

optimize communication and care coordination between providers. They also appreciated survivorship care plans with active tracking of the needs, problems lists, and follow-up requirements over receiving a traditional summary document that lacks details of the cancer survivor's cancer history (McDonough, 2019).

### ***Survivorship Care Plans Toward High-Quality Survivorship Care***

Truant et al. (2019) identified that there is no clear description of survivorship. They found extensive variability in the definition. Some of the definitions they noted in their research include the following (Truant et al., 2019):

- the beginning of diagnosis and continuing for the remainder of one's life;
- the start after primary treatment and lasting until recurrence or end of life; and
- the transition between active treatment and primary care.

The researchers also identified that health care systems were more focused on the matters of the population and system level than at the individual level (Truant et al., 2019). Additionally, these researchers shared that patients felt abandoned to the primary care system relegated to oversight by practitioners who were viewed as unskilled in matters of cancer (Truant et al., 2019). Many patients felt access to survivorship care was prioritized based on the presence or absence of disease, as well as the severity of the disease. Many felt shut out of a system that only focused on pathology. Also, patients felt that the system was disinterested in late- and long-term effects of treatment and the lingering psychological effects of the life-altering experiences they had experienced with cancer care and treatment (Truant et al., 2019).

The researchers' interviews were dominated by accounts of how their expectations for cancer survivorship care failed to match their anticipated hope for reality. Most survivors had expected to receive patient-centered, individualized, holistic care within an ongoing and

reciprocal relationship with their health care provider. The cancer survivors also had a perception of self-care activities. However, the reality of the situation was based on the differences in care received. The differences in care received included survivors who lived in rural versus remote areas and had concurrent chronic conditions; were younger versus very old adults; had noncurable, rare, or complex cancers; spoke English versus other languages; or represented other identifiable equity groups. These survivors had significantly lower expectations that their needs would be met relative to the average patient. Those who had other tumor sites than breast cancer perceived themselves to be at a disadvantage. Stakeholders interviewed exhibited institutional arrogances concerning the challenge of increasing numbers of cancer survivors and whose responsibility it is to support them (Truant et al., 2019). There needs to be consistency in the utilization of SCPs in survivorship care.

### ***Implementation of Survivorship Care Plans and Outcomes***

Brennan et al. (2014) looked at the development and implementation of SCP involving cancer survivors across many cancer sites who were in the survivorship phase of their care. These researchers found no significant effects of SCP on survivor distress, satisfaction with care, cancer care coordination, or oncological outcomes. Brennan et al. (2014) did note that breast cancer survivors with implemented SCPs understood which health care provider was responsible for which part of their care. They also found high levels of survivor satisfaction with their SCP. However, they found that the health care providers' perspectives on the development and implementation of SCP are a significant barrier in and of itself. For example, they reported that it took 1 to 4 hours of a health care provider's time to develop an SCP (Brennan et al., 2014); therefore, these health care providers question the feasibility of these SCPs. It is tricky to question the use when there is no evidence to report positive or negative outcomes with SCPs.



De Rooij et al. (2016) wanted to look at factors that influence the implementation of SCPs and the patients' and providers' issues that influence SCP receipt. In doing their study, they found that SCPs are not generated for all cancer survivors and that not all patients who have SCPs developed for them receive their SCP. Therefore, further research efforts need to focus on SCPs, whether all patients need an SCP, the consistent implementation of an SCP, and an SCP utilization and associated impact (de Rooij et al., 2016).

Birken et al. (2019) reviewed SCP implementation across 10 cancer programs. These researchers found that these 10 programs only developed SCPs for more than half of their eligible cancer survivors; only two programs delivered SCPs to any survivors, and the other eight delivered the SCPs to a quarter or more of their survivors' PCPs. They classified the programs at these centers as either high, moderate, or low performers. The moderate performers successfully implemented SCPs using strategies such as proactively responding to SCP requirements, leveraging SCP requirements to improve survivorship care, and restricting SCP implementation to a subset of employees, primarily advanced practice providers for whom the task is appropriate and a component of their defined role. Their study results also revealed the ongoing persistent challenges of SCP implementation.

Interestingly, Birken et al. (2019) suggested that implementation of SCP was done only for accreditation purposes and that these survivorship program centers do not deliver the SCPs to survivors because of the substantial additional amount of time and human resources commitment required. Therefore, if survivors and PCPs are not receiving these SCPs, patients are unlikely to achieve the desired health outcomes. Moderate performers tasked some employees with SCP implementation, but it is divorced from fundamental improvements in survivorship care. Also, there was evidence to suggest that the moderate performers hired external staff to complete and

deliver these SCPs to survivors and PCPs—hence, breaking the goal of coordination of care and communication between health care providers.

### ***Commission on Cancer Requirement***

The Commission on Cancer (COC) is a group of professional organizations that set standards and are focused on improved outcomes for cancer patients. This group falls under the American College of Surgeons. Since 2015, the COC set requirements for the percentage of survivors who should receive an SCP (ACOS, 2020). The COC allowed for a slow rollout of this requirement: In 2015, greater than or equal to 10% of eligible patients were to receive an SCP and then that figure would increase annually. The gradual increase in 2016 was greater than or equal to 25%; in 2017, greater than or equal to 50%; and in 2018, greater than or equal to 75% (COC, 2016). As of January 1, 2019, the COC requirement included that all eligible patients should receive an SCP (ACOS, 2020).

The COC also recommended that the primary oncology provider be the one tasked to develop and implement an SCP. As one could imagine, this is the point of trickiness. Developing and implementing an SCP is not the primary focus of an oncologist. Also, there is evidence to support that implementation of an SCP is not ideal or consistent for the primary providers or clinics or hospitals (Birken, 2018). Birken (2018) stated, “Time, money, and staff are the usual suspects” (para. 4). In order to understand the health outcomes and the impact of an SCP, consistent development and implementation of an SCP are necessary (Birken, 2018).

### ***Nurse-Led Clinics May Be an Option to Support Survivorship Care Needs***

Nurse-led clinics (NLCs) are an option that has been and continues to be evaluated for increasing patient access to care. These NLCs have demonstrated positive patient outcomes and satisfaction. Another advantage of these NLCs is that the location is typically within the

community where the patients are located. Advance practice registered nurses (APRNs) are well-positioned to fill the health care provider role for the survivorship phase of care in the cancer journey. Perhaps, dedicated NLCs could be embedded within primary care physician practices or nearby settings.

Notably, NLCs have been evaluated within several different therapeutic areas in other countries and have been considered feasible for follow-up care. Randall et al. (2017) conducted a systematic review of articles on NLCs and found positive correlations with patient outcomes, patient satisfaction, patient access, and cost-effectiveness. While their findings on patient outcomes were related to patients' self-reporting data versus measurable data, it still demonstrates that NLCs are potentially viable options (Randall et al., 2017).

### **Theoretical Framework Discussion**

Lewin's conceptual framework was an essential component of this DNP project to bring awareness to start moving from inconsistently to consistently developing and implementing the SCP for cancer survivors. This practice may ultimately improve patient outcomes as well as allow data to be collected over time for further evidence related to the quality of life and health outcomes. Lewin's framework is well known and often used within health care for implementing a change of practice and is also one of the most adaptable models in nursing, which aligns well with this point of interest. Lewin's framework suggests three stages to undergo, which include the following (Wagner, 2018):

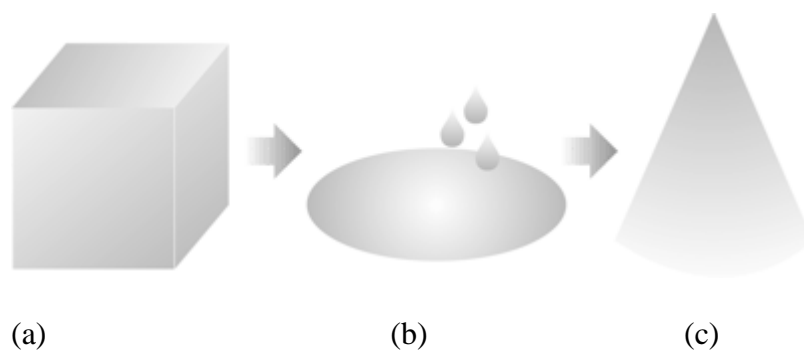
- Unfreezing (when change is needed)—disequilibrium occurs to disrupt the system, making it possible to identify the driving forces for the change and the likely restraining forces against it.

- Change or movement (when change is initiated)—involves the process of a change in thoughts, feelings, and behaviors.
- Refreezing (when equilibrium is established)—consists of creating the change as a new habit.

Figure 1 shows Lewin’s change theory with the (a) square representing “unfreezing” the current state and mindset of survivorship care via inconsistent development and implementation of survivorship care plans; (b) the raindrops melting into a circle representing the “change or movement” to consistent development and implemented SCP for each cancer, and (c) the triangle representing the “refreezing” to the future or new state of survivorship care phase that includes consistently developed and implemented survivorship care plans for all eligible survivors.

### Figure 1

#### *Lewin’s Change Model*



### Conceptual Framework Discussion

Providing high-quality survivorship care for cancer survivors is as important as any other phase within the cancer journey. Cancer occurrences or cases and survivors continue to grow exponentially. The prevalence of cancer survivors exceeds the number of cancer cases. With the rising population of cancer survivors, it is completely understood why there is so much

discussion around providing SCPs and high-quality care to cancer patients who have entered the survivorship phase of their cancer journey. Further research on health outcomes related to the survivorship phase and the utilization and implementation of SCPs is necessary. This review of the literature supports the proposed DNP project that involves adult breast cancer survivors who are post-active treatment and surveillance and released by their oncologist to a PCP. Once the oncologist releases their cancer survivor, there should be a high confidence level in PCPs with this transition to conduct survivorship care based on the SCP as well as to have an impact on the quality of life of the survivor. These studies discussed the lack of coordinated, high-quality SCP development and implementation, communication among health care providers, and quality of life health outcomes. The weaknesses of these studies are that none of the studies have tangible evidence of the inconsistent development and implementation of SCP and how it impacts health outcomes.

### **Chapter Summary**

The documented inconsistencies of SCP development and implementation and the lack of evidence on health outcomes are significant. The smooth transition of survivors from the oncology setting to the community setting is also important. NLCs provide a viable option for caring for patients in the survivorship care phase of the cancer journey. NLCs appear to be cost-effective and correlated with positive outcomes. Cancer survivors should continue to receive high-quality care as described by the IOM. The SCP tool could serve to facilitate care coordination and communication among PCPs or nurse providers and cancer specialists. Full utilization of the SCP document could help providers get a step closer to delivering high-quality clinical care during the survivorship care phase of the cancer patients' journey.

Lewin's theoretical framework will provide structure to reset mindsets and recommend practice change within the survivorship care phase of the cancer journey. Future research is required in understanding the health outcomes of cancer survivors who have entered the survivorship phase and any positive correlations with the utilization and implementation of SCPs.

### **Chapter 3: Research Methods**

Surviving a cancer diagnosis and associated treatments may have a significant impact on one's long-term outcomes and quality of life. Also, transitioning from one's oncologist back to one's primary care physicians or the general community setting may be difficult. Therefore, this study focused on the cancer nurse providers' implementation of the 2018 Commission on Cancer requirement of survivorship care plans (SCPs). The study outcomes are to understand the percentages of SCPs developed and implemented, barriers, which type of SCP is used, cancer center type, tumor type, and other items of interest. The importance of SCP use is hoping to improve coordination of care and survivors' life after cancer. Furthermore, the Commission on Cancer has planned to change Standard 3.3 for 2020 to make it optional for providers to give survivors an SCP. Changing this standard from required to optional will more than likely result in survivors not getting an SCP at all. Nurses are in the position to continue this practice to ensure survivors are set up for the best possible outcomes in their long-term follow-up care. Also, since nurses spend more time with patients than most disciplines, nurses are well-positioned to activate and engage patients in their survivorship care.

#### **Purpose**

The purpose of this chapter is to provide details about the project's methods. This includes the project purpose, project design, institutional review board (IRB) approval and process, target population, instrument, risks and benefits, instrument, data collection and management, timeline, and project analysis. The project's goal was to evaluate cancer nurse providers' implementation of the 2018 Commission on Cancer SCP requirement. This requirement is Standard 3.3, which requires that 50% of eligible cancer survivors receive an SCP. Eligible patients are defined as in stage I, II, or III but do not include stage 0 or IV (COC,

2016). This standard is a requirement of cancer center or program accreditation through 2020 (COC, 2016).

### **Project Design**

This was a quantitative nonexperimental study design with descriptive statistics for data analysis, which was the most appropriate method for this study. The rationale for using descriptive statistics for this project was that it is utilized to describe quantitative data within tables, graphs, charts, and percentages (Credo Reference, 2001). Descriptive statistics give an overall summary of the survey data from this project.

Before the project commencement, IRB approval of an exempt application with a consent waiver at ACU was obtained. A consent waiver was requested as no identifiable information was being collected. Participants were selected via an oncology nurse society organization (Oncology Nurse Society) LISTSERV. The nurse organization emailed its members an email invite; the consent form, which did not require signatures (e.g., a consent waiver); and the link to the online survey (Appendix A). The online survey provider was SurveyMonkey.

The project researcher did not have any access to participants' personal information. All study activities were conducted through the Oncology Nurse Society (ONS). Those who chose to participate had a 20-item survey to complete. There was an expectation of a 10%–15% response rate from ONS members receiving the email invite. Each participant who chose to participate completed the survey. The study duration for data collection or survey responses was 1 month. The 1-month time frame allowed ONS to send email reminders to the participants at the 2-week time frame, which allowed a total of 4 weeks to participate. All deidentified data were exported from the online survey tool (i.e., SurveyMonkey) and imported into a research database for statistical analysis.



### **Institutional Review Board Approval and Process**

IRB review and approval at ACU were required for the project proposal, consent, data tool, and any other study materials before the execution of this study. A schedule of events was followed to ensure the project timeline remained on track. A power analysis was conducted, resulting in a minimum sample size of 128 study participants to reach statistical significance. ONS filtered its members by selecting participants who are nurses practicing within an oncology setting. The participants received a consent form that described the study, an email invitation, and the link to the project survey. There was no compensation for participating in this project survey.

### **Target Population**

This project involved English-speaking oncology nurse providers who were members of an oncology nurse organization. The oncology nurse organization was the Oncology Nurse Society, which had approximately 35,000 oncology nurse members, including registered nurses and advanced nurse practitioners. This project was only focused on nurses' (i.e., registered nurses, advanced practicing nurses, etc.) insights and responses to the study survey. Also, ONS waived its fee for the number of emails they would send.

### **Risks and Benefits**

There were minimal risks to the study participants for being part of this study as no identifiable or personal health information was collected. There may not be any direct benefits to the study participants who participated. However, any benefits may include information learned during the research and may be applied to the future of improving the utilization and implementation of the survivorship care plan and patients' outcomes.

## **Instrument Tool**

The tool used was the survivorship care plan utilization questionnaire (Appendix A). Permission to use this tool was obtained from the author of the survey, Dr. Sarah Birken of the University of North Carolina, Chapel Hill. There was no fee to use or duplicate this tool. The author requested that the tool be cited. This SCP utilization questionnaire is an 18-item tool that measures the percentage of development and implementation of SCPs as well as other items of interest (Birken et al., 2019). The tool included two additional questions specific to this study; therefore, the tool used was a 20-item survey.

This tool was not validated. However, this tool was used on 395 providers in a published study by Sarah A. Birken. Dr. Birken published her data in “Survivorship Care Plan Implementation in US Cancer Programs: A National Survey of Cancer Care Providers” in the *Journal of Cancer Education* in 2019 (Birken et al., 2019). This tool was in English only. A copy of the 20-item survey is also included in Appendix A.

## **Data Collection and Management**

This project included an online survey via SurveyMonkey that was administered to cancer nurse providers who were members of ONS. The nurses were recruited and emailed via a LISTSERV by an ONS administrator. ONS emailed the nurses an invite, a consent form with the project information, and a link to the online survey. The survey included 20 items to be completed. It should have only taken 5 to 6 minutes for a participant to complete. It was expected that only 10%–15% of the members who received the email invite would respond to the survey. ONS sent an email reminder to the participants to remind them to complete the survey, if they had not done so, in 2 weeks. The deidentified data from SurveyMonkey were exported in Excel format and then uploaded into a statistical analysis program.

The deidentified data collected during this project were stored in a secure university drive under the project researcher's name. Data are owned by the university in case access is needed at a future date. This storage system is provided by the online graduate school for doctoral student research data and supported by the university's IT department for security purposes and kept for the minimum required time according to IRB guidelines.

### **Timeline**

The timeline of any clinical study is dependent on the IRB's review and approval and collaborating organizations. The projected timeline for this project included IRB submission in July 2020, with an expectation that IRB approval would be received by July 2020. Once IRB approval was received, a final packet was sent to the Oncology Nurse Society (ONS) for its review and approval. Upon the ONS approval, an email blast was sent from ONS to the nurse members. It was expected that all survey completion would be done by August 2020. Data analysis was completed by December 2020. The final study closeout was expected to be by July 2021.

### **Study Analysis Plan**

Survey responses were exported from the online survey into SPSS format. Descriptive statistics, including percentages, medians, and ranges, were used to analyze the data. The data were further analyzed to provide insights into the cancer nurse providers' implementation of survivorship care plans in their clinical practice.

### **Chapter Summary**

It was essential to gain an understanding of the percentage of use of the SCP in the survivorship care phase of the cancer journey and the nurses' views of SCP utilization. In order to recommend a practice change with the current survivorship care programs, the outcomes from

this project provided further insights into the importance of patients transitioning from active treatment to long-term survivorship care. The study followed all regulatory requirements and received IRB approval for all study items used before the execution of this project.

## Chapter 4: Results

### Survivorship Care Plan Survey Data Analysis

A total of 406 study participants took part in the SCP survey. The survey consisted of 20 items with mostly defined variable responses. Some survey items allowed for multiple variable responses to a question. Inadvertently, one survey item allowed for a free-text response. If the study participant selected no on the first survey item, the survey ended for these participants as the remaining survey was not relevant to these participants.

Out of the 406 study participants, 59 (14.53%) answered no, and 347 (85.47%) of them answered yes to the first question, which asked if SCPs are used in their cancer center program. This question gave insight as to what percentage, if more than half, of cancer center programs utilize survivorship care plans. To answer this question, a binomial test of proportions was run. Based on a  $p$  value of less than .0001, there is strong evidence to support the claim that over half of the cancer programs use SCPs. The estimated proportion of cancer programs that used SCPs was 85.47%. A 95% confidence interval for the true proportion of all such programs that used SCPs was (82.04%, 88.90%).

All study participants were registered nurses who work within the oncology setting. To better understand their role, the survey asked what their current position was in the cancer program. For this question, because the subjects can choose more than one answer, it is important to keep in mind that the sum of the frequencies of the response variable categories could be more than 100%. The results were as follows: 39.41% of the subjects were registered nurses, 24.14% were non-oncology nurse practitioners, 0.99% were oncology nurse practitioners, 16.26% were nurse navigators, 4.19% were oncology nurse educators, and 21.40% belonged to other categories. To help show the positions of these nurses, Table 1 summarizes the findings.

The first column contains the response variable, the second column contains the number of subjects who selected that response, and the last column has the percentage of subjects who selected that response.

**Table 1**

*Survey Item: What Is Your Current Position in the Cancer Program*

Variables	<i>n</i>	%
Registered nurse (RN)	160	39.41
Non-oncology nurse practitioner (NP)	98	24.14
Oncology nurse practitioner (NP)	4	0.99
Oncology nurse navigator	66	16.26
Oncology nurse educator	17	4.19
Other	86	21.40

To better understand the study participants' nursing experience level, the survey asked how many total years of experience. The results were as follows: 0.94% of the subjects had less than 2 years of experience, 3.20% had between 3 and 5 years of experience, 10.59% had between 6 and 10 years of experience, 10.84% had between 11 and 15 years of experience, and 74.63% had more than 15 years of experience. To understand the study participants' role in caring for cancer survivors, the survey asked what their role in the care of cancer patients was. Some subjects selected more than one response, which is why the sum of the total percentages was more than 100%. The results were as follows: 16.01% had administration roles, 49.26% had clinical outside survivorship care roles, and 42.35% had other roles. Most of the subjects had clinical outside survivorship care roles.

The survey asked if the study participants thought that an SCP was beneficial to cancer survivors, and the responses produced a significant  $p$  value. Tables 2 and 3 summarize the findings. For Table 2, the first column contains the response variable, the second column contains the number of subjects who selected that response, and the last column has the percentage of subjects who selected that response. The findings were as follows: 61.82% strongly agreed that SCP was beneficial to cancer survivors, 26.85% agreed, 8.87% were neutral, 2.46% disagreed, and none of them strongly disagreed. Table 3 summarizes the  $t$  test performed to find out if the response variable was significant or not

There was great interest in determining whether the mean response to this question was significantly greater than 3, which would indicate that, on average, the health care workers agreed that SCPs were beneficial to cancer survivors. A one-sample  $t$  test was run to answer this research question. The  $t$  test was performed at an  $\alpha = 0.05$  significance level. Based on a  $p$  value of less than .001, I concluded that there was strong evidence to suggest the mean level of agreement was significantly greater than 3, which corresponds to *neutral*. A 95% confidence interval for the true mean level of agreement was (4.41, 4.55).

**Table 2**

*Survey Item: Do You Think an SCP Is Beneficial to Cancer Survivors?*

Variable	$n$	%
Strongly agree	251	61.82
Agree	109	26.85
Neutral	36	8.87
Disagree	10	2.46
Strongly disagree	0	0

**Table 3***The t Test Procedure*

<i>N</i>	<i>M</i>	<i>SD</i>	<i>SE</i>	Minimum	Maximum
406	4.4803	0.7590	0.0377	2.0000	5.0000

*Note.* Variable: Q5\_num (Q5\_num).  $df = 405$ ;  $t$  value = 118.93;  $p$  value < .0001.

The survey asked about SCP utilization and which variable option best describes SCP uses in their cancer program. The options included *SCPs are used regularly*, *SCPs are sometimes used*, *SCPs were previously used but we no longer use them*, and *never used them*. The results were as follows: 50.99% said SCPs were used regularly, 36.21% said SCPs were sometimes used, 2.46% said SCPs were previously used but no longer used, and 10.34% said they were never used. The survey asked who at their institution completed the SCP. Some subjects selected more than one response, which is why the sum of the total percentages is more than 100%. The results were as follows: 27.34% said registered nurses completed the SCP, 2.71% said non-oncology nurse practitioners, 44.33% said oncology nurse practitioners, 30.30% said oncology nurse navigators, 1.97% said oncology nurse educators, and 20.17% said others complete the SCP. Table 4 summarizes the findings.



**Table 4***Survey Item: Who at Your Institution Completes the SCP?*

Variables	<i>n</i>	%
Registered nurse (RN)	111	27.34
Non-oncology nurse Practitioner (NP)	11	2.71
Oncology nurse practitioner (NP)	180	44.33
Oncology nurse navigator	123	30.30
Oncology nurse educator	8	1.97
Other	81	20.17

The survey asked approximately when SCP use began in their cancer program. The findings were as follows: 37.93% said the SCP use began between 2015 and 2016, 24.88% said it began between 2017 and 2018, 5.17% said it began between 2019 and 2020, and 32.51% did not know when it began. Then the survey asked approximately what percentage of providers in their cancer program had used SCPs. The findings were as follows: 16.26% of the subjects said less than 25% had used the SCPs, 14.78% said between 26% and 50% had used the SCPs, 12.07% said between 51% and 75% had used the SCPs, 20.20% said between 76% and 100% had used the SCPs, and 36.70% did not know.

The survey asked for approximately what percentage of all survivors in the cancer center were SCPs developed. Table 5 summarizes the findings. The first column contains the response variable, the second column contains the number of subjects who selected that response, and the last column has the percentage of subjects who selected that response. The findings were as follows: 14.78% said SCPs were developed for less than 25%, 15.02% said between 26% and

50%, 18.47% said between 51% and 75%, 12.81% said between 76% and 100%, and 38.92% did not know.

**Table 5**

*Survey Item: Percentage of All Survivors in the Cancer Center for Whom SCPs Are Developed*

Variables	<i>n</i>	%
0%–25%	60	14.78
26%–50%	61	15.02
51%–75%	75	18.47
76%–100%	52	12.81
Do not know	158	38.92

The survey asked approximately what percentage of SCPs were delivered to survivors. Table 6 summarizes the findings. The first column contains the response variable, the second column contains the number of subjects who selected that response, and the last column has the percentage of subjects who selected that response. The results were as follows: 13.05% said less than 25% were delivered to survivors, 14.78% said between 26% and 50% were delivered, 20.20% said between 51% and 75% were delivered, 15.27% said between 76% and 100% were delivered, and 36.70% did not know.

**Table 6**

*Survey Item: Approximately What Percentage of SCPs Are Delivered to Survivors*

Variables	<i>n</i>	%
0%–25%	53	13.05
26%–50%	60	14.78
51%–75%	82	20.20
76%–100%	62	15.27
Do not know	149	36.70

The percentage of SCPs that are delivered to survivors' primary care providers was asked of the participants. Some subjects selected more than one response, which is why the sum of the total percentage is more than 100%. The results were as follows: 18.23% said less than 25% were delivered to survivors' primary care providers, 8.37% said between 26% and 50% were delivered, 7.64% said between 51% and 75% were delivered, 16.50% said between 76% and 100% were delivered, and 49.26% did not know.

The survey asked participants, for survivors, for which tumor groups had SCPs been used or would SCPs be used. The results were as follows: 80.30% belonged to the breast tumor group, 57.14% belonged to the colorectal group, 31.03% belonged to the testicular group, 44.83% belonged to the prostate group, and 45.03% belonged to other groups. The survey asked what kinds of SCP templates had been or would be used. Some subjects selected more than one response, which is why the sum of the total percentage is more than 100%. The results were as follows: 6.65% used the Livestrong care plan, 35.71% used the ASCO survivorship care plan,

13.05% used the Journey Forward, 36.45% used a plan developed in their cancer program, 39.16% planned this as part of an electronic health record, and 14.64% used other templates.

The survey asked why did or would the cancer program begin using SCPs. Some subjects selected more than one response, which is why the sum of the total percentage is more than 100%. The results were as follows: 58.37% said the desire to comply with the American College of Surgeons (ACOS) Commission on Cancer (CoC) cancer program 2012 standards, 16.01% said the desire to comply with the Association of Community Cancer program (ACCC) 2009 guidelines, 9.85% said the desire to comply with National Coalition for Cancer Survivorship (NCCS) or Lance Armstrong Foundation recommendations, 38.92% said the desire to comply with American Society for Clinical Oncology (ASCO) practice guidelines, 43.10% said the desire to comply with National Comprehensive Cancer Network (NCCN) guidelines, 22.22% said the desire to comply with National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP) guidelines, 14.04% said the IOM's From Cancer Patient to Cancer Survivor raised awareness, 3.69% said because the grant-funded SCP use project raised awareness, 9.11% said a colleague had raised awareness, 2.96% said competing with a cancer program that uses SCPs, 16.50% said it was a commonly accepted practice, 16.80% said the belief that it might improve the quality of care, 2.96% said survivors had requested SCPs, and 10.95% said other reasons.

The survey asked the participants' opinions of the barriers to SCP used in their cancer program. Some subjects selected more than one response, which is why the sum of the total percentage is more than 100%. The results were as follows: 32.35% said the perception was that SCPs were not useful, 17.98% said the perception was that SCPs were difficult to use, 27.59% said influential people (e.g., physician champions, managers) had not advocated for SCPs to be

used, 16.75% said influential people (e.g., physician champions, managers) advocating for SCPs to be used did not motivate providers to use SCPs, 63.05% said there were not enough resources (e.g., time, staff, training, money) to use SCPs, 5.67% said there were not enough opportunities to use SCPs, 11.08% said the providers did not feel confident in using SCPs, and 16.48% said other barriers.

**Table 7**

*Survey Item: What Barriers to SCP Use in Your Cancer Center*

Variables	<i>n</i>	%
Q16_SCP_Not_usefu	131	32.35
Q16_SCP_diffi	73	17.98
Q16_infl_no_advo	112	27.59
Q16_infl_no_motivat	68	16.75
Q16_not_enough_resour	256	63.05
Q16_not_enough_opport	23	5.67
Q16_prov_not_confid	45	11.08
Q16_other	66	16.48

The survey asked the participants approximately how many new cancer patients were seen in their cancer program per year. There were many different responses to this question because the subjects could input their responses. I tried my best to combine similar answers. For example, for people who did not know, some of the input words included *IDK* (i.e., idk), *do not know*, *I do not know*, *I do not know*, *not known*, *unsure*, *not certain*, *uncertain*, *unknown*, *no idea*,

*have no idea*, and similar. For this specific example, I combined all these responses into one variable called “Unknown.” This survey item’s data point was inconclusive.

The survey asked the participants to indicate their cancer program type. Some subjects selected more than one response, which is why the sum of the total percentages is more than 100%. The findings were as follows: 30.79% selected the NCI-designated or academic hospital type, 37.93% the community hospital cancer center, 31.77% the hospital associated cancer program, 1.48% the pediatric hospital cancer center, and 8.87% did not know. The survey asked the participants which professional society or societies their cancer program was a member of. Some subjects selected more than one response, which is why the sum of the total percentages is more than 100%. The results were as follows: 24.63% were members of the Association of Community Cancer Centers (ACCC), 5.74% are members of the American College of Surgeons (ACoS) Commission on Cancer (COC), 3.69% were members of the National Coalition for Cancer Survivorship (NCCS), Lance Armstrong Foundation, 42.12% were members of the American Society for Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI), 41.13% were members the National Comprehensive Cancer Network (NCCN), 15.27% were members of the NCI Community Cancer Centers Program (NCCCP), and 24.28% were members of other societies. The last survey item asked the participants to provide the region of the United States where their cancer program or center was located. The results were as follows: 26.85% were in the Midwest region, 24.88% in the Northwest region, 25.86% in the South region, and 22.41% in the West region.

### **Chapter Summary**

The key findings of this survey included the following:

- 85.47% of participants responded yes regarding SCPs being utilized in their cancer

program. This revealed a  $p$  value of less than .0001.

- A significant  $p$  value of less than .0001 was revealed related to the participants' response that SCPs were beneficial to cancer survivors.
- 62.81% began the use of SCPs from years 2015 through 2018 (37.93% began 2015–16 and 24.88% began in 2017–18). However, 5.17% began in 2019–20 and 32.51% were unaware of when SCP utilization began.
- 38.92% of participants were unaware of for what percentage of all survivors in their cancer center SCPs were developed, 36.70% of participants were unaware of what percentage of SCPs were delivered to survivors, and 49.26% of participants were unaware of the percentages of SCPs delivered to survivors' primary care providers.
- 63.05% of participants responded that not enough resources were available, 32.35% of participants responded that SCPs were not useful, and 27.59% of participants responded that there were no influential advocates (i.e., physicians, champions, managers) as barriers to SCP use.

## **Chapter 5: Discussion, Conclusions, and Recommendations**

The enthusiasm for this project regarding cancer survivors' survivorship care grew from observing cancer survivors who went through the cancer journey and had reached the point in their cancer journey of end of treatment. Once cancer treatment is completed and no further risks persist requiring follow-up with an oncologist, the survivor is released back to the community. There seems to be no clear understanding of who is responsible, including the patient, and what ongoing follow-up involves. Cancer survivors being released back to the community or their primary care physician is not as seamless as one may expect. Primary care physicians' focus is usually not cancer survivorship care. Therefore, the purpose of this study was to understand whether cancer nurse providers were implementing the 2018 Commission on Cancer (COC) survivorship care plan requirement within the survivorship care phase of the cancer survivor's journey. In developing and receiving a survivorship care plan, cancer survivors may have a better transition and understanding of their cancer, treatment, and ongoing follow-up.

For this study, the 2018 COC Standard 3.3, Survivorship Care Plan, required greater than or equal to 75% of eligible cancer survivors to receive a survivorship care plan. Eligible cancer survivors include patients who are staged I–III and have completed treatment. There was no hard-and-fast rule that staged IV cancer survivors could not receive a survivorship care plan. At present, the 2018 COC Standard 3.3 has been revised to Standard 4.8, Survivorship Program, and this standard only requires survivorship programs to offer cancer survivors three services within a list of services to be compliant. This revision only entails survivorship care plans as an optional service to be offered and is encouraged but not required. Consequently, a survivorship care plan is no longer a hard requirement of this standard. This revised requirement only encourages providers to provide a survivorship care plan to cancer survivors as one of the services offered



within the institution's survivorship program. Unfortunately, the hard requirement of providing this useful tool, a survivorship care plan, is no longer a condition of the COC standard. However, the institution could opt to fulfill one of its three services requirements by providing survivors a survivorship care plan at their cancer survivorship program to fulfill the current standard's requirement.

IRB review and approval were obtained before the commencement of this study. The data for this study were collected by using an online 20-item survivorship care plan survey that was developed in SurveyMonkey. In collaboration with the Oncology Nursing Society (ONS), the survey was emailed to members who were registered nurses within the oncology field. ONS handled all communication with the survey participants. The survey participants had 4 weeks to complete the survey. The survey went out at Week 1 and then was resent 2 weeks later. No participant names or contact information was shared with me.

The data were exported from the online survey tool (i.e., SurveyMonkey), and then 19 of the 20 questions were analyzed utilizing descriptive statistics. One of the 20 questions, a *t* test, was performed. In my analysis, I discovered that even though the COC's standards had changed from 2015 to current, more than half of the cancer center programs across the United States claimed to utilize the survivorship care plan with their cancer survivors. Also, these nurse participants strongly agreed that survivorship care plans were beneficial for cancer survivors. Both questions proved to be statistically significant.

### **Limitations**

There were limitations to this study, which included the following: (a) The survey was not a validated survey (some questions allowed multiple responses and one question allowed free text), (b) there were no health outcomes data for cancer survivors receiving a survivorship care

plan, (c) the scope of this study was limited to cancer nurse providers and, thus, not all health care providers were included, (d) there was no solution for existing barriers to developing and implementing survivorship care plans, and (e) the COC standards have constantly changed. These limitations affected the ability to effectively evaluate SCP full utilization practice against standards as well as understanding its impact on cancer survivors.

Unfortunately, there is no consistency with survivorship care plan development and implementation. The Commission on Cancer has revised its standards since the beginning of this project, in which survivorship care plans are only an option for cancer center programs to offer and not a requirement. The standard has had many changes since its beginnings and so this is also a confusing factor and may have contributed to less than 75% of eligible cancer patients receiving survivorship care plans. The utilization of survivorship care plans has seemed to diminish in recent years, and this may correlate with the published COC standards of offering survivorship care plans only as an optional service. But the survey did not allow for further discoveries around the potential decline in usage.

Since the scope of this study was limited to cancer nurse providers, and thus not all health care providers were included, this may have affected the study results. However, nurses' voices were represented well in this survey's results in that nurses on average agreed that SCPs were beneficial to cancer survivors.

### **Interpretation of Findings**

There were 406 participants who responded to the survey. Three hundred forty-seven participants reported that survivorship care plans were utilized in their cancer center program. The participants behind these data were cancer nurse providers who were registered nurses from various cancer centers and programs. Most of the nurses who participated in this study had more

than 15 years of nursing experience. These experienced nurses on average agreed that survivorship care plans were beneficial for cancer survivors. While these nurses agreed that survivorship care plans were important, it was reported that many patients or primary care providers of these patients may not be receiving the survivorship care plan. More than half of the nurse participants indicated that survivorship care plans were regularly used, and a small percentage indicated that their center had stopped using or had never used survivorship care plans. Most individuals who completed the survivorship care plans in cancer center survivorship programs were cancer nurse providers (i.e., registered nurses, non-oncology nurse practitioners, oncology nurse practitioners, or oncology nurse navigators). However, 20% reported they were completed by other individuals. This study demonstrated that there still seems to be a gap and inconsistencies with survivorship care plan development and implementation.

Among these nurse participants, who represented many cancer programs across the United States, survivorship care plan development began mostly between 2015 through 2018. Five percent began utilizing survivorship care plans in 2019 through 2020, and over 30% did not know when they began utilizing survivorship care plans. The percentage range of providers in the participants' cancer programs using survivorship care plans were across the board. Most participants did not know what percentage of providers utilized survivorship care plans. It appeared that 66% to 100% was the second-highest percentage range of providers utilizing survivorship care plans. Most nurse participants indicated they did not know what percentage of survivorship care plans were developed. Most of the nurse participants indicated they did not know what percentage of survivors received survivorship care plans. Also, most nurse participants did not know if the survivorship care plans were delivered to the survivor's primary care physician. Survivorship care plans were mostly utilized in breast cancer cases. Remarkably,

colorectal, prostate, testicular, and other cancer cases also utilized survivorship care plans. More than 90% of the survivorship care plan templates utilized were ASCOs, customized, and existed within the institution's electronic health care record. It is unclear if the survivorship care plan incorporated within an electronics health care record was customized or used Livestrong's, ASCO's, or Journey Forward's template. Livestrong and Journey Forward were the least utilized among the templates noted in the survey.

The same barriers noted within current literature seemed to be some of the same barriers to survivorship care plan use in cancer survivorship programs. Based on this study, the top three survivorship care plan barriers noted within this study were *not enough resources*, *viewed as not useful*, and *no influential provider advocate*. Notably, not having enough resources seemed to be the biggest barrier in the way of cancer survivors receiving survivorship care plans and, hence, SCP development and implementation (i.e., SCP full utilization).

The cancer program types represented in the survey results included NCI-designated or academic hospital, community hospital cancer center, hospital-associated cancer program, pediatric hospital cancer center, and types unknown. NCI-designated or academic hospital and community hospital cancer centers were the largest representation. The top three most represented societies that these cancer center types belonged to were ASCO, NCCN, and NCCCP. The cancer centers represented in this survey had an even spread across the United States; the regions included the Midwest, Northeast, South, and West.

### **Implications of Analysis for Leaders**

Cancer survivors should experience the same level of high-quality care they are accustomed to as they move through the phases of the cancer journey. While this project scope did not include health outcomes, it did reveal that most nurses surveyed believed that SCPs were

beneficial to patients. Also, SCPs were being used in some capacity. However, consistent development and implementation were not currently the practice with many cancer centers and programs.

Other outcomes of this study revealed that the same barriers of time, no influential executive sponsor, and negative beliefs existed. To support cancer survivors after active treatment is to change the current practice of inconsistent survivorship care plan utilization to consistently utilizing. Also, the survivorship care phase should be a dedicated clinical or, at a minimum, subspecialty clinic so that long-term survivorship care delivery is the primary focus of such a clinic.

### **EBP Findings and Relationships to DNP Essentials I–VIII**

The project addressed registered nurses within cancer centers or programs across the United States. With the scope of this project, the DNP Essentials findings and relationships are outlined below:

- I. Scientific underpinnings for practice: Nurses' voices together can support a change in the practice of cancer survivors consistently receiving an SCP. The transitioning from active treatment to survivorship care to one's primary care physician or community nurse practitioner requires communication and coordination of care. Many cancer patients may not understand all the treatments, recurrence risks, and potential late and/or long-term effects associated with their cancer and treatments. The utilization of an SCP may support the necessary communication and coordination of care and provide a smoother transition out of the oncology setting and into the community setting for the survivor. It is important to remember that the cancer survivor will have spent many months or years focused on conquering and surviving their cancer once

they reach the point of transition to survivorship care. Consequently, SCPs could help to fill the gap in communication and coordination of post–cancer treatment care.

Also, the SCP tool can help educate the cancer survivor, help them be more engaged about their previous treatments, and empower them to be more engaged with their primary care physician or community nurse practitioner in their survivorship care.

Therefore, SCPs must not be pushed aside as cancer survivors report that they experience significant lasting symptoms and functional constraints once they have completed active cancer treatments and moved into the survivorship phase (Wu & Harden, 2015). The conversation about SCP utilization has been occurring for more than 15 years, in which the IOM recommended that cancer survivors who had completed their active treatment should be provided a survivorship care plan. The SCP should include the survivor’s cancer, stage, treatments, and possible side effects; posttreatment follow-up requirements; mental problems; and any recommendations for legal protection since some cancer survivors are left with disabilities related to their cancer and treatments (National Research Council, 2006). This recommended practice must continue so that patients in the survivorship phase continue to receive high-quality follow-up cancer care, potentially minimize negative outcomes, and get the patients engaged.

- II. Organizational and systems leadership: Most of the nurses who participated and responded to the survey acknowledged that SCPs are beneficial to cancer survivors. Nurses are usually more intimately involved with patients at the bedside, clinic, and hospitals, and thus their voices and even intuition should not be ignored. Nurses play an important role in advocating for patients, and their demonstrated support of

consistent utilization of SCPs for cancer survivors who are entering the survivorship phase of their care in this study is a significant finding. Therefore, a recommendation to health care organizations is to incorporate consistent full utilization (i.e., development and implementation) of SCPs as a tool to support smooth transitions, communication, coordination of care, and engaging patients to own their health care. Another recommendation is to figure out new clinical models that would support the primary focus on cancer survivors entering and those who are already within the survivorship phase. Other models may include a nurse-led survivorship clinics (virtual or face-to-face), incorporating a dedicated survivorship care subspecialty clinic, and/or a standalone specialty survivorship primary care clinic.

- III. Clinical scholarship and analytical methods for evidence-based practice: This project surveyed oncology nurses about their opinions of cancer survivors receiving an SCP. The survey results demonstrated that most nurses believed that cancer survivors receiving an SCP is a beneficial practice. This project also showed that SCPs were not consistently developed or implemented. While the practice of completing the SCP typically resides with the oncology physician, nurses (i.e., advance practice registered nurses) could provide this service in a dedicated specialty primary care survivorship clinic or it could become its own subspecialty. Nurses work closely with patients throughout their health care journey and understand the complexity and fragmentation of the health care system and the importance of communication and care coordination for setting patients up for the best outcomes. Unfortunately, there are limited resources for SCP full utilization or service and influential advocates in existing clinics and programs at many cancer centers. However, it is logical as to why it is

- difficult to have survivorship care as another primary focus of an oncology clinic and hospital, as diagnosing and treatments are their focus. Another difficulty includes an era when more and more patients are being diagnosed with cancer and undergoing various active treatments (i.e., surgeries, chemotherapy, and radiation). A dedicated clinic or subspecialty clinic where the primary focus is on the delivery of survivorship care and SCPs full utilization would allow for more coordinated care, communication, and opportunities to engage cancer survivors during survivorship.
- IV. Information systems and patient care technology for the improvement and transformation of health care: Downloadable templates have been developed for the use of developing and implementing SCPs. Some templates are information systems and, in some cases, maybe operationalized within an electronic health care record system. OncoLink provides a web-based SCP template for health care providers and patients to complete (OncoLink, 2021). This list is not all-inclusive of SCP templates but demonstrates that there are existing SCP templates for utilization. These templates and utilization offer patients an opportunity to better understand their cancer and their treatments, increase communication between their providers, potentially improve care coordination, and become engaged. In turn, cancer survivors may have their unmet needs addressed, reduce fear of recurrence and late- and long-term effects, and possibly improve their quality of life and health outcomes.
- V. Health care policy for advocacy in health care: This study showed that the oncology nurses who participated worked within cancer centers with survivorship programs offering SCPs. Most of these nurse respondents had more than 15 years of experience as a nurse, and the majority of the other nurse respondents had between 6 and 15



- years of nursing experience. This means that these nurses were well versed in the care of patients and the importance of supporting efforts towards survivors' positive outcomes. Their recommendation and the statistical significance of SCPs being beneficial for cancer survivors is a solid recommendation for SCP utilization in survivorship care. To properly offer services to develop and implement a survivorship care plan, a dedicated clinic or subspecialty with survivorship care as its primary focus is needed.
- VI. Interprofessional collaboration for improving patient and population health outcomes: Nurses are well positioned to make this practice change of consistent full utilization of SCPs. Also, a dedicated survivorship care specialty clinic is needed to support the primary focus of long-term survivorship care delivery and not the current survivorship care program. This practice change may increase communication and care coordination, meet unmet needs, and possibly improve the health outcomes of cancer survivors who enter and remain in the survivorship care phase of their cancer journey. For this practice change to work, financial models would need to align accordingly.
- VII. Clinical prevention and population health for improving the nation's health: The survey utilized for this project demonstrated that most oncology nurses believed that SCPs are beneficial to cancer survivors' ongoing care. These oncology nurses' voices support the consistent utilization of SCPs for cancer survivors moving into the survivorship phase. The importance of care coordination and communication among providers may help to improve this patient population's health outcomes. The statistical significance of these nurses' response that SCP utilization is beneficial to

cancer survivors should not be ignored.

- VIII. Advance nursing practice: Nurses are well positioned to make this practice change (consistent full utilization of SCPs and move from a program to a dedicated specialty clinic) to potentially improve the care coordination and health outcomes of cancer survivor patients who enter the survivorship care phase of their cancer journey. Nurses are trained to work collaboratively with other disciplines to effectively care for patients and for the best outcomes. Nurses are well positioned to change practice from inconsistent to consistent SCP full utilization and to move this practice from a program to a dedicated specialty survivorship care clinic (virtual or face-to-face). Many cancer survivors may be within unmet needs areas, and thus the SCP full utilization practice would also potentially support these patients.

### **Recommendations for Future Research**

Continued research on the full utilization of SCPs and the associated benefits must continue. Further research must be done to evaluate the SCP's direct impact on cancer survivors' health outcomes, physical and psychosocial. A study should be conducted to evaluate the outcomes or effects of consistently developing and implementing SCPs as one of the three services offered to cancer survivors in a cancer survivorship program following the COC's standards. In doing so, perhaps an understanding of whether there are positive health outcomes associated with SCP implementation or usage could be revealed along with other insights. Any positive health outcomes revealed may have an encouraging effect on conquering current barriers and potentially increase influential advocates for SCP usage. Until then, the true impact of SCPs will not be fully understood. Also, the execution of Lewin's change model from inconsistently

developing and implementing SCPs to consistently developing and implementing SCPs will not be realized.

Other research opportunities would include conducting a randomized trial with larger sample sizes to evaluate the utilization of SCPs versus nonutilization and the direct impact on health-related outcomes. Also, research needs to be conducted on the feasibility and sustainability of a dedicated survivorship specialty clinic (virtual or face-to-face) for cancer survivors.

### **Chapter Summary**

This study demonstrated statistical significance that over half of the U.S. cancer programs use SCPs in some fashion. The biggest motivation behind the utilization of survivorship care plans is related to compliance to requirements set by organizations such as Commission on Cancer, American Society for Clinical Oncology, National Comprehensive Cancer Network, and National Cancer Institute. Nevertheless, the statistical significance of cancer nurse providers on average agrees that survivorship care plans are beneficial for cancer survivors. This feedback resonates with the ongoing desire for SCP usage with cancer survivors in the survivorship care phase. These nurses' voices should not be overlooked as nurses are intimately involved with the care of patients and, in this environment, cancer survivors. This may be an example of where experienced nurses' intuition about SCP's benefit to cancer survivors and its associated positive health outcomes cannot be scientifically captured. The findings of this study and prior literature support an opportunity for developing a specialty clinic dedicated to cancers survivors who enter the long-term survivorship phase to ensure that survivors' needs are a primary focus.

## References

- American Cancer Society. (2019). *Cancer facts and figures*.  
<https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2019.html>
- American College of Surgeons. (2020). *Accreditation committee clarifications for Standard 3.3 survivorship care plan*. <https://www.facs.org/quality-programs/cancer/coc/standards/2020>
- Birken, S. A. (2018). The importance of effective survivorship care plan implementation. *Journal of Oncology Navigation Survivorship*, 9(8). <http://www.jons-online.com/component/mams/?view=article&artid=1931:the-importance-of-effective-survivorship-care-plan-implementation&Itemid=0>
- Birken, S. A., Raskin, S., Zhang, Y., Lane, G., Zizzi, A., & Pratt-Chapman, M. (2019). Survivorship care plan implementation in US cancer programs: A national survey of cancer care providers. *Journal of Cancer Education*, 34(4), 1–9.  
<https://doi.org/10.1007/s13187-018-1374-0>
- Brennan, M. E., Gormally, J. F., Butow, P., Boyle, F. M., & Spillane, J. (2014). Survivorship care plans in cancer: A systemic review of care plan outcomes. *British Journal of Cancer*, 111(10), 1899–1908. <https://doi.org/10.1038/bjc.2014.505>
- Cancer.net. (2020). *ASCO cancer treatment and survivorship care plans*.  
<https://www.cancer.net/survivorship/follow-care-after-cancer-treatment/asco-cancer-treatment-and-survivorship-care-plans>.
- Chaput, G. (2018). Survivorship care plan: A valuable tool for primary care providers. *Current Oncology*, 25(3), 194–195. <https://doi.org/10.3747/co.25.4156>

- Commission on Cancer. (2016). *Standards and resources*. [https://www.facs.org/-/media/files/quality-programs/cancer/coc/2016-coc-standards-manual\\_interactive-pdf.ashx](https://www.facs.org/-/media/files/quality-programs/cancer/coc/2016-coc-standards-manual_interactive-pdf.ashx)
- Credo Reference. (2001). Descriptive statistics. In J. M. Palmisano (Ed.), *World of sociology*. Gale.
- Debono, D. (2010). Coping with the oncology workforce shortage: Transitioning oncology follow-up care to primary care providers. *American Society of Clinical Oncology*, 6(4), 203–205. <https://doi.org/10.1200/JOP.777005>
- de Rooij, B. H., Ezendam, N. P., Nicolaije, K. A., Vos, M. C., Pijnenborg, J. M., Boll, D., Kruitwagen, R., & van de Poll-Franse, L. V. (2017). Factors influencing implementation of a survivorship care plan—A quantitative process evaluation of the ROGY Care trial. *Journal of Cancer Survivorship*, 11(1), 64–73. <https://doi.org/10.1007/s11764-016-0562-3>
- Donohue, S. M., Haine, J. E., Li, Z., Feldstein, D. A., Micek, M., Trowbridge, E. R., Kamnetz, S. A., Sosman, J. M., Wilke, L. G., Sesto, M., & Tevaarwerk, A. J. (2017). Cancer survivorship care plan utilization and impact on clinical decision-making at point-of-care visits with primary care: Results from an engineering, primary care, and oncology collaborative for survivorship health. *Journal of Cancer Education*, 34(2), 252–258. <https://doi.org/10.1007/s13187-017-1295-3>
- Dossett, L. A., Hudson, J. N., Morris, A. M., Lee, M. C., Roetzheim, R. G., Feters, M. D., & Quinn, G. P. (2017). The primary care provider-cancer specialist relationship: A systematic review and mixed-methods meta-synthesis. *A Cancer Journal for Clinicians*, 6(2), 156–169. <https://doi.org/10.3322/caac.21385>

Gast, K. C., Allen, S. V., Ruddy, K. J., & Haddad, T. C. (2017). Novel approaches to support breast cancer survivorship care models. *Breast*, *36*, 1–13.

<https://doi.org/10.1016/j.breast.2017.08.004>

Goetz, P., & Klemp, J. R. (2018). Transition to survivorship. In *Team-based oncology care: The pivotal role of oncology navigation* (pp. 177–195). Springer, Cham.

[https://doi.org/10.1007/978-3-319-69038-4\\_9](https://doi.org/10.1007/978-3-319-69038-4_9)

Institute of Medicine. (2013). *Delivering high-quality cancer care: Charting a new course for a system in crisis*. National Academies Press. <https://doi.org/10.17226/18359>

Lisy, K., Langdon, L., Piper, A., & Jefford, M. (2019). Identifying the most prevalent unmet needs of cancer survivors in Australia: A systematic review. *Asia-Pacific Journal of Oncology*, *15*(5), e68–e78. <https://doi.org/10.1111/ajco.13176>

Mayer, D., Deal, A., Crane, J. M., Chen, R. C., Asher, G. N., Hanson, L. C., Wheeler, S. B., Gerstel, A., Green, M. A., Birken, S. A., & Rosenstein, D. (2016). Using survivorship care plans to enhance communication and cancer care coordination: Results of a pilot study. *Oncology Nursing Forum*, *43*(5), 636–645. <https://doi.org/10.1188/16.ONF.636-645>

Mayer, D. K., Nekhlyudov, L., Snyder, C. F., Merrill, J. K., Wollins, D. S., & Shulman, L. N. (2014). American Society of Clinical Oncology Clinical expert statement on cancer. *Journal of Oncology Practice*, *10*(6), 345–351. <https://doi.org/10.1200/JOP.2014.001321>

McDonough, A. L. (2019). Practices, preferences, and practical tips from primary care physicians to improve the care of cancer survivors. *Journal of Oncology Practice*, *15*(7), 600–606. <https://doi.org/10.1200/jop.18.00740>

- Meierhofer, B. (2020). Psychological and social impacts of a breast cancer diagnosis. *Journal of Oncology Navigation and Survivorship*, 11(6), 190–191. <https://www.jons-online.com/issues/2020/june-2020-vol-11-no-6/2964-psychological-and-social-impacts-of-a-breast-cancer-diagnosis>
- National Cancer Institute. (2019). *Cancer statistics. Surveillance, epidemiology & end-results*. <https://seer.cancer.gov/>
- National Research Council. (2006). *From cancer patient to cancer survivor: Lost in transition*. National Academies Press.
- Nekhlyudov, L., Ganz, P. A., Arora, N. K., & Rowland, J. H. (2017). Going beyond being lost in transition: A decade of progress in cancer survivorship. *Journal of Clinical Oncology*, 35(18), 1978–1981. <https://doi.org/10.1200/JCO.2016.72.1373>
- Nyarko, E., Metz, J. M., Nguyen, G. T., Hampshire, M. K., Jacobs, L. A., & Mao, J. J. (2015). Cancer survivors' perspectives on the delivery of survivorship care by primary care physicians: An internet-based survey. *BioMed Family Practice*, 16, 1–8. <https://doi.org/10.1186/s12875-015-0367-x>
- OncoLink. (2021). *Survivorship care plan*. <https://oncolife.oncolink.org/>
- Randall, S., Crawford, T., Currie, J., River, J., & Betihavas, V. (2017). Impact of community-based nurse-led clinics on patient outcomes, patient satisfaction, patient access, and cost-effectiveness: a systematic review. *International Journal of Nursing Studies*, 73, 24–33. <https://doi.org/10.16/j.ijnurstu.2017.05.008>
- Simon, S. (2019, June 11). Population of U.S. cancer survivors grows to nearly 17 million. *American Cancer Society News*. <https://www.cancer.org/latest-news/population-of-us-cancer-survivors-grows-to-nearly-17-million.html>

Smith, T., & Ferrell, B. (2014). Improving the quality of cancer care: Addressing the challenges of an aging population: A summary of the report from the Institute of Medicine. *Journal of Pain and Symptom Management*, 47(2), 434–435.

[https://www.jpmsjournal.com/article/S0885-3924\(13\)00774-4/fulltext](https://www.jpmsjournal.com/article/S0885-3924(13)00774-4/fulltext)

Truant, L. O., Varcoe, C., Gotay, C. C., & Thorne, S. (2019). Toward equitably high-quality cancer survivorship care. *Canadian Oncology Nursing Journal*, 29(3), 157–162.

<https://doi.org/10.5737/236880762931561612>

Wagner, J. (2018). *Leadership change and influencing change in nursing*. Open Access Publishing.

<https://leadershipandinfluencingchangeinnursing.pressbooks.com/chapter/chapter-9-common-change-theories-and-application-to-different-nursing-situations/>

Wu, H. S., & Harden, J. K. (2015). Symptom burden and quality of life in survivorship. *Cancer Nursing*, 38(1), 29–54. <https://doi.org/10.1097/NCC.0000000000000135>



### Appendix A: Survivorship Care Plan Utilization Survey

1. Are survivorship care plans (SCPs) used in your cancer program? (Note: An SCP is a written document that often, but not always, includes the following information regarding care after cancer treatment is complete: treatment summary; surveillance plan; preventive care; and symptoms to report). Please check one.

Yes -> Please proceed to question 2.

No -> Please do not proceed. (Thank you for your time and consideration to complete this survey)

2. What is your current position in the cancer program? Please check one.

Registered Nurse (RN)

Oncology Nurse Practitioner (NP)

Non-Oncology Nurse Practitioner (NP)

Oncology Nurse Navigator

Oncology Nurse Educator 1

Other (please specify)

3. Total years of experience.

Less than or equal to 2

3-5

6-10

11-15

Greater than 15

4. What is your role in the care of cancer patients? Check all that apply.

Administration Role (e.g., nurse manager, nurse supervisor)

Clinical Outside Survivorship Care (e.g., staff nurse in clinic/hospital, research nurse, scheduler)

Other (please specify)

5. Do you think and SCP is beneficial to cancer survivors? Please check one.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

6. Which of the following options best describes SCP use in your cancer program? Please check one.

SCPs are used regularly.

SCPs are sometimes used.

SCPs were previously used, but we no longer use them.

Never Used → Please proceed to Question 16.

7. Who at your institution completes the SCP?

Registered Nurse (RN)

Oncology Nurse Practitioner (NP)

Non-Oncology Nurse Practitioner (NP)

Oncology Nurse Navigator

Oncology Nurse Educator

Other (please specify)

8. Approximately when did SCP use begin in your cancer program? Please check an appropriate start date or check "Do not Know."

2015-2016

2017-2018

2019-2020

Do not Know

9. Approximately what percentage of providers in your cancer program has used SCPs? Please check one percentage or "Do not Know."

0-25%

26-50%

51-75%

76-100%

Do not Know

10. Approximately what percentage of all survivors in your cancer center are SCPs developed? Please check one percentage or "Do not Know."

0-25%

26-50%

51-75%

76-100%

Do not Know

11. Approximately what percentage of SCPs are delivered to survivors? Please check one percentage or "Do not Know."

0-25%

26-50%

51-75%

76-100%

Do not Know

12. Approximately what percentage of SCPs are delivered to survivors' primary care providers? Please check one percentage or "Do not Know."

0-25%

26-50%

51-75%

76-100%

Do not Know

13. For survivors, in which tumor groups have SCPs been/will SCPs be used? Please check all that apply.

Breast

Colorectal

Testicular

Prostate

Other (please specify)

14. What kinds of SCP templates have been/will be used? Please check all that apply.

LIVESTRONG Care Plan

American Society for Clinical Oncology (ASCO) Survivorship Care Plan

Journey Forward

A plan developed in your cancer program (If based on template listed above, please also check that option.)

Plan this is part of an electronic health record (If based on template above, please also check that option.)

Other (please specify)

15. Why did/will your cancer program begin using SCPs? Please check all that apply.

Desire to comply with the American College of Surgeons (ACOS) Commission on Cancer (COC) cancer program 2012 standards

Desire to comply with the Association of Community Cancer program (ACCC) 2009 guidelines

Desire to comply with National Coalition for Cancer Survivorship (NCCS)/Lance Armstrong Foundation recommendations

Desire to comply with American Society for Clinical Oncology (ASCO) practice guidelines

Desire to comply with National Comprehensive Cancer Network (NCCN) guidelines

Desire to comply with National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP) guidelines

Institute of Medicine's (IOM) From Cancer Patient to Cancer Survivor raised awareness  
Grant-funded SCP use project raised awareness

A colleague (s) raised awareness

Competing for cancer program that uses SCPs raised awareness

It's a commonly accepted practice

A belief that it may improve the quality of care

Survivors requested SCPs

Other (please specify)

16. In your opinion, what are barriers to SCP use in your cancer program? Please check all that apply.

The perception is that SCPs are not useful.

The perception is that SCPs are difficult to use.

Influential people (e.g., physician champions, managers) have not advocated for SCPs to be used.

Influential people (e.g., physician champions, managers) advocating for SCPs to be used does not motivate providers to use SCPs.

There are not enough resources (e.g., time, staff, training, money) to use SCPs.

There are not enough opportunities to use SCPs.

Providers do not feel confident in using SCPs.

Other (please specify)

17. Approximately how many new cancer patients are seen in your cancer program per year?

Your best guess is fine.

18. Please indicate your cancer program type. Please check all that apply.

NCI-Designated/Academic Hospital

Community Hospital Cancer Center

Hospital Associated Cancer Program

Pediatric Hospital Cancer Center

Do not Know

19. Which professional society/societies is your cancer program a member? Please check all that apply.

Association of Community Cancer Centers (ACCC)

American College of Surgeons (ACOS) Commission on Cancer (COC)

National Coalition for Cancer Survivorship (NCCS)/Lance Armstrong Foundation

American Society for Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI)

National Comprehensive Cancer Network (NCCN)

NCI Community Cancer Centers Program (NCCCP)

Do not Know

20. Please enter the region of the U.S. your cancer program/center is located?

Northeast

Midwest

South

West

## Appendix B: Permission for Use of Tool

2/6/2020 Gmail - RE: Hello - Question Relating to Your Notes on "Ask the Expert Session 2...Conducting Survivorship Care Plan Use Survey, Dece...



Angelia Drake <[REDACTED]>

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### RE: Hello - Question Relating to Your Notes on "Ask the Expert Session 2...Conducting Survivorship Care Plan Use Survey, December 2014"

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Birken, Sarah <[REDACTED]>  
To: Angelia Drake <[REDACTED]>

Thu, Feb 6, 2020 at 2:32 PM

Hi Angelica,

You have my permission to use my survey. I don't have validation data. Please cite any of the papers in which I reported the results of my survey. (All in JCED.) Good luck!

Thanks,

Sarah

[Quoted text hidden]



## Appendix C: Institutional Review Board Approval

### ABILENE CHRISTIAN UNIVERSITY

*Educating Students for Christian Service and Leadership Throughout the World*

**Office of Research and Sponsored Programs**

320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103  
325-674-2885



September 1, 2020

Angelia Drake  
Department of Nursing  
Abilene Christian University

Dear Angelia,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "An Evaluation of Cancer Nurse Providers' Implementation of the 2018 Commission on Cancer Survivorship Care Plan Requirement",

(IRB# 20-112 ) is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

*Megan Roth*

Megan Roth, Ph.D.  
Director of Research and Sponsored Programs

## Appendix D: Project Consent

ACU IRB # 20-112

Date of Approval 9/1/2020

### Informed Consent Form

**Introduction:** An Evaluation of Cancer Nurse Providers' Implementation of the 2018 Commission on Cancer Survivorship Care Plan Requirement

**Sponsor:** Abilene Christine University

**Investigator(s):** Angelia Drake, RN, MSN (Doctor of Nursing Practice Candidate), Lead Investigator

Linda Gibson, DNP

Abilene Christine University (ACU)

16633 Dallas Parkway, Suite 800

Dallas, Texas

You may be able to take part in a research study. This form provides important information about the study, including the risks and benefits as a potential to participate. Please read this form carefully. You may also wish to discuss your participation with other people, such as a family member. Your participation in this study is completely voluntary and you can withdraw at any time. You are free to skip any question you choose.

**PURPOSE AND DESCRIPTION:**

You were selected for this study because you are a cancer nurse provider. The purpose of this research study is to understand the percentage of utilization and implementation of survivorship care plans (SCPs) in your cancer center/clinic/program based on the Commission on Cancer's 2018 requirement. If you agree to take part in this research study, you will proceed with

completing an on-line survey. It should only take you five to seven minutes to complete this on-line survey.

#### **RISKS & BENEFITS:**

- The primary risk with this study is breach of confidentiality. However, we have taken steps to minimize this risk. No personal identifiable information is being shared or collected.
- You may not receive any benefit from this study other than providing your responses may benefit survivors and society. The researchers cannot guarantee that you will experience any personal benefits from participating in this study.

#### **PRIVACY & CONFIDENTIALITY:**

As stated above, the primary risk with this study is breach of confidentiality. However, we have taken steps to minimize this risk. We will not be collecting any personal identification information during the survey. However, Survey Monkey may collect information from your computer. You may read their privacy statements her:

<http://www.surveymonkey.com/mp/policy/privacy-policy/>.

#### **COMPENSATION FOR INJURY:**

The researchers and ACU do not have any plan to pay for any injuries or problems you may experience by participating in this research.

#### **CONTACTS:**

If you have any questions about this research, you may contact the lead researcher, **Angelia Drake, RN, MSN** and she may be contacted [REDACTED], or [REDACTED]@acu.edu. If you are unable to reach the lead researcher or wish to speak to someone other than the lead researcher, you may contact **Linda Gibson, DNP**, and she may be contacted at [REDACTED]@acu.edu.

If you have concerns about this study, believe you may have been injured because of this study, or have general questions about your rights as a research participant, you may contact ACU's Chair of the Institutional Review Board and Executive Director of Research, Megan Roth, Ph.D. Dr. Roth may be reached at [REDACTED] or [REDACTED]@acu.edu, 320 Hardin Administration Bldg., ACU Box 29103, Abilene, TX 7969.

**CONSENT SECTION:**

If you voluntarily agree to participate in this study, then you are consenting that you have read all the information provided and are satisfied. This also means you will take part in this study and complete the on-line survey titled *Survivorship Care Plan Utilization Survey*. Your completed survey is participating in this study.

Please do not write your name on the survey (e.g., in any free text areas). If you wish to have a copy of this consent form, you may print it now. You do not waive any legal rights by consenting to this study.

## Appendix E: Project Recruitment Letter

20-112

Dear Cancer Nurse Provider,

I am a doctoral nursing student at Abilene Christian University conducting a study to evaluate the survivorship care plan implementation based on the 2018 Commission on Cancer requirement. I invite you to participate by completing this brief survey with your valuable input. This survey should not take more than 5-6 minutes of your time. Your participation is voluntary and will not require you to provide any identifying information. Thank you in advance for your time and I would greatly appreciate your participation!

Sincerely,

Angelia Drake, RN, MSN

Abilene Christian University

School of Nursing