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A Nursing Staff Education Module on Survivorship Care Plans in Primary Care

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This is to certify that the doctoral study by

Janette Francis

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

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MSN, Loma Linda University, 2001

BSN, Pacific Union College, 1993

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Survivorship care plans (SCPs) bridge the gap in the transition of care from oncology to primary care providers (PCPs) for breast cancer survivors. Despite strong recommendations for SCPs, their use remains limited. Guided by Knowles' adult learning theory, the project focused on, first, determining whether a predeveloped staff education activity was valid using the Lynn model criteria for validation. Second, if in a rural clinic where SCP were not consistently used providers, nurses, and staff knowledge regarding the importance of SCP would increase following an educational program. An expert panel of 5 educational experts validated the educational module for appropriateness for adult learners and reflection of course objectives prior to implementation using a Likert-like scale ranging from 1 (not valid) to 5 (highly valid) resulting in an overall score of 5. Fourteen participants completed a four-hour educational session. Pre and posttests were used to evaluate learning. Results indicated a 67% increase in learning (Pretest M = 43%; Posttest M = 72%). Participants verbalized positive learning experiences and plans to incorporate SCP use and acquisition in patient care management. These findings will lead to education providers and clinic staff using SCPs in rural areas where assessing specialty care can be challenging. Recommendations include more education for PCPs and patients regarding the availability, use, and purpose of SCPs. Using SCPs will promote healthy individuals, families, and communities, leading to positive social change.

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Dedication

I dedicate this project to the memory of my mother, who constantly encouraged me to fulfill my dreams. Also dedicate the project to Valerie Lake-Mayne, who inspired me to reach for the stars even as breast cancer shortened her life.

Acknowledgments

Completing this DNP program was only possible with the help of several people. I thank my committee chair, Dr. Robert Anders, for tirelessly encouraging me to completion. His guidance, patience, and support have been invaluable. A special thank you to my dear friends, Drs. Carol Ramsey, and Ralf Jones, for their ongoing prayers, encouragement, and support, as well as for holding me accountable. My deepest gratitude goes to my family for their prayers, motivation, and support. Without all of you, this achievement would not be possible. I am blessed to have each one of you in my life.

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Section 1: Nature of the Project

Cancer survivors are becoming an essential part of the population. Breast cancer survivors are the largest population segment (Choi et al., 2019). The Institute of Medicine (IOM, 2006), in response to cancer survivors' healthcare problems, outlined actions required in healthcare to transition patients from oncology to primary care providers (PCP). The plan addresses the potential long-term effects of cancer treatments and enhances quality care for these survivors. One of the recommendations is survivorship care plans (SCPs).

These plans aim to continue the seamless care of cancer survivors, providing information on long-term care plans, coordinating care, and improving quality of life (Benci et al., 2020). Transitioning from oncology to primary care has been difficult for breast cancer survivors. Shay et al. (2019) noted that 31% received SCPs on their last oncology visit. Many physicians are unaware of SCPs and do not ask for or read them when given (Birken et al., 2018). Lack of collaboration emphasized the difficulty of patient and provider communications.

Nurses are integral to continued quality patient care through education and discharge planning. They are the foundation of quality oncology practice and can encourage and implement SCPs. Nurses can also effectively review vital points of SCPs with patients, such as ongoing follow up care and lifestyle modifications to help prevent a recurrence or another cancer. However, nurses and PCP must first be aware of SCPs and promote and implement the information provided by SCPs (Benci et al., 2020).

Problem Statement

Local Nursing Practice Problem

There is little knowledge of SCP and its use among clinic staff at this primary care location. Providers typically refer cancer survivors to an oncology provider for follow up care. Therefore, the local nursing problem is the lack of knowledge and use of SCPs among providers and nursing staff at this primary care clinic. Hinyard and Wirth (2017) noted that survivors who have received SCPs are more likely to follow up on medical care and accomplish preventative care tasks. However, approximately 31% of patients receiving SCPs had only basic information. In addition, those plans did not address self-management of long-term side effects.

SCPs provide a seamless transition to care while addressing survivor status and specific follow-up recommendations. Some primary care providers, nursing staff, and patients are not using these care plans (Birken et al., 2018). In this small rural clinic, the lack of SCPs has caused providers to spend excessive time seeking information on posttreatment care. Lack of collaboration among specialties has also caused increased patient care time, delays in patient management, and duplication of tests. In addition, providers have an unclear delineation of responsibility. SCPs can be used to address many of these local concerns efficiently.

Research supports using SCPs for prompt and comprehensive care on completion of cancer treatments (Choi et al., 2019). Jeppesen et al. (2017) found that women with SCPs were likelier to use support services and participate in follow up care. SCP use can guide both patients and providers regarding breast cancer follow up care. To address the

problem of inadequate, follow up care for survivors, the IOM (2006) recommended using

SCPs. Plans should detail treatment, treatment summary, diagnosis, potential toxicities or

side effects, surveillance recommendations, available support services, and health

promotion activities (Anbari et al., 2020; National Research Council & IOM, 2006).

Information provided by SCPs can improve long-term follow up care surveillance for

recurrence and encourage healthy lifestyles. As found in SCPs, post cancer care

information empowers women in their care (Jeppesen et al., 2017).

Local Relevance

The IOM (2006) recommended that SCPs include preventative care and long-term

side-effect risks presented in SCPs. Using SCPs will provide continuity of care and

decrease the risks of breast cancer recurrence. The problem is that many providers are

unaware of the availability of SCPs and their usefulness. Lack of knowledge may lead to

follow-up delays, side-effect management, available support, or health promotion

recommendations. Therefore, SCPs can decrease the incidence of death caused by

unrecognized long-term side effects of breast cancer treatments and flag early signs of

recurrence (Choi et al., 2019; Ky, 2018). Unfortunately, there is insufficient significant

knowledge of SCPs in this rural clinic.

Providers attending to these types of patients also were unaware of asking for

SCPs from oncologists. This primary care group's customary procedure is to refer

patients to oncology for follow up surveillance care. Increasingly, oncologists are

referring patients back to PCPs and stating they can complete follow up surveillance care.

Therefore, providers will benefit from education regarding SCPs and their applications.

According to Stephens et al. (2020), PCPs view SCP as advantageous. However, the use of these SCPs in primary care has remained limited. As cancer survivors rise, PCPs are increasingly involved in their care.

SCP use requires collaboration among oncologists and PCPs (Jeppesen et al., 2017). This project involved increasing knowledge and use of SCP among providers and clinical staff at this primary care location. Anbari et al. (2020) noted differences in needs in rural settings, and participants expressed the importance of knowledge provided by SCPs. Moreover, rural care of breast cancer survivors is more challenging as these patients tend to experience increased late diagnosis and barriers to healthcare. In addition, less research was conducted on SCPs in rural settings, especially regarding surveillance and recurrence.

Significance to Nursing Practice

One of the practice areas for nurse practitioners (NPs) is primary care. NPs can encourage SCP use with patients and at primary care practices (LaGrandeur et al., 2018). SCPs include improving follow up care, identifying risk factors, and modifying lifestyle to reduce the likelihood of breast cancer recurrence. SCPs can enhance the quality of life for individuals (Jeppesen et al., 2017). This project involved increasing awareness of SCPs and their use among PCPs.

Increasing SCP awareness and its use regarding continuity of care, increasing collaboration among specialties, and bringing knowledge to survivors and their families are transferable to any cancer patient (Hua et al., 2019). LaGrandeur et al. (2018) noted the use of SCPs in nursing and recommendations for SCPs from professional

organizations worldwide. The use of SCPs is not limited to breast cancer patients; many, if not all, cancer survivors could use them. Hua et al. (2021) studied SCP use among prostate, breast, and colon survivors. They found them to be effective with increased patient satisfaction. However, communicating SCP content and use among survivors and providers must be more straightforward.

Purpose Statement

Gap in Practice

There is a nursing knowledge gap involving using SCPs to educate breast cancer survivors on surveillance and health maintenance (Choi et al., 2019). Corsini et al. (2020) noted that nurses are integral in implementing SCP. Nursing is poised to use SCPs in educating patients on long-term care. It can empower patients and families to address self-management and improve the quality of care. Survivors who have received SCPs are more likely to follow up on medical care and accomplish preventative care tasks (Hinyard & Wirth, 2017). Stephens et al. (2020) noted that PCPs are best at coordinating care and providing long-term follow up care due to provider/patient relationships. They also have insight into family histories.

SCPs will enable PCPs to confidently provide care and bridge the gap between oncology and primary care, improving patient care experiences. In addition, individualized SCPs based on IOM principles can potentially minimize survivor mortality rates (Gernaat et al., 2017). Anbari et al. (2020) concluded that SCPs allow a seamless transition from oncology to PCPs. Patients and providers viewed them as valuable. Many possible long-term effects of breast cancer treatments include chronic pain, cardiac

issues, depression, and financial issues. However, cardiovascular disease is the most common.

SCPs involve addressing side effects that are modifiable, preventable, and manageable. Side effects include cardiovascular disease, lymphadenopathy, psychosocial issues, and depression. Cardiovascular disease is the second cause of death among breast cancer survivors, with breast cancer recurrence the first (Ky, 2018). Ramin et al. (2020) proposed educating patients on modifiable cardiovascular risk factors early in survivorship care. Education will improve the quality of care and decrease mortality rates.

Cardiovascular disease is preventable or manageable with proper surveillance and early detection. Ramin et al. (2020) proposed using SCPs to achieve this objective and manage chronic disease in survivors. Furthermore, they noted the importance of nursing in educating these patients on cardiovascular risk factors and prevention. The IOM recommended modifiable risk factors, lifestyle changes, and long-term side-effect risks are present in SCPs for effective follow up (Benci et al., 2020; Gulati & Mulvagh, 2018).

Practice-Focused Question

The clinical practice question for this Doctor of Nursing Practice (DNP) project was twofold:

PQ1: Will evaluating the predeveloped staff education activity using the Lynn model meet validation criteria?

PQ2: Will clinic providers, nurses, and staff meet learning outcome objectives after attending staff development educational sessions?

The staff education activity took place at the rural primary care clinic. The learning objectives are as follows: (a) to enhance the knowledge of clinic providers and staff regarding using SCPs in terms of managing these patient types, (b) orient clinic providers and staff on the use of SCPs, and (c) encourage the use of SCPs among providers and patients.

SCP use will improve follow up care by communicating diagnosis, treatments, and follow up recommendations to reduce the likelihood of breast cancer recurrence and enhance the quality of patient care. Additionally, using SCPs will improve individual quality of life (Vo et al., 2017). This DNP project involves increasing awareness of SCP and its use among PCPs.

Addressing the Gap in Practice

Presently, there is a gap in nursing regarding the promotion of SCPs and their use by NPs in primary care and oncology. The gap is significant outside of academic settings. According to Hua et al. (2019), academic settings are more likely to use SCP than others. Thus, this DNP project involved developing an education module on SCPs and their use to enhance PCP and oncology collaboration, as collaborations among providers promote continuity of care. There have been recommendations for the use of SCP, such as from the IOM, Centers for Disease Control and Prevention (CDC), Commission on Cancer (CoC), and American Society of Clinical Oncology (ASCO). However, there remains a slow implementation rate.

Several obstacles to developing SCPs include the time required to collect and disseminate information to patients and providers and the time required for providers to

review documents. In addition, there appears to be a need for training among providers regarding SCP documents, their purpose, and availability (Krok-Schoen et al., 2019). SCPs are available to improve care coordination among various specialties. One SCP document can provide information on specific diagnoses, a list of medications, treatments, potential long-term side effects, cancer screening recommendations, education on signs and symptoms of breast cancer recurrence, and specific follow up care needs for PCPs (Anbari et al., 2020).

Knowing diagnosis and treatment enables nurses and PCPs to educate patients on lifestyle changes. Providers have insufficient education on SCP use as an evidence-based approach for translation into practice (Krok-Schoen et al., 2019). Breast cancer survivors can have long-term side effects from treatments and benefit from participating in surveillance activities. These activities decrease or control long-term side effects and recurrence (Benci et al., 2018).

Jeppesen et al. (2017) noted that women who used SCPs were likelier to seek supportive care and participate in surveillance. DeGuzman (2017) found that women still had similar and repeated questions regarding post cancer care issues up to 2 years later, which was the length of the project. Smith et al. (2021) and Stephens et al. (2020) found PCPs, and patients noted SCPs to be helpful. Nursing is poised to provide information on SCPs, promote their use among patients' PCPs, and develop strategies for implementation and use among survivors (Birken et al., 2018).

Nature of the Doctoral Project

Sources of Evidence

This DNP project involved developing an educational module to inform providers and clinic staff about SCPs and their use. This DNP project was designed for a primary care clinic with a mix of staff, including physicians, NPs, and medical assistants. It is in the mountain region and is considered a rural clinic. Due to this environment, patients face multiple barriers to access to healthcare, such as access to PCPs, specialists, and traveling time (Anbari et al., 2020). According to Anbari et al. (2020), there is a higher incidence of mortality due to cancer from low screening rates. The low screening was due to distance, lack of transportation, increased risk factors, and poor access to care.

I used authoritative websites CoC, ASCO, and CDC. Peer-reviewed articles were retrieved from the following electronic databases using an English-language literature search: PubMed, Cochrane Review Library, Medline, CINAHL, and OVID. Search terms were: *survivorship*, *implications*, *receipt*, *breast cancer*, *rural*, *survivorship care plans*, and *treatment plans*. Additionally, this DNP project is guided by CoC, ASCO, and CDC survivorship initiatives (Birken et al., 2018).

Approach to Organize and Analyze Evidence

An education module was used to educate participants on the purpose of SCPs, the importance of SCPs to quality patient care, providing staff and patients education on their use and encouraging their use in practice. This education module included a pretest and posttest to assess participants' learning. The education module was implemented by

first developing an education plan to teach the purpose and use of SCPs. Next, several

nursing and healthcare educational specialists reviewed the completed plan.

They evaluated the education plan for content that meets objectives and goals.

After review, they ascertained the validity and appropriateness of the education plan

according to Lynn's (1986) recommendations. Lynn recommended that more than five

experts review the content to validate the educational module's effectiveness. After

validation of the education module, participants received the educational activity.

Statement of Doctoral Project Purpose

This education module reduced the SCP knowledge gap and is used by PCPs.

Participants will better understand SCPs and their application, gain confidence, and

promote their use in the clinic and with patients. In addition, participants will recognize

the significance of SCPs to breast cancer survivorship care, quality, and mortality rates.

The cancer survivor population is increasing with improved cancer detection,

surveillance, and available treatments. This expanding community of cancer survivors

has placed a burden on oncologists.

It will no longer be possible for oncologists to follow cancer survivors for their

lifetime of care. PCPs must continue follow-up care of cancer survivors (Jeppesen et al.,

2017). The IOM has proposed a standard of care that several organizations, such as the

CoC, have adopted (LaGrandeur et al., 2018). As a result, SCPs have gained popularity to

close the gap in posttreatment care and transition needed by patients.

Significance

Stakeholders

Stakeholders affected include residents in this community, patients, providers, family members, friends, allied health professionals, nurses, medical directors, and nurse educators (Anbari et al., 2020). In addition, SCPs assist with the coordination of care by providing details of treatments received, surveillance plans, recommendations, side effects of cancer treatments, prevention, and lifestyle changes to prevent cancer recurrence (Benci et al., 2018).

The IOM recommended SCPs for all survivors to streamline care from oncology to PCPs (Choi et al., 2019). This hospital-based rural primary care clinic has a mix of physicians and NPs. These providers sometimes comanage oncology patients due to travel distance and other barriers these rural residents encounter. Anecdotally, breast cancer survivors are this clinic's most common cancer survivors. Therefore, as stakeholders, this community will benefit from increased knowledge of the use of SCPs with their providers and clinic staff.

Contributions to Nursing Practice

Nursing continues to involve patient health and wellbeing. Part of this entails attending to the whole person versus only addressing a particular disease state. Nursing involves caring for the entire individual physically and emotionally and addressing potential family issues. These components bring together healing and recovery for patients (Chahine & Urquhart, 2019). SCPs address each physical, mental, and emotional component. Therefore, promoting the use of SCPs in healthcare is necessary to address

the unique philosophy of nursing. A complete SCP addresses each component, provides anticipatory guidance, makes recommendations, instills values of healthy living, and provides various resources. Patients and providers who use SCPs throughout follow up years will have positive outcomes (Jeppesen et al., 2017).

This project contributed to nursing in several ways. First, staff learned the significance and improved care methods from using SCP. They could apply this knowledge in practice for quality care of breast cancer survivors to improve the quality of patient care. NP use of SCP leads to adequate patient education. It promotes healthy lifestyles, coordinating care more effectively, advocating for SCPs, and improving survivors' quality of life (Birken et al., 2018). Chahine and Urquhart (2019) noted that patients who received SCPs were more likely to follow up with their long-term care.

Transferability of the Doctoral Project

Smith et al. (2021) found that patients want care plans that are individualized and relevant. SCPs helped patients understand their cancer and follow up recommendations. The ASCO, CoC, and CDC are proponents of SCP use. To encourage increased use of SCPs, ASCO and CoC previously attached cancer care credentialing and institutional certification to the percentage of SCPs given to patients during a specific period (Birken et al., 2018). SCPs should include follow up care, surveillance plans, and lifestyle modification recommendations. These care plans will improve the quality of care for patients by guiding providers during healthcare delivery (Jeppesen et al., 2017). The core principles of SCPs are not unique to breast cancer survivors. Because SCPs are individualized for each patient, this DNP project will benefit any cancer survivor.

Potential Implications for Positive Social Change

Breast cancer survivors can suffer from psychosocial issues after treatment, such as financial issues, increased depression, and anxiety, which can affect how they function (Anbari et al., 2020). Vo et al. (2017) noted that nursing education increases patient knowledge and empowers patients to participate in long-term care. Using SCPs has implications for positive social change, as breast cancer is the leading cancer among women. Furthermore, women are the more common caretakers of others in raising children and contributing to society. Thus, they are at a disadvantage due to fragmented healthcare. SCPs are used to improve transitions of breast cancer patients to survivors and related care. They also improve the quality of life for these women by identifying modifiable risk factors. As a result, SCPs enhance their quality of life, decrease reoccurrence risk, and improve longevity (Anbari et al., 2020).

<div align="center">**Summary**</div>

The incidence of breast cancer is the second major cause of cancer and mortality among women (CDC, 2022b). The breast cancer survivor rate is higher than all other cancer types. However, breast cancer treatments can have long-term side effects, most notably cardiovascular disease, leading to increased early mortality relative to the population (Krok-Schoen et al., 2019; Ramin et al., 2020). SCPs are intended to address this issue and improve breast cancer survivors' quality of life. It involves identifying long-term side effects, addressing surveillance, and identifying signs and symptoms of breast cancer recurrence (Jeppesen et al., 2017). When surveillance and prevention methods are available, survivors should not die of preventable cardiac disease.

   A staff education module will help close the gap in terms of SCP use and improve survivor rates due to long-term side effects. SCPs allow for early intervention to increase longevity. Nurses and NPs can encourage using SCPs among PCPs, patients, and their family members (Benci et al., 2020). Section 2 includes historical context regarding the background of SCPs as well as concepts, models, and theories that inform this DNP project. In addition, Section 2 includes details regarding my involvement in this project and the project team. Raising awareness about SCPs among nurses and other staff members is the first step to affecting change and improving the health of this population of breast cancer survivors.

Section 2: Background and Context

Breast cancer survivors remain the most common compared to survivors of all cancers (Vo et al., 2017). Consequently, there is a significant emphasis on survivorship care for breast cancer patients (Birken et al., 2018). Given the increasing incidence of breast cancer mortality due to long-term side effects such as cardiovascular disease, the need for follow up care is evident. The practice problem in this rural clinic is a lack of awareness of SCPs. Thus, they are not used by PCPs when caring for survivors of breast cancer patients. Using SCPs in rural areas can improve the transition of care, enhance the quality of care, and reduce mortality. Rural areas are known to have fewer breast cancer survivors due to late diagnosis, decreased access to follow up care, and transportation issues (Anbari et al., 2020).

This doctoral project involved educating PCPs at this rural clinic about the purpose and use of SCPs to provide a seamless transition of care for breast cancer patients from oncologists to primary care. In addition, SCPs provide relevant information on diagnosis, treatment, follow up care, and health promotion. These factors are necessary for a better quality of life among breast cancer survivors (Birken et al., 2018; Krok-Schoen et al., 2019). SCPs also provide information on potential long-term side effects that can be addressed promptly or prevented (Jeppesen et al., 2017).

The clinical practice question for this DNP project was twofold:

PQ1: Will evaluating the predeveloped staff education activity using the Lynn model (1986) meet validation criteria?

PQ2: Will clinic providers, nurses, and staff meet learning outcome objectives after attending staff development educational sessions?

The staff education module took place at the rural primary care clinic. The learning objectives are as follows: (a) enhance knowledge of clinic providers and staff regarding using SCPs for managing these patient types, (b) orient clinic providers and staff regarding the use of SCPs, and (c) encourage the use of SCPs among providers and patients.

These four objectives were used to address PQ2. Expert panels' evaluation of the staff education module addressed PQ1. SCPs provide accurate and timely information to assist PCPs. These individualized care plans help facilitate the transition from oncology to primary care. Moreover, SCPs improve the quality of life for individuals (Vo et al., 2017).

This DNP project involved increasing awareness of SCPs and their use among PCPs. This section includes concepts, models, and theories that inform and guide this project. I note the relevance of SCPs to the nursing practice and patients. Also, I explore the background and context of using SCPs. In addition, I explain to the staff my role and the project team.

Concepts, Models, and Theories

Knowles' Adult Learning Theory

Knowles' adult learning theory (1975), developed by Malcolm Knowles, was used in this DNP project. This theory recognizes that adults learn differently than children. Often, their career and planned professional advancement is the motivator for

learning. Therefore, this theory provides the framework for this staff education module. In addition, PCPs are often engaged in continuing education in this rapidly changing healthcare system.

Adult learners integrate their real-life experiences into the material they are learning. In addition, Knowles (1975) noted that adult learners are self-directed and independent, can actively seek information, and take responsibility for their learning. Therefore, adult learners can see how information is relevant to them. From this andragogy theory, Knowles (1980) developed four key assumptions:

Self-directed: The adult determines their learning requirements, directs their learning, and establishes strategies, learning objectives, and evaluations.

Experience: The adult's life experience gives a wealth of information and insight that influences their openness to and comprehension of new concepts. The lessons they gained from their mistakes and subsequent education can be invaluable.

Orientation to learning: The adult is motivated to acquire expertise pertinent to their circumstance.

Readiness to learn: The adult is highly motivated to engage in relevant and appropriate learning involving their current work life and circumstances.

Knowles et al. (2005) noted that adult learners also needed to be active. A positive learning environment through active learning can include case studies, simulations, problem-solving, role-playing, and self-evaluation. These activities help develop learners' critical thinking skills, motivation, collaboration, and accountability. In addition, they promote relevant and successful learning experiences.

Figure 1

Knowles' Adult Learning Theory Model
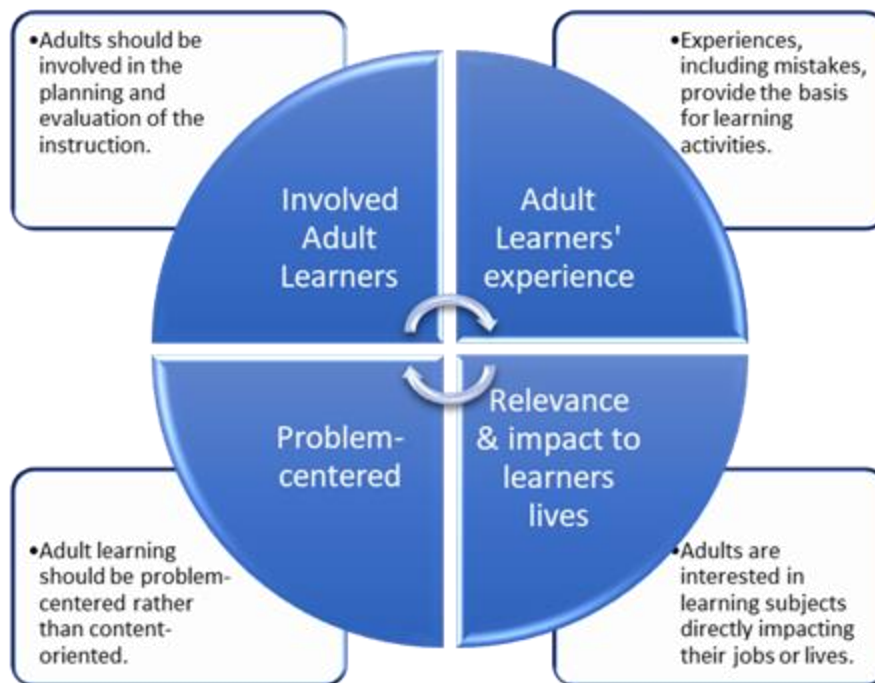
With this concept, the teacher becomes the facilitator leading and guiding the learning experience. Knowles (1980) noted that integrating learning into the lives of adult students is an impactful teaching method. This theory favors practical knowledge as the learning incentive and is relevant to this staff educational project. Allen (2022) applied this theory to continuing education for teachers. Allen also added that adult learners prefer to know what they will learn, the teaching method, why they need information, and feedback from the instructor.

Allen (2022) said that the professional knowledge a person needs corresponds with how willing they are to project. In addition, the motivation to learn is greatest when

it is essential to one's career. These concepts are readily applied to this staff education module. Staff education promotes improved quality care and patient safety. Knowles' (1980) principles of andragogy will enrich the PCP learning experience. The educational goal is to translate evidence-based results into practice so that participants feel confident about their training and ability to implement SCPs with patient care.

Clarification of Terms

Cancer Survivor: A person who has completed cancer treatment.

Survivorship care plan (SCP): A written document that summarizes patients' treatment, follow up plan of care, and health promotion.

Summary/Treatment Plan: A written document summarizing cancer courses and treatments for patients.

Relevance to Nursing Practice

History of the Problem

The IOM (2006) identified a gap in the transition of care from oncologist to PCP. This report recommends using SCP to promote and protect cancer survivors' health post-treatment (Choi et al., 2019). According to Anbari et al. (2020), sharing cancer treatment information in a document between oncology and PCP would address this lack of patient continuity care gap. In addition, they recommended that all cancer survivors receive an SCP. The SCPs informs them of their cancer diagnosis, treatment, long-term side effects, sign and symptoms of breast cancer recurrence, delineation of responsibilities among providers, prevention strategies, lifestyle modifications, and follow-up clinic visits. Included are items to assist with potential psychosocial issues such as relationships,

financial problems, parenting, spiritual care, sexual function, and navigating employment (Corsini et al., 2020; Krok-Schoen et al., 2019).

In the intervening 16 years, rates of SCP use remained low among PCPs and oncologists. SCPs are frequently unavailable to all breast cancer survivors, potentially leading to healthcare inequities (Benci et al., 2018). Moreover, before 2005, there was a lack of focus on addressing the long-term adverse effects of cancer survivors. Consequently, there was an increase in the number of older breast cancer patients who succumbed to heart disease after breast cancer treatments (Gulati & Mulvagh, 2018). Currently, cardiac issues are the second reason for mortality in breast cancer survivors (Gernaat et al., 2017). In addition, there was a lack of clarification regarding the next steps for the patient following treatment and the provider responsible for follow-up care and surveillance.

It became apparent that more breast cancer survivors were dying of complications of side effects such as organ toxicity and heart disease than from breast cancer recurrence (Birken et al., 2018). An accurate SCP can identify those with an increased risk of preventable long-term cardiac issues an recommend addressing modifiable risk factors and cardiac surveillance. The American Society of Clinical Oncology (ASCO) (2016) notes that survivorship care planning begins at diagnosis and continues to the end of life (Anbari et al., 2020). Several organizations, including the IOM, the National Accreditation Program of Breast Centers (NAPBC), the American College of Surgeon's Commission on Cancer (CoC), and the American Cancer Society (ASC), advocate SCP

use. The SCP can effectively transition care from the oncologist to PCPs and improve

care coordination.

These organizations have postulated that SCP use is effective for patients and

providers (Benci et al., 2018). However, in 2020, Stephens and associates argued that

SCP might not be effective due to its lack of use. Factors contributing to the lack of use

are the time to complete and lack of knowledge regarding their purpose (Birken et al.,

2018). Nevertheless, stakeholders believe SCPs are effective. For example, the SCPs

increased communication between oncology, the PCP, and the patient. Moreover, SCPs

have also reduced depression, improved follow-up care management, promoted lifestyle

Figure 2

Multidisciplinary Shared Care Model
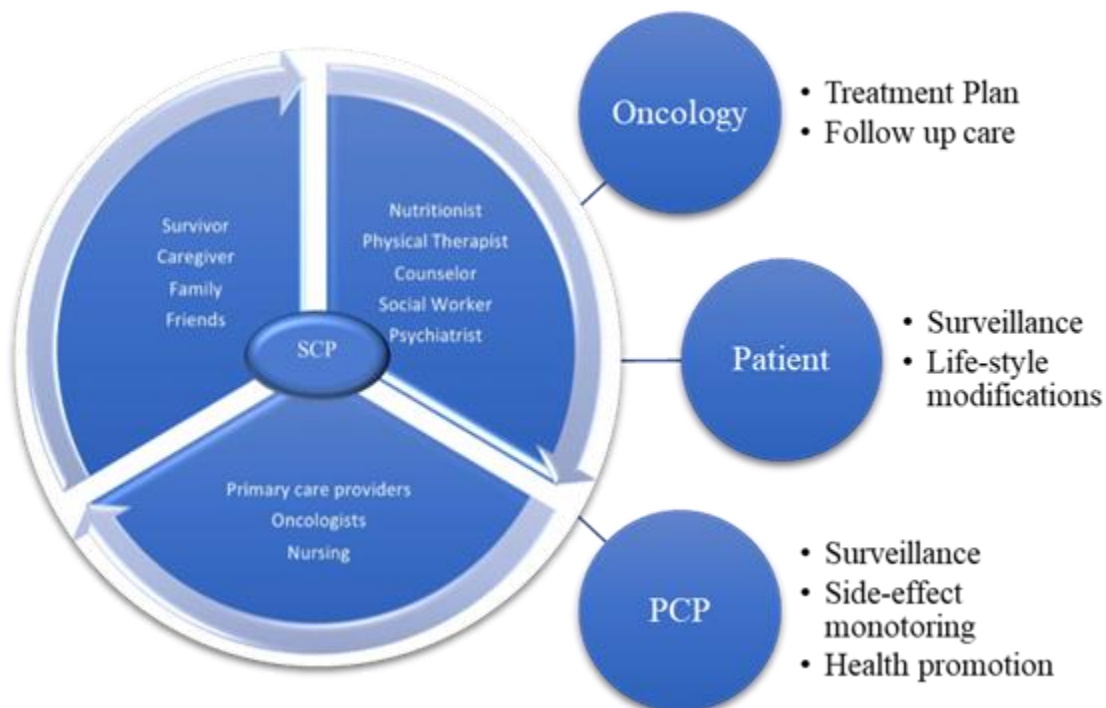
Note. Adapted from the shared care model (Krok-Schoen et al., 2019).

According to Hinyard and Wirth (2017), persons who acquire an SCP are more likely to attend medical care appointments, surveillance, and preventive treatments. Furthermore, the use of SCPs reduces the anxiety of providers and patients over follow-up care and care coordination. SCPs can empower patients with recommendations for their care for their lifetime, contribute to self-efficacy, and promote equity (Birken et al., 2018). Currently, there is no standard SCP for the US. Each organization can develop its SCP (Corsini et al., 2020). In 2016 ASCO developed a guideline for SCP creation and key aspects that each care plan should address.

The ASCO does provide a template and guidelines that can be adjusted to meet the needs of a facility. In addition, the American Cancer Society (ACS) and the National Comprehensive Cancer Network NCCN) have also provided guidelines on SCP developments (Choi et al., 2019). Other terms used interchangeably with SCP are treatment summary and treatment plan. However, many documents termed treatment plans do not contain health promotion. Nevertheless, the goal remains to provide information on treatment, long-term side effects, and surveillance needs of individual patients.

All cancer survivors can use SCPs to improve their health and quality of life. SCPs are currently the standard for sharing information from oncology to primary care. Benci and colleagues (2020) noted that using SCP was most common among lung, breast, and prostate cancer patients. However, their adoption has been slow due partly to the time-consuming nature of document preparation and the lack of knowledge of their purpose and use (Birken et al., 2018).

The American Society of Clinical Oncology (2016) has identified five critical aspects to address in an (SCP: 1) Type of cancer. 2) Surveillance for recurrence. 3) Screening for delayed and long-term adverse effects, including anxiety and depression. 4) Health promotion encompassing weight loss, physical activity, smoking cessation, alcohol cessation, and awareness of anxiety, depression, and insomnia; and 5) Care coordination, defining PCP and oncology follow-up care responsibilities (Choi et al., 2019; Krok-Schoen et al., 2019). These five areas include monitoring chronic conditions that may be adversely affected by breast cancer or have become the cause of the increase in chronic conditions.

For example, breast cancer survivors have an increased incidence of heart disease. Therefore, routine cardiac surveillance and heart disease prevention education would benefit them. Breast cancer survivors also live longer and will see an increase in co-morbidities. Consequently, SCPs address aspects of health promotion with the potential to reduce, prevent or eliminate comorbidities (Anbari et al., 2020). Finally, they found that survivors need to be encouraged to engage in preventative measures the longer they are survivors. Using SCPs increases participation in preventive measures (Choi et al., 2019).

In 2020, Anbari and colleagues, in their review, noted that an SCP was influential in the management of long-term side effects and increased the use of preventative healthcare services and lifestyle modifications. The effective use of SCPs throughout the lifetime of the breast cancer survivor can enhance the quality of care and life of survivors

and their families. NPs are poised to implement SCPs in primary care (Corsini et al., 2020; Hinyard & Wirth, 2017).

Summary of Current Nursing Practice

Since the recommendation from the IOM for establishing SCP as the standard of practice for care transition in a cancer survivor, the implementation has been slow and inconsistent (Benci et al., 2018). According to Benci et al. (2020), university-based oncologists and government programs are more likely to use SCP than community centers, primary care physicians, and private clinics. As a result, 80% of SCP users were accredited by ASCO and CoC. In contrast, only 20% of PCP offices and stand-alone facilities used SCP and did not require accreditation. The availability of the document, the identification of relevant patients, the lack of training, the conciseness, and the EHR system are obstacles to using SCP. Delivery of the SCP by the provider to the patient also determined their use. NP has also been used to prepare and deliver SCP, which can be expensive (Birken et al., 2018).

Birken et al. (2018) noted that preparing a care plan could take about two hours with an experienced provider or nurse and are not always reimbursed by insurance. Furthermore, the average SCP documents are comprehensive and long; thus, the patient was overwhelmed using them. In addition, some patients received the SCP but did not pass it on to their primary care. They perceived the primary care provider would not be interested in them and feared causing angst with the provider. Moreover, some PCPs received the document but did not read them. They also perceived not to have enough time to review the document alone or with the patient (Birken et al., 2018).

While all the information is valuable to the patient, the concise clinical recommendation would be more feasible in a time-constrained clinic visit. Providers and survivors noted that the SCP is beneficial (Benci et al., 2018). More education is needed to address the issue of using SCP in primary care. Nursing struggles with implementing, delivering, and using SCP in a clinical setting. To address this concern, ASCO simplified their guideline in 2015 (Choi et al., 2019).

Recommendations

The US National Cancer Institute has recommended more research on the value of SCP use in survivors to improve access and equity of care to the underserved population (Benci et al., 2020). However, questions remain on best practices in implementation, dissemination, and use by patients and PCP. Stephens et al. (2020) recommend more education and training for providers and electronic delivery of the SCPs to the PCPs to increase ease of use and receipt. Additionally, increasing the patient expectations of receiving the SCP documented by educating nurses, PCPs, and oncologists on their availability will also potentially expand their use.

Likewise, improving the automation process by creating an accessible online interactive tool or application will allow users to input their information and automatically generate a detailed SCP (Benci et al., 2020). In addition to educating the patient to distribute it to their PCP. Recommended is the inclusion of SCPs in the electronic health record (EHR) system that any provider can access (Hua et al., 2019). As SCPs are time-consuming, improving third-party reimbursement for SCPs would encourage their use (Birken et al., 2018). Furthermore, creating a user-friendly mobile

app and PDF version would be more accessible and valuable for patients (Benci et al., 2018).

Weaver et al. (2019) recommend SCP research on rural breast cancer survivors as their needs differ from their urban counterparts. Technology and access to technology have advanced, allowing for telehealth follow up care and education. Thus, increasing education and knowledge of SCP interventions at the community level will be valuable. In addition, they propose a dedicated effort to improve support services and the coordination of specialists.

Previous Strategies and Practices

Traditionally the oncology practice has completed the SCPs and distributed them to the patient. NPs in the oncology department can efficiently administer the SCPs to patients and promote their use with the PCPs (Birken et al., 2018). As the number of breast cancer survivors has increased, the care for post-treatment side effects and surveillance was transferred to the PCPs or shared with oncologists. The increase in cancer patient survivors in primary care created confusion about which provider would complete the surveillance items. The SCPs also delineate the care to the specified provider (Jeppesen et al., 2017). Previously the patient was expected to hand-deliver the SCP to the PCP. Tawfik et al. (2021) found that patients forgot they received the SCP; therefore, the PCP did not receive them.

Nurses have been instrumental in developing and delivering SCPs in oncologist offices. They develop and review with the patient the SCP's purpose and use. This review has empowered the patient to co-manage their care. It provides the tools for lifestyle

modifications, addressing post-treatment long-term side effects, and preventing and identifying reoccurrence (Weaver et al., 2019). For a time, the CoC had implemented accreditation attached to the amount of SCP completed and delivered. It has effectively increased the use of SCP, but the uptake rate in primary care remains low (Benci et al., 2018).

Current Gap in Practice

Currently, the SCPs target the transitional gap between oncology and PCP. In the past, patients were unsure of the follow-up care and which practitioner to see for preventative services. Breast cancer has been utilizing SCPs more widely than other cancers; however, only 62% of respondents noted receiving the plan (Choi et al., 2019). SCP use was more effective with the combination of oncology and PCP patient care. When primary care alone treated the patient, only 43 % received an SCP (Benci et al., 2020). Several studies have found that SCP use is not prevalent in primary care clinics or private oncology offices (Benci et al., 2020; Krok-Schoen et al., 2019).

Nursing can promote using these documents for a smooth transition of care from oncology to PCP (Choi et al., 2019; Hinyard & Wirth, 2017). The SCP addresses these concerns of transition and follow-up care and provides the PCP with the tools to continue high-quality cancer follow-up care. Nurses are the best avenue to disseminate and use SCP, as Corsini and colleagues (2020) noted. The hallmark of nursing is providing patient care and improving their health management skills. These are done by providing education, thus producing a quality of life for the individual (American Association of Colleges of Nursing, 2006).

Local Background and Context

Summary of Local Evidence

Breast cancer remains the primary cause of cancer and the second leading cause of mortality among women (CDC, 2022a; U.S. Cancer Statistics Working Group, 2022). Cardiovascular disease is the leading cause of mortality among women in the United States (CDC, 2022c). According to the National Cancer Institute (NIH), the incidence of breast cancer in women aged fifty and older in California has increased significantly since 2004. Incidence is now near the national average of 129 per 100,000 women. CDC (2022) reports that breast cancer is the most common cancer nationwide, at 129 per 100,000 women. The most prevalent cancer in California is breast cancer, affecting 121 women per 100,000. As reported by the California Cancer Registry (2019), the incidence of breast cancer in San Bernardino County, where this rural clinic is located, is 112 per 100,000 women.

In San Bernardino County, breast cancer has the fourth highest mortality rate at 19% of all cancers (CDPH Group, 2020). Fortunately, breast cancer treatments are effective, and the five-year survival rate for most women is 90% (Ky, 2018). However, five to seven years following breast cancer treatment, these women die more than the population from heart disease (Ky, 2018). At this stage, most follow up care falls on the PCP. Breast cancer recurrence is the leading cause of death among breast cancer survivors, followed by cardiovascular disease (Nowsheen et al., 2018). Gulati and Mulvagh (2018) found that 35% of deaths of breast cancer survivors fifty years and older were due to cardiovascular disease, which was preventable with early detection. Noted

was that lifestyle modifications and preventative surveillance could decrease the number of cardiovascular deaths post-breast cancer treatment (Ramin et al., 2020).

The increasing data collection confirms that cardiovascular disease/heart failure following breast cancer treatment is a significant problem. This potential side-effect may be addressed during follow up care as advised in a personalized SCP (Choi et al., 2019). Although the consistent use of SCPs has been slow, more studies have revealed their usefulness (Smith et al., 2021). These SCPs provided patients with knowledge of the course of their cancer treatment, potential current and future side effects, health maintenance related to their cancer treatments, and lifestyle modifications for prevention and recurrence (Chahine & Urquhart, 2019). This knowledge enables survivors to remain healthy, decrease psychosocial issues, return to the workforce, adjust to life as survivors, prepare for the future, and be functional members of society. Moreover, those using SCPs had less depression and were more likely to participate in follow up care. The SCP could reduce mortality rates from side effects of breast cancer treatment, as postulated by Benci and associates (2020).

The American Society of Clinical Oncology (ASCO) (2016) condensed the care plans to simplify the process and increase use uptake among providers. Benci and associates (2020) agree with Krok-Schoen and associates (2019) that SCP use is not prevalent in primary care clinics or privately based oncology offices. This DNP student questioned the rural practice site clinic providers regarding their knowledge of SCP and found that they were unaware of the document. Thus, this project is relevant to addressing the knowledge gap and improving the quality of care.

Institutional and Local Context

Weaver et al. (2019) note that rural patients experience cares barriers, leading to poorer outcomes than their urban counterparts. Distance and time were barriers to timely breast cancer diagnosis and treatment. Rural patients are likelier to add several appointments on one day and not attend supportive psychosocial recommendations. There is also the possibility of health literacy issues and a lack of finances (Tawfik et al., 2021). As a result, rural patients remain at risk for late diagnosis and higher mortality rates than their urban peers (Anbari et al., 2020).

In recent years, this rural practice site clinic in the western USA has had more breast cancer patients. As this is a rural area, there have been challenges for the patient in diagnosis, treatment, and follow up care. Patients can receive the initial mammogram at our facility. However, the biopsy treatment and diagnosis are performed at different locations. At this clinic, patients must travel 45 min on separate occasions for diagnosis, evaluation, pre-op, surgery, and post-op. There is a disconnect between the oncology dept and this clinic as the clinic is not part of the hospital system.

In 2020, Krok-Schoen and associates found that the PCPs desired increased communication with the oncologist, delineation of duties, and follow up recommendations. The PCPs were open to expanding the communication between departments using the SCPs. In addition, PCPs primarily spent their time addressing modifiable risk factors and the least time on surveillance for long-term side effects. Some patients who live close to the clinic returned for follow-up care and management of treatment side effects. After their treatment, these patients often return to the clinic for

survivorship care. Unfortunately, none of these patients have returned with an SCP or summary of care.

The clinic staff attempted to refer them to oncology for surveillance care; the oncology redirected the patient back to the clinic. Stephens and colleagues (2020) noted an increase in the transfer of cancer survivors' follow up care post-treatment back to PCPs. The providers at this clinic will benefit from SCP education to better understand survivorship care and follow-up and the complex lives the patient will now have. SCPs improve the transition of care from oncology to primary care, improve communication from patient to provider, decrease the incidence of depression, and promote ongoing cancer surveillance.

The benefits of this treatment were most notable in the five years following the treatment (Benci et al., 2020). Education on SCPs will provide accurate information on follow up care and enable providers to effectively transition patients from oncology care to survivorship care. There continues to be a greater incidence of mortality from cancer in rural communities that could have been prevented (Anbari et al., 2020).

Definitions of Locally Used Terms

Primary care providers (PCP): NPs, physicians, and physician assistants.

Rural: The U. S. Census Bureau describes rural as any area that is not urban.

Urban: The U. S. Census Bureau defines urban areas as those with 50,000 or more residents.

State and Federal Contexts

Benci et al. (2018) noted that in California, there is an improved SCP use rate in breast cancer patients. In addition, the west and mid-west states increased their use of SCP more than the other states, but still, the use of SCP is 62%, which is below the goal. Providers are still not well informed on SCP availability and use. If providers know of SCP, they can ask the patient for their SCP and encourage the patients to ask the oncologist for the SCP. PCPs can be instrumental in building an expectation of receiving an SCP from patients and the oncology department.

Nationally, several organizations have joined to address the issue of the transition of care for cancer survivors. For example, Lance Armstrong Foundation and CDC have implemented The National Action Plan. This plan provides cancer survivors with research, patient and provider resources, training programs, policy changes, and education (Hinyard & Wirth, 2017). In addition, federally, CoC has attached the number or percentage of SCP completion to accreditation (Benci et al., 2018).

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Role of the DNP Student

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Professional Context and Relationship

The AACN (2006) recommended increasing the amount of advanced training for nurses to participate in leadership roles and conduct research at the clinical level to improve quality care for patients. NPs working in rural clinics often see post-cancer treatment patients. They can implement an evidence-based project to improve quality care. At the beginning of my career, this type of patient was very few. However, in the last five years, I noticed an increase in these patients who presented to the clinic without

follow-up care. We instructed them to return to their oncologist. However, they would return to us, following directions from the oncologist to follow up with the primary. More than half could not state their treatment, type of cancer, or care plan. Many had relocated and could not return to the previous team.

There was an increase in breast cancer patients seeking post-treatment care. There were delays in care for cardiologists due to not knowing the type of cancer treatment done, surveillance recommendations, or the importance of cardiac surveillance for certain types of breast cancer treatment. There were delays in diagnosing recurrent breast cancer due to improper post-treatment surveillance. After I learned of SCP, the patients were asked if they had an SCP; most. Hua et al. (2019) found that many patients are unaware of SCP, the receipt of SCP, and the purpose of SCP. At this clinic, those patients did not know their specific follow up recommendations.

None expressed knowledge of lifestyle modifications; however, they knew they needed follow-up mammograms for those who did not have mastectomies. After becoming aware of the SCP, I ordered an electrocardiogram on a breast cancer survivor. The assessment detected a heart condition and a recurrence of breast cancer. This patient was eight years post-treatment. Colleagues were questioned briefly regarding their knowledge of SCP, which they denied. This experience is the motivation for this project.

My Role in the Doctoral Project

My role was congruent with the AACN's tenants of developing nurses for advanced roles. The job of a DNP nurse is to lead, inform practice, assess, evaluate, implement evidence-based care, and improve nursing practice. These actions, in part,

improve the quality of healthcare and life for individuals. The DNP also influences

policy-level healthcare and addresses relevant research questions, thus improving the

patient population (Beeber et al., 2019). Nurses are at the frontlines of bringing about

change in individuals and communities. The social determinants of health must be

addressed, such as the efficient treatment of chronic illnesses and survivorship care.

(Healthy People 2020, n.d.).

Healthy People 2030 (2021) has noted that PCP/NP is essential to addressing

health disparities and improving the population's health. The AACN (2006) has as part of

the essentials for DNP-prepared nurses to contribute to research, translate research into

evidence-based practice, and disseminate knowledge. Using SCPs can improve patient

outcomes at our clinic, increasing patient longevity and quality of life. In addition, my

role was to improve patient care through education, implementing evidence-based

interventions, and providing relevant information informed by an appraisal of available

evidence. Staff education optimizes patient care, improves patient satisfaction, and

increases staff knowledge, confidence, and satisfaction (Beeber et al., 2019).

My Motivations and Perspectives

After starting this program, I learned about SCPs for cancer patients. In asking the

current breast cancer patients at our clinic and providers, none had heard of a

survivorship care plan. The patients, nurses, nor providers knew of a treatment plan, and

none had heard of this availability. Thus, this staff development project at our clinic

enhances the quality of care for these breast cancer survivors. My DNP role is essential to

our clinic to ensure patients receive effective, evidence-based care. This project will also

improve clinical practice while adding relevant research to the nursing discipline (Dobrowolska et al., 2021).

Potential Biases and Management

The potential for bias stems from the project's site being the same as my place of employment, where I offer primary care to breast cancer patients. Another potential bias is my personal experiences, where I have a heightened interest in breast cancer survivors. Moreover, clinic staff may be motivated to contribute positively to the project's success. However, involving additional healthcare professionals in the project, the likelihood of bias will reduce the likelihood of bias.

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Role of the Project Team

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The site of this project was a rural hospital-based community health clinic. This clinic provides primary care services, including breast cancer survivors. The providers at this facility benefited from understanding the distinctive breast cancer survivor follow up with the assistance of SCPs. Therefore, the project team evaluated the material for ease of use and relevant content and provided constructive feedback and recommendations. They assessed the educational module for content, conciseness, and engagement. They also identified any additional resources necessary. The plan was to develop an expert panel consisting of a nurse educator, oncology nurses, and a provider to assess the content and validity of the education module.

Presentation to the Project Team

Acquiring buy-in from the project team members was essential. Chen et al. (2020) noted the importance of leadership using evidence-based projects (EBP). First, the project

leader delivered a concise oral presentation to the member and garnered support for the project. Then the project team shared the project particulars, consisting of a pretest, posttest, objectives, education content, and PowerPoint slides. Finally, they reviewed the learning objectives, education material, and access for validity and alignment with the educational program.

Team Members Share Their Expertise

The advancement of nursing practice and the success of healthcare organizations rely heavily on evidence-based outcomes. Thus, this project's success depended on team members' participation. The project team had the opportunity to share their expertise, thoughts, and recommendation through email and verbal communication. Effective communication and collaboration among team members were essential to this project's success.

Timeline for Review and Feedback

The timeline for the review of material was one week. The project team's feedback on the educational program included relevance to the topic, clarity of slides, appropriate literacy and language, content-rich, and smoothness of the program. In addition, they provided written evaluations with recommendations as appropriate. Upon completion of revisions, I presented the educational module to the target staff using Knowles' theory of adult learning. Once the expert panel validated it.

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Summary

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SCPs include summaries of recommended healthcare guidelines for breast cancer survivors, including cancer treatments, diagnosis, follow up, surveillance items, and

staying healthy recommendations. It can eliminate the gap in care transition by providing

patients and PCPs with a summary of care and future recommendations (Choi et al.,

2019). Using SCPs will enhance survivorship care and quality of patient care and reduce

health disparities. Knowles' learning theory guides the staff development plan and

teaching strategies. This section involved exploring the need for this educational topic. In

addition, my role and collaboration with the project team were also discussed. Section 3

includes sources of evidence used for the development and implementation of this

project, including participants, projections, and project analysis.

Section 3: Collection and Analysis of Evidence

Transitioning care from oncology to PCPs is challenging for healthcare providers. Several organizations, such as the IOM, ASCO, and CDC, recommended SCPs to assist in this transition of care. Patients noted difficulties involving informing their PCPS regarding the care and treatment they receive from oncologists (Benci et al., 2018). PCPs also noted challenges in providing survivorship care, including managing long-term side effects of treatments without the patients' treatment plans with oncologists (Choi et al., 2019). SCPs provide a seamless transition of care between oncologists and PCPs.

However, barriers such as patients forgetting to give documents to their PCPs and a lack of knowledge among PCPs regarding SCPs and their use remain significant challenges. Smith et al. (2021) found that by educating PCPs on the purpose and usefulness of SCPs, they could use them and ask patients and oncologists for them. Stephens et al. (2019) postulated that PCPs consistently asking for SCPs from oncologists will create expectations for the oncologist to provide them to the PCPs and patients. However, a gap was noted regarding their use at this project's rural primary care clinic site. Survivorship care is challenging for rural patients due to several barriers, such as the distance they must travel for their care. Therefore, their PCPs are burdened with complete survivorship care (Anbari et al., 2020).

It becomes imperative for the PCP to have a complete awareness of survivorship care for breast cancer patients. Such knowledge helps address the care coordination gap, particularly long-term side effects management, and screening. Consequently, an issue identified at this clinic is a lack of awareness and understanding about the purpose and

application of SCP. This doctoral project aimed to educate the providers and clinic staff regarding SCP's availability, use, and benefit. Section three will discuss the practice-focused question, sources of evidence, evidence generated for the doctoral project, analysis, and synthesis.

Practice-Focused Questions

SCPs include cancer diagnosis, treatment received, long-term side effects monitoring, and signs and symptoms of breast cancer recurrence. They also delineate responsibilities among providers, manage recurrence prevention strategies, and recommend lifestyle modifications. Presently, there is a gap in nursing regarding the promotion of SCPs and their use by nurses and providers in primary care. Nursing is poised to educate, develop implementation methods, and advocate using SCP with patients and providers (Birken et al., 2018). Literature supports using SCPs for timely and thorough healthcare after cancer treatments (LaGrandeur et al., 2018).

According to Jeppesen et al. (2017), women who received SCPs were more likely to use support services and participate in follow up care. SCP use can guide both patients and providers regarding breast cancer follow up care. At this small rural clinic, the lack of SCPs has caused providers to spend excessive time seeking information on posttreatment care. Lack of collaboration among specialties has also caused increased patient time, patient management, and duplication of tests. Providers have an unclear delineation of responsibility. Moreover, caring for breast cancer survivors is more challenging in rural areas, as these patients tend to experience increased late diagnosis and barriers to healthcare. SCPs can efficiently address these local challenges.

However, there is insufficient knowledge regarding SCPs and their usefulness in this rural clinic. Stephens et al. (2020) noted that PCPs were best at coordinating care and maintaining care due to their provider/patient relationship. SCPs enable PCPs to provide care confidently and bridge the gap between PCPs and oncology. Collaboration between PCPs and oncology will lead to quality care and improved patient care experiences. The practice problem in this rural clinic is a lack of awareness of SCPs and their use among PCPs and clinical staff when caring for survivors of breast cancer patients. Consequently, there are two components of the practice-focused question:

PQ1: Will evaluating the predeveloped staff education activity using the Lynn model (1986) meet validation criteria?

PQ2: Will clinic providers, nurses, and staff meet learning outcome objectives after attending staff development educational sessions?

The staff education module took place at the rural primary care clinic. The learning objectives are as follows: (a) to enhance the knowledge of clinic providers and staff regarding using SCPs to manage these patient types, (b) to orient clinic providers and staff regarding the use of SCPs, and (c) encourage the use of SCPs among providers and patients.

Purpose

This DNP project involved educating providers and clinical staff at this rural health clinic about using SCPs. The SCP provides effective survivorship care for patients. Smith et al. (2021) found that patients and providers noted that care plans were valuable and practical. These care plans delineate the follow-up needs of individual

patients. However, there remains a gap in the smooth transition of care from oncology to PCPs regarding long-term survivorship care (Anbari et al., 2020).

This gap exists at this clinic. Anecdotally, breast cancer survivors are the largest segment of cancer survivors at this clinic. In recent years, concerns of breast cancer survivors have increased; thus, SCPs will provide timely and effective healthcare. Individualized needs of breast cancer patients are described in SCPs, leading to effective survivorship care. This educational project will improve the long-term care of breast cancer survivors by educating providers and clinic staff on the usefulness of SCPs. The educational initiative aligns with the DNP project's objective of educating providers.

Operational Definitions

Staff education: An educational program that improves healthcare professionals' knowledge of patient care and outcomes.

Survivor: Anyone who has survived their cancer (NCI, 2023).

Survivorship Care: Providing care for all cancer survivors (NCI, 2023).

Survivorship care plan (SCP): A written document that summarizes patients' treatment, follow up plan of care, and prevention (NCI, 2023).

PCP: Primary care providers, including NPs, physicians, pediatricians, and physician assistants.

Sources of Evidence

This DNP project examined two types of evidence to address the practice-focused questions. First, there was a literature review on current evidence-based procedures for SCP use by PCPs that involve ASCO guidelines. Outcomes of the pretest and posttest

were second. Pretest and posttest questions were used to assess staff awareness of the

purpose and use of SCPs. In addition, questions matched the ASCO position statement on

survivors and SCPs. These questions were used to establish whether physicians, nurses,

and staff understood the significance of SCP use and the purpose of SCPs for clinicians

and patients. Also conducted was a literature review to identify acceptable ways to treat

breast cancer survivors in primary care.

  The literature review involved investigating appropriate approaches for treating

breast cancer survivors in primary care, including enhanced and effective evidence-based

treatment for this population group. Staff buy-in was critical to the new practice's use and

sustainability. The suggested change in the care given by acquiring SCPs from the

oncologist or treating facility must be sustainable. In addition, the literature review

helped find effective communication and teaching techniques to facilitate the successful

implementation of the project. Finally, I did use the knowledge gained from the literature

review to create a curriculum for staff education on the purpose and application of the

SCP.

  A recent analysis of scientific literature demonstrates that SCPs are supported by

concrete evidence for use in the primary care management of breast cancer survivors.

Results validated the project clinic's willingness to accept the new clinical practice. A

literature search, an examination of professional organizational and academic websites,

my professional experience, and anecdotal reports from colleagues were sources of

evidence for this DNP project. I referred to the following websites for the literature

search: Walden University Library. I also used the following databases: CINAHL,

Medline, ClinicalKey for Nursing, Ovid, PubMed, EBSCO, ProQuest, and the Cochrane

Systematic Review. Professional and academic websites referenced included the IOM,

ASCO, and CDC.

Search terms were survivorship, breast cancer survivorship, survivorship care

plan, primary care provider, rural, and family care clinic. The inclusion criteria for this

DNP project's integrity throughout the literature evaluation were peer-reviewed papers

and articles written in English and published within the previous five years. Articles

published before 2016, which were not peer-reviewed or not written in English, are

excluded. The literature search revealed 951 notable articles on SCPs. Of these, 250 were

related to breast cancer alone. The literature reviewed seventy-two qualifying articles.

In addition to the DNP project and literature review, the project clinic staff and

my team of experts served as additional sources of evidence for addressing practice-

focused questions posed by the DNP project. The validity of the lesson plan was

determined using Lynn's (1986) model in this project. The staff education module, which

comprises PowerPoint presentations, handouts, a pretest, and a posttest, was reviewed

and validated by five experts. The evidence collected in this approach provided a simple,

efficient, and successful method of conveying information and instilling knowledge in

participants.

Clarify Relationship

This educational module aimed to inform clinic staff on the purpose and use of

SCP. By providing a staff development activity using Bloom's taxonomy, participants

engaged in learning activities regarding SCPs. The education activity helped them

understand the necessity of SCPs in their patient's clinical care. The education also allowed questions and answers to further critical thinking. Knowles's adult learning theory noted that adults learn best when motivated. They can see the usefulness of their work and are engaged in learning by the teacher (Knowles et al., 2005). Therefore, the proposed method of providing the SCP education module met Knowles's recommendations.

Evidence Generated for the Doctoral Project

Participants

The participants were selected at a rural primary care clinic in California by convenience sampling. The proposed sample was two clinic primary care physicians, three nurse practitioners, and five clinical staff. All participants verbally agreed to participate in the DNP project. The goal was for 90% participation. In addition, I organized a team of experts to evaluate the lesson plan for training clinic personnel about SCP.

The expert panel consisted of a family nurse practitioner, a nurse educator, a breast cancer nurse navigator, and a peer specialist knowledgeable in cancer, survivorship, and nursing education. They all have a Ph.D., DNP, or master's degree. I provided leadership and operated as project coordinator for this DNP project. This project used the staff education module to educate staff on the practical utilization of the SCP.

Procedure

Lynn's (1986) model was used to evaluate the staff educational plan for this DNP project, along with the Content Validity Index (CVI) and the Content Validity (CV). The

CV model and CVI analyze the staff development activity plan using Lynn's (1986)

model (see Table 1).

Table 1

Lynn's 1986 Model

Number of experts	Number of experts endorsing item or instrument as content valid						
	2	3	4	5	6	7	8
2	1.00						
3	0.67	1.00					
4	0.50	0.75	1.00				
5	0.40	0.60	0.80	1.00			
6	0.33	0.50	0.67	0.83	1.00	1.00	
7	0.29	0.43	0.57	0.71	0.86	0.88	1.00
8	0.25	0.38	0.50	0.63	0.75	0.78	0.89

Note. Adapted from "Determination and Quantification of Content Validity," by M. Lynn, 1986, *Nursing Research, 35*(6), p. 384.

The CV score did aid in determining any content adjustments within the staff

development activity plan. I determined the validity based on the number of experts who

agree that content elements in the staff development activity plan are related to learning

goals. Lynn's model received no modifications.

This project had minimal safety risk. Walden University provided Institutional

Review Board (IRB) approval. First, the participants receive a consent form detailing the

use of information from the project. Second, they did receive a seven-question pretest

with no identifying markings. Third, they participated in the education module informed

by Malcolm Knowles' adult learning theory (Knowles et al., 1980). Fourth they received

a posttest directly after.

Finally, I collected, analyzed, and interpreted the data using descriptive analysis to determine statistical significance. There was no monetary compensation for taking part in the educational module. The participants were able to decline to participate, and consent was reviewed per the Anonymous Questionnaires guide. All participants were given an envelope with a comparable three-digit code for the pretest and posttest. The code allowed for comparing pre-and posttest for knowledge acquisition while maintaining confidentiality.

I kept all project materials and papers and stored them on the student's personal computer, to which only the student has access. All electronic items have password protection. I did not reveal the organization's name throughout the project to ensure anonymity. I used convenience sampling to select participants at a rural primary care clinic in California. The proposed sample included two clinic primary care physicians, three nurse practitioners, and five clinical staff. These individuals were the main participants of the DNP project.

Protections

This DNP project ensured the ethical protection of the participant. Before the project began, I received approval from Walden University's Institutional Review Board to conduct the project (IRB). In addition, I received approval from the chosen facility. I then made phone calls to the expert panel members. Consent was received utilizing the Walden anonymous questionnaire's educational reference guide before the participants participated in the project (Walden University, 2020). The expert panel's privacy and ethical requirements are assured and finished by following the Walden guide.

No incentives were offered to the panel; instruction did take place on the staff education module and evaluation form procedure. No individual participant identifiers were collected or stored on the expert panel's return evaluation system. In addition to obtaining authorization, I did take steps to ensure the participant's ethical protection: 1. I received permission before including them in the project. 2. I informed the participants that they could withdraw from the project at any time. 3. I informed the participants that participation in the assessment process, staff education activities, and pretest and posttests were voluntary. And 4. I informed participants that their responses would only be used for academic purposes and kept strictly confidential.

The participants were instructed not to provide personal information during the pretest and posttests. Instead, the replies and subsequent findings were provided in aggregate format to protect participants' identities. Finally, Walden University's IRB was crucial in maintaining the DNP project's ethical integrity by ensuring the participants' safety. The expert panel's data resides on a locked, firewall-protected PC. I gathered the participants by convenience sampling from a rural primary care clinic in California.

Analysis and Synthesis

Data Synthesis

Following IRB approval, each expert panel member consented and received instructions on the evaluation and reporting process. The expert panel reviewed and scored the staff educational module components to evaluate the staff development activity plan. I created a five-point ordinal rating scale assessment questionnaire to solicit feedback from the expert panels of the staff development program. Evaluation for the

rating scale is as follows: 1 = not relevant, 2 = difficult to determine relevance without item modification, 3 = neutral, 4 = relevant but requires minor changes, and 5 = highly relevant and concise. There was also a section on the assessment form for comments and ideas.

I used Lynn's (1986) model criteria to gather and assess the expert panels' ratings for the program elements. Next, the CVI and CV of each component were examined and reported. Those components were updated if the CV and CVI scores did not meet 1. Each program component had a minimum score of 1. After reviewing and modifying the staff development activity, the participants received the staff education module via a PowerPoint presentation with pre-and post-testing.

The pretest administration transpired before project participants participated in the staff development activity. Given were the posttests to participants after completing the staff development activity. The posttest and pretest consisted of five questions centered on SCP techniques' recommended purpose and use. Closed-ended questions ensure the collection of quantitative data. The variances between the pretest and posttest were analyzed using Microsoft Excel software to determine the success of the staff education effort.

The Excel program recorded, tracked, and organized data from the staff education program. The last approach comprised a staff development activity evaluation. I used the shortened version of the standard evaluation questionnaire of the American Nurses Credentialing Center (ANCC). The questionnaire, which consisted of a five-point Likert scale, elicited clinic staff's perceptions and opinions about engaging in the program's staff

development activity. This assessment answered the practice-focused question by

establishing the relevance of staff development activity in enhancing staff knowledge and

intent to use SCP.

I used ANCC continuing education unit (CEU) evaluation method to evaluate the

participants who engaged in staff development activities to measure their learning.

Therefore, staff education was practical and relevant to the participant's work

environment. From the previously completed literature review, an expert panel assessed

the lesson plan content and project clinic evaluations course as sources for collecting and

analyzing project data. The use of these sources supported the collection and analysis of

evidence.

Data Analysis

Data were collected, coded, and arranged following the staff development activity

and pretest and posttest administration to simplify data analysis. The first step in the data

analysis technique was to clean the data. After cleaning data, a check for completeness

and relevance followed. The suggested descriptive statistical analysis for this DNP

project included the number of participants, the percentage of accurate answers on the

pretest and posttest questionnaires, and the mean gain in the percentage of correct

answers. Further evaluated are differences between pre-and post-scores to see whether

there were any changes in the proportion of accurate responses following the staff

training. Microsoft Excel software was used for the descriptive analysis process.

Summary

The growing need for primary care doctors to manage breast cancer survivorship care has necessitated improved communication and coordination between primary care clinicians and oncologists (Stephens et al., 2020). This staff education project addressed the gap regarding smooth transitions of breast cancer survivors between PCPs and oncologists. In addition, this DNP project involved educating staff on the purpose and use of SCPs to improve survivorship care for breast cancer patients. Section 3 includes sources of evidence used to support this approach for this project, the literature review, an expert panel to review the course content, and the characteristics of participants.

I used Lynn's model to provide validation scores for the material. I also scored clinic staff members' pre and post-tests and course evaluations, which course participants provided. Finally, Section 4 includes results and implications, possible solutions to the problem, recommendations, contributions of the project team, and strengths and limitations.

Section 4: Findings and Recommendations

As breast cancer survivors rise, PCPs are increasingly involved in their survivorship care (Krok-Schoen et al., 2019). SCPs bridge the gap between oncology and PCP care to address suboptimal follow-up care for cancer survivors (Anbari et al., 2020). The local problem is that clinical staff at this rural clinic are unaware of SCP availability and usefulness. Presently, there is a gap in knowledge regarding the promotion of SCPs and their use by nurses and providers in this rural primary care clinic. In this small rural clinic, there needs to be more knowledge of SCPs and their use among clinic staff at this primary care location.

PCPs also noted challenges in providing survivorship care, including managing long-term side effects of treatments without knowing patient treatment plans with oncologists (Choi et al., 2019; Smith et al., 2021). SCPs provide a seamless transition to care and address many of these local concerns efficiently. Thus, to examine the local problem, PQ1 was: Will evaluating the predeveloped staff education activity using the Lynn model meet validation criteria? PQ2 was: Will clinic providers, nurses, and staff meet learning outcome objectives after attending staff development educational sessions? This project involved increasing knowledge of the purpose and use of SCPs among providers and clinical staff at this rural primary care location.

This DNP project involved using two sources of evidence to address the practice-focused questions. The first is a literature review on current evidence-based procedures for SCPs by PCPs, as discussed in previous sections. In addition to the literature review, comparisons between pretest and posttest results are the second evidence source. Pre and

post-test questions measured the staff's understanding of the purpose and use of SCPs and the knowledge gained after the educational module. Data were analyzed using Microsoft Excel.

Findings and Implications

I contacted five experts based on their experiences in education and presentations. I discussed the project's objectives and reviewed the program evaluation form and scoring method to ensure comprehension. All project materials were sent electronically to participants to ensure validity and alignment with the educational program. Over two weeks, each expert independently reviewed and scored the contents of the education module and provided suggestions using the expert panel form (see Appendix E). In addition, the five-member expert panel reviewed the relevance of the course content.

The objectives are: (a) staff members will learn about SCPs, (b) participants will learn about using SCPs, including evidence-based principles, and (c) providers will understand the value of SCPs in clinical practice. Items were revised and returned for evaluation. The expert panel used the five-point ordinal rating scale to rate the educational program. Questions focused on the relevance of the introduction, background, topic, relevance to the practice setting, and awareness of what an SCP document is. After collecting all evaluation forms and ensuring their completeness, I analyzed data using Excel. Evaluations indicated successful validation with a CV/CVI of 1 on all questions and content areas according to Lynn's (1986) model (see Table 1).

I divided the number of experts who deemed each course section helpful by the total number of experts who evaluated the section to determine CV and CVI. I performed

a content validity test, setting the CV and CVI to 1. The Likert scale showed that the

expert panel had confidence in the educational program, including all learning materials

and pretest and posttest questions (see Figure 3).

Figure 3

Results of Expert Panel Evaluations
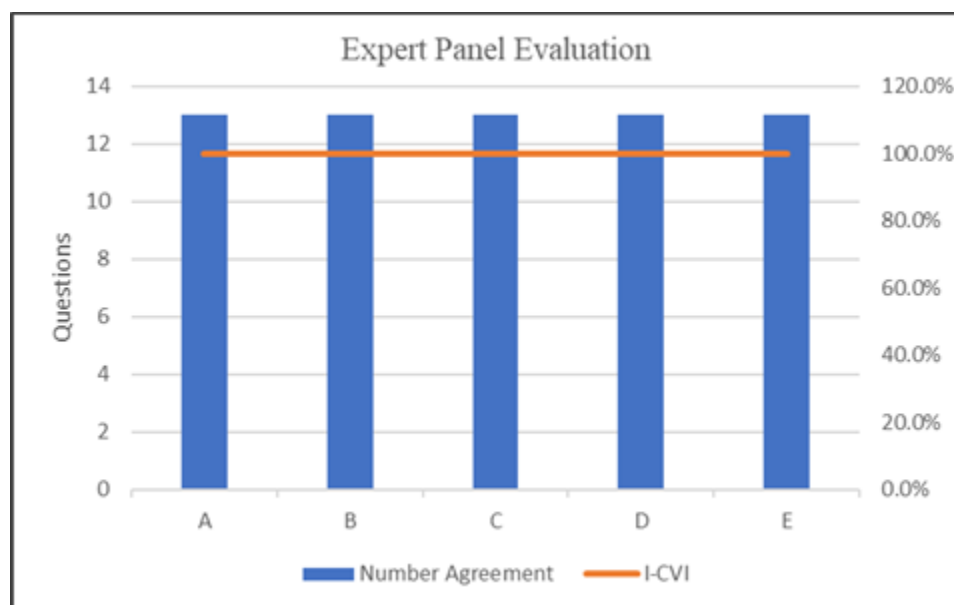
A score of four or five (with five being the best) on the Likert scale represents the

relevance of each question to the teaching module.

The project started with information that it was voluntary, along with information

about data use, confidentiality, and consent. Then the pretest was provided to 15

participants, of which 14 ($N = 14$) participated. They then anonymously filled out tests

without revealing their identities. Tests were stapled together, printed with a three-digit

code, and distributed randomly to participants. Participants were encouraged to answer

each question as best as possible. However, three persons still needed to complete one question each. They correctly filled out the same missed question on the posttest.

As participants completed the pretest, they were handed back. Consequently, I picked up tests randomly. The pretest consisted of SCP-specific questions and questions about educational module objectives (see Appendix B). In addition, questions specific to SCP knowledge and purpose were used to identify if the education program results in staff knowledge acquisition. Fourteen participants took part in and completed pretests (*N* =14). Pretest findings include a mean of three and mode of three for all questions, indicating staff had little to some knowledge of SCPs (see Appendix F).

The results of the pretest question one was that 43% answered correctly, indicating a lack of knowledge about survivorship care. For Questions two and three regarding the meaning of SCPs and other terms used for SCPs, only 36% of participants answered correctly. This finding indicates that 64% of respondents needed more knowledge regarding the meaning and terms involved with SCPs. No participants correctly answered question six regarding using SCPs in practice. In addition, 21% correctly answered question seven regarding the use of SCPs by patients, indicating a need for knowledge of the use of SCPs in primary care and among patients. However, 93% of participants understood what is contained in SCPs, as evidenced by their responses to question five (see Table 2).

I concluded the pretest portion, and the SCP presentation began. After the presentation, participants were allowed to ask additional questions. Once the presentation was concluded, and questions were answered, the posttest started. I gathered posttests in

the same manner as pretests. Lastly, participants completed the AACN evaluation tool

(see Appendix D). Project materials and laptops were then placed in a locked satchel. I

identified a mean of 10 with a mode of 14 for all post-test questions, indicating that staff

acquired knowledge during the SCP presentation. There was a measured improvement in

learning from the pretest to the posttest by 67% (see Figure 4).

Figure 4

Pre and Posttest Comparison Results
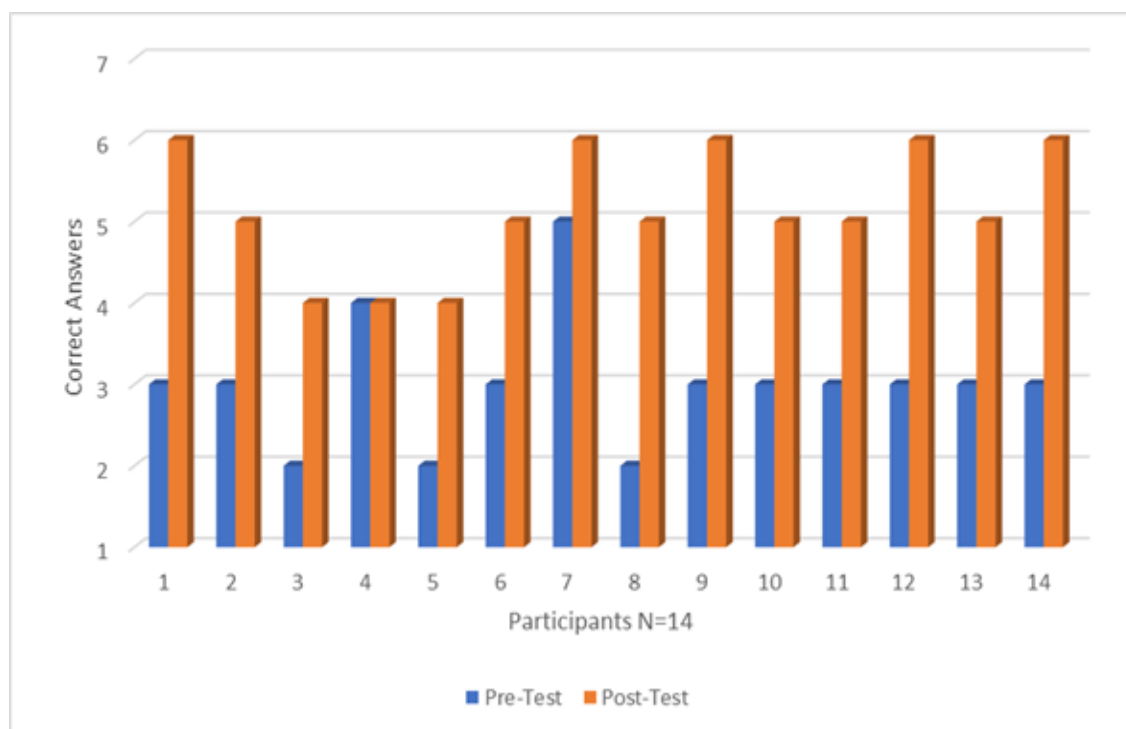
However, two out of 14 participants missed a previous correct answer showing a

decline in the learning of 10% for question 4. Questions two and five showed a modest

improvement of 8% and 40%, respectively, indicating that a follow-up in-service may be

necessary. Questions one, three, six, and seven significantly improved at 100%-200%,

indicating knowledge acquisition (see Appendix F). The knowledge acquisition following

the presentation was statistically significant (see Table 2). A paired t-test was also

conducted, with a p-value of 0.0213. The results indicated that the findings are not

random, validating the difference in learning from the pre to post-test with greater than

95% confidence.

Table 2

Pre and Posttest Comparison by Percentages

Questions	Correct Answers	Posttest	PreTest	% Change
Q1	14	100%	43%	133%
Q2	7	50%	36%	40%
Q3	10	71%	36%	100%
Q4	9	64%	71%	-10%
Q5	14	100%	93%	8%
Q6	8	57%	0%	100%
Q7	9	64%	21%	200%
Grand Total		507%	300%	69%
Mean		72%	43%	

The participants completed the program evaluation using the ANCC-CEU evaluation tool

(See Appendix D). Staff provided positive verbal feedback regarding the presentation and

willingness to ask patients for their SCPs. In addition, they all agreed on achieving the

course objectives and that the PowerPoint presentation was succinct and informational.

The evaluation results revealed that ten out of fourteen participants found the

presentation relevant to their work environment (See Figure 5), congruent with

Knowles's (1980) adult learning theory. In addition to providing positive feedback on the

instructional module, clinicians verbalized their intention to adopt the acquisition of SCPs

to support the primary care management of these patient types. According to educational

program evaluations, the expert panel recommended incorporating a check-off list for

cancer patients in the EMR system, including acquiring the SCP from oncology. This

staff development project achieved its goals. Knowledge acquisition of SCP use and

purpose was improved based on the post-test answers (See Table 2).

Figure 5

Participants' ANCC CEU Evaluation Results
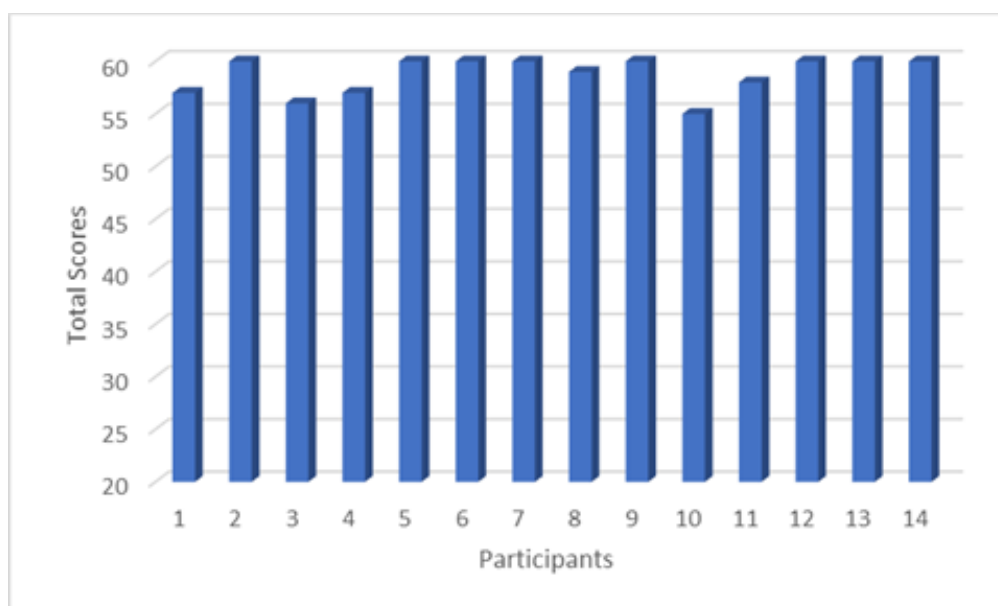
Limitations

An unexpected outcome was that the two individuals on the pretest answered the

question correctly, and the posttest answered the same question incorrectly. It is possible

that the two individuals inadvertently filled out the posttest first instead of the pretest, or

the presentation needed to be clearer in that area. Although, the results are not

generalizable to health care at large due to the number of participants. However, the

findings provide information on using SCP in rural primary care clinics and encourage

further quality improvement projects. Furthermore, this project proved that other rural primary care clinics could use this educational module to educate staff on SCP's use and purpose. Finally, these findings are consistent with Smith and colleagues (2021) conclusion that educating the PCP on the goal and use of the SCP will enhance their efficacy.

Social Change

Breast cancer survivors can suffer from psychosocial issues after treatment, such as financial issues, increased depression, and anxiety, affecting how the survivor functions (Weaver et al., 2019). The complete SCP promotes and provides resources to address psychosocial issues post-treatment. In addition, women are more common caretakers of others, raise children, and contribute to society. Thus, they are at a disadvantage by fragmented healthcare. The proper use of SCP in survivorship care brings awareness to this population's social determinants of health, providing health education and resources to the patient, caregivers, family, and healthcare workers.

SCPs aim to improve the quality of life for these women by identifying health promotion recommendations that will enhance their quality of life and improve longevity, as noted by Anbari and associates in 2020. Nursing can promote using these documents for a smooth transition of care from oncology to PCP to enhance the long-term quality of life for the patient, family, and community (Corsini et al., 2020; LaGrandeur et al., 2018).

Recommendations

As a result of this project, a recommendation is that more education is done on SCP purposes and use targeting the providers at this institution and local and national

conferences. Their education can be more in-depth, including the recommendation of the

cardiology society for cardiac follow-up, which differs from the U.S. Preventive Services

Task Force (USPSTF). Technology has advanced, so add-on programs that auto-populate

most of an SCP should now be in place. Currently, nurses are inputting or scanning

information into a patient's file that should be and could be automatically done. The lack

of automation causes a delay to the providers and decreases accessibility to the SCP

information. The effectiveness of an SCP would increase with ease of use (Smith et al.,

2021).

The US National Cancer Institute has recommended more research on the value of

SCP use in survivors to improve access and equity of care to the underserved population

(Benci et al., 2020). However, questions remain on best practices in implementation,

dissemination, and use by patients and PCP. The answers to improved practices on

dissemination would improve the use and effectiveness of SCPs. Stephens and

colleagues. (2020) recommend more education and training for the providers.

Recommended is the electronic delivery of the SCP to the PCP to increase ease of use

and receipt. Additionally, increasing patients' expectations of receiving the SCP

documented by educating nurses, PCP, and oncologists on their availability will

potentially expand their use (Krok-Schoen et al., 2019).

Likewise, improving the automation process by creating an accessible online

interactive tool or application allows users to input their information and automatically

generate a detailed SCP (Benci et al., 2020). In addition to educating the patient to

distribute it to their PCP, another recommendation is the inclusion of SCP in the

electronic health record (EHR) system (Hua et al., 2019). As SCP is time-consuming,

improving third-party reimbursement for SCP would encourage their use (Birken et al.,

2018). Furthermore, creating a user-friendly mobile app and PDF version would be more

accessible and valuable for the patient (Benci et al., 2018).

Weaver et al. (2019) recommend SCP research on rural breast cancer survivors as

their needs differ from their urban counterparts. In addition, they propose a dedicated

effort to improve support services, allowing for telehealth follow-up care, education

reimbursement, and the coordination of specialists. Thus, increasing education and

knowledge of SCP interventions at the community level will be valuable.

<h2 style="text-align:center">Contribution of the Doctoral Project Team</h2>

The project team provided their expertise and recommendations. The importance

of disseminating results of EBP, it is equally essential that team members can collaborate

and discuss the project. This project team took the opportunity to share their expertise,

thoughts, and recommendation through email and verbal communication. Effective

communication and collaboration among team members are essential to this project's

success. The project team was influential in developing and evaluating this educational

program.

The expert panel reviewed, validated, and provided suggestions for improvement

to the educational program, lesson plan, and pre and post-test. The organization provided

technical equipment and support for the presentation of the educational program to clinic

staff. Two persons on the project team revealed that SCP delivery was challenging in

their workplace. The challenges were due to the time-consuming nature of creating them

and the lack of staff to review them with the patient. In addition, there was no consistent method for delivery of the SCP to the PCPs. Therefore, there was no equity in care due to the inconsistency of providing SCPs to the patients.

DeGuzman et al. (2017) also echoed this sentiment. However, the research on various aspects of SCP use clearly shows a positive effect for both PCP and patient (Krok-Schoen et al., 2019; Weaver et al., 2019). The need, then, is to address the barriers effectively so that the SCP will have a more significant impact.

<div align="center">**Strengths and Limitations of the Project**</div>

One of the strengths of this project is the importance of this topic to primary care. The care of cancer patients is essential when there are more breast cancer survivors (Anbari et al., 2020). Their survivorship care, prevention, and chronic disease management have a unique intersection that needs more awareness. This staff education projected educated those in contact with these patient types to enhance care and provide valuable education to the patient. This education project also brought awareness to the staff's personal life. They stated they were unaware they should have received an SCP.

A concrete plan for obtaining and notifying local oncology centers for an SCP should be implemented with a follow-up staff education. A viable plan will create a sustainable change in practice at this clinic. Due to the limited number of participants, this project needs to be more generalizable. However, this project opens the conversation of methods to improve communication and transition of care between oncology and PCP. The lack of knowledge among staff working in this rural primary care office, anecdotally between 1-20 years, none were aware of the existence and availability of SCP. The lack

speaks to the need for effective collaboration and communication between providers and patients.

Patients are more apt to read and follow an SCP when providers, nursing staff, and oncologists encourage use (Benci et al., 2018). SCP effectiveness is influenced by the strength of implementation and use among providers, oncologists, and patients (Birken et al., 2018). Another limitation stems from the project's site being the same as my place of employment. Firsthand experiences with breast cancer survivors may also impact my motivation for this project. Moreover, the clinic staff may be motivated to contribute positively to the project's success as they are coworkers.

Section 5: Dissemination Plan

I shared the results of this project with management and clinic staff. Implications of this project will enhance the care of individuals. These positive findings and successful staff education projects increased awareness of SCPs and their contributions to quality patient care. Attention to detail in SCPs will influence more robust care management for PCP teams, enhancing chronic care management. Care of individuals will positively impact families and communities, and healthy families are more apt to be positive contributors to society. This work is ideal for submission for presentation at the AANP meeting as a poster. Other considerations include submitting to the Journal of Cancer Survivorship, Clinical Journal of Oncology, or other publications.

Analysis of Self

During this project, several challenges arose. One of the challenges was finding time for staff education during the holidays. Staff was often away on holiday or sick. In addition, staff buy-in was a challenge, as they wanted clarification on the topic. Participants were not provided with a complete description of the intended education module to preserve the project's integrity. However, management was aware and felt the educational topic would be relevant to the clinic.

This project provided multiple growth areas regarding communication and collaboration between management, peers, and stakeholders. As a project manager, obtaining support and staff buy-in is essential. Skills learned in previous coursework during the DNP program prepare DNP students to be creative regarding obtaining staff buy-in. I also learn the importance of teamwork and working with different personalities.

The team provided invaluable insights and recommendations that influenced the project's success. Components of AACN's (2006) essential objectives for DNP graduates that stood out during this project were clinical prevention, interprofessional collaboration, improving patient care technology, organizational leadership, and population health.

During project management, clarification of the importance of AACN essentials occurred. I noted the importance of this skill set and its necessity in nursing. A prepared DNP student ascertains situations, necessities, and needs for changes in their current work environment (Dobrowolska et al., 2021). This project has helped me see management creatively to encourage staff to apply evidence-based solutions.

Insights gained from this project regarding the management of departments and projects will further my future goals involving nursing leadership. The experience has been invaluable and has exposed me to quality improvement projects and many facets of the DNP role. The project also encouraged me to be creative and seek new learning experiences, which led to new opportunities. DNP-prepared leaders ensure patients receive effective evidence-based care (Dobrowolska et al., 2021). This project will also enhance clinical practice while contributing to nursing-related research.

Summary

The breast cancer survivor rate is larger than other cancer types (CDC, 2022a; Choi et al., 2019). In addition, the prevalence of mortality due to post-treatment cardiac issues is higher than the average female in the general population (CDC, 2022b; Gulati & Mulvagh, 2018; Ky, 2018). SCPs are intended to address this issue and improve the quality of life of breast cancer survivors. The education module assisted participants in

terms of identifying long-term side effects, addressing surveillance and recommendations, and identifying signs and symptoms of breast cancer recurrence. In addition, SCPs eliminate gaps in care transition by providing patients and PCPs with a summary of care and future recommendations (Choi et al., 2019). This education module accomplished the goal of reducing the gap in survivorship care plan knowledge and use for providers in primary care.

Participants were able to understand SCPs better and their application, gain confidence and promote their use in clinics and with patients. The staff education module successfully educated participants regarding SCPs, their purpose, and their use. As a result, nurses and NPs can encourage using SCPs among PCPs, patients, and their family members (Benci et al., 2020). In addition, participants in this project could recognize the significance of SCPs to breast cancer survivorship care and quality of life. Therefore, this education module on SCP awareness will enhance survivorship care and quality of patient care and reduce health disparities. Raising awareness about SCPs among nurses and other staff members is the first step to affecting change and improving the health of this large population of breast cancer survivors.

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Appendix A: Lesson Plan for Staff Education

Lesson plan for staff education on survivorship care plans

Goal: Increase the clinic staff's knowledge of survivorship care plans (SCP), their

purpose, and use.

Outcome measure: Improve knowledge, skill, and ability to implement SCP in primary

care.

Objectives for staff education:

1. To enhance the knowledge of the clinic providers and staff on the use of SCP in
   managing these patient types.
2. To orient the clinic providers and staff on the utilization of the SCP.
3. To encourage the use of SCP among providers and patients.

Teaching methods:

1. Oral presentation using PowerPoint slides as a visual aid.

2. Administration of a pre-and posttest will be given to each participant.

Outline for staff instruction:

1. A Pretest that is multiple choice will be given to staff members to test initial.

2. Knowledge of the SCP.

3. PowerPoint will be used for instruction on the purpose and use of the SCP.

4. Posttest was given to assess knowledge gained from instruction.

Evaluation:

1. A pre-and post-instruction test will be given to each participant.

2. Each staff member will receive a survey per ACCN evaluating the instruction

   module.

Appendix B: Pre- and Posttest for Staff Education

Pre- and Posttest for Staff Education on Survivorship Care Plans

1. What is survivorship care?

    a. Providing care for any cancer survivors.

    b. Providing care for lung cancer patients.

    c. Providing care for lung and breast cancer patients.

    d. Providing care for patient who have survived five or more years.

2. What does a survivorship care plan (SCP) mean?

    a. A written document that summarizes the patient's treatment, family history, follow-up plan of care.

    b. A written document that summarizes the patient's treatment, follow-up plan of care, and health promotion.

    c. A written document that summarizes the patient's treatment, financial goals or follow-up plan of care, and health promotion.

    d. Social care plan for cancer survivors.

3. What is another term for SCP?

    a. Nursing plan of care

    b. Treatment plan

    c. Social care plan.

    d. Science plan of care.

4. What is the purpose of an SCP?

    a. Is not to address possible long-term side effects that are modifiable, preventable, and manageable.

    b. Provide a seamless transition from oncology to primary care practice.

    c. It provides medication recommendations for care.

    d. Provides patient past medical history to the oncologist.

5. What is some information that the SCP contains?

    a. Type of cancer.

    b. Surveillance for recurrence.

    c. Care coordination.

    d. a, b, and c.

6. How is the SCP used in clinical decision making?

    a. Encourage surveillance.

    b. Decrease collaboration among providers.

    c. Identify potential long-term side effects of treatment.

    d. Identify the clinic with which to establish.

7. How is the SCP used by patients? Circle all that apply.

    a. Encourages the patient to participate in their long-term health care.

    b. Provides awareness of lifestyle modifications.

    c. It provides explanation on cancer treatments.

    d. It empowers patients in self-management.

Appendix C: ANCC CEU Evaluation Tool

ANCC CEU Evaluation Tool					
Survivorship Care Plan Presentation					
Evaluation legend: 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree					
Met the following objectives: (Please check the appropriate box)					
1. Staff members will learn about the SCP.	1	2	3	4	5
2. Participants will learn the concept of using SCP, including its evidence-based principles.	1	2	3	4	5
3. Providers will understand the value of SCP in clinical practice.	1	2	3	4	5
Presentation					
1. The content expanded my knowledge of the topic.	1	2	3	4	5
2. The content was related to my work.	1	2	3	4	5
3. The objectives were consistent with the purpose/goals of the activity.	1	2	3	4	5
4. The teaching material is well organized.	1	2	3	4	5
Presenter					
1. The presenter was knowledgeable.	1	2	3	4	5
2. The presentation was clear and direct.	1	2	3	4	5
3. The teaching methods clearly illustrated the concepts.	1	2	3	4	5
4. Content was relevant to the objectives.	1	2	3	4	5
5. The presenter responded to the concerns of the participants.	1	2	3	4	5
Comments:					
What was the most helpful aspect of this staff education module?					
If this course were to be repeated, these would be my suggestions for changes in the content.					
What should be added to future staff education regarding this topic?					

Appendix D: Expert Panel Curriculum Evaluation Form

Expert Panel Evaluation Form

The following form is for the expert panel to assess the various components of the lesson

plan. Please check next to box 1= not relevant, 2= unable to assess relevance without

item revision, 3= relevant but needs minor modifications, 4 = Somewhat relevant, and

5=very relevant and succinct.

Objective 1: Staff members will learn about the SCP.

How relevant is the objective to the staff development activity?

    ☐   1 = Not relevant

    ☐   2 = Unable to assess relevance without item revision

    ☐   3 = Relevant but need minor modifications

    ☐   4 = Somewhat relevant

    ☐   5 = Very relevant and succinct

Open Comments

Objective 2: Participants will learn the concept of using SCP, including its evidence-

based principles.

How relevant is the objective to the staff development activity?

    ☐   1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

Objective 3: Providers will understand the value of SCP in clinical practice.

How relevant is the objective to the staff development activity?

☐ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

Objective 4: Providers and staff will be confident of promoting the use of SCP among

clinicians, staff, and breast cancer patients.

How relevant is the objective to the staff development activity?

□ 1 = Not relevant

□ 2 = Unable to assess relevance without item revision

□ 3 = Relevant but need minor modifications

□ 4 = Somewhat relevant

□ 5 = Very relevant and succinct

Open Comments

Teaching method: PowerPoint will be used for instruction on the purpose and use of SCP.

How relevant is the Power Point to the staff development activity?

□ 1 = Not relevant

□ 2 = Unable to assess relevance without item revision

□ 3 = Relevant but need minor modifications

□ 4 = Somewhat relevant

□ 5 = Very relevant and succinct

Open Comments

How relevant is the introductory background information?

□ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

Does the staff development tool address the noted clinical gap is practice?

☐ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

Does the staff development tool addresses relevance to noted practicum site and includes

objective data?

☐ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

The staff development tool addresses the SCP and provides evidence-based information

to support the use within the practice setting?

☐ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

Teaching Activity: Pre- and posttests will be used to assess knowledge before and after

instruction.

How relevant is the pre-and posttests to the staff development activity?

☐ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

Evaluation: Evaluation survey will be given to staff to evaluate the instruction module to learn strengths and weaknesses.

How relevant is the staff evaluation survey of the instruction module to the staff development activity?

☐ 1 = Not relevant

☐ 2 = Unable to assess relevance without item revision

☐ 3 = Relevant but need minor modifications

☐ 4 = Somewhat relevant

☐ 5 = Very relevant and succinct

Open Comments

How relevant are the component of the lesson plan instructing staff on the use and purpose of SCP?

- ☐ 1 = Not relevant

- ☐ 2 = Unable to assess relevance without item revision

- ☐ 3 = Relevant but need minor modifications

- ☐ 4 = Somewhat relevant

- ☐ 5 = Very relevant and succinct

Open Comments

Overall Rating

- ☐ 1 = Not relevant

- ☐ 2 = Unable to assess relevance without item revision

- ☐ 3 = Relevant but need minor modifications

- ☐ 4 = Somewhat relevant

- ☐ 5 = Very relevant and succinct

Appendix E: Pre- and Posttest for Staff Education Answer Sheet

Pre- and Posttest for Staff Education on Survivorship Care Plans

1. What is survivorship care?

   a. <u>Providing care for any cancer survivors.</u>

   b. Providing care for lung cancer patients.

   c. Providing care for lung and breast cancer patients.

   d. Providing care for patient who have survived five or more years.

2. What does survivorship care plan (SCP) mean?

   a. A written document that summarizes the patient's treatment, family history, follow-up plan of care.

   b. <u>A written document that summarizes the patient's treatment, follow-up plan of care, and health promotion.</u>

   c. A written document that summarizes the patient's treatment, financial goals or follow-up plan of care, and health promotion.

   d. Social care plan for cancer survivors.

3. What is another term for SCP?

   a. Nursing plan of care

   b. <u>Treatment plan</u>

   c. Social care plan.

   d. Science plan of care.

4. <u>What is the purpose of an SCP?</u>

   a. Is not to address possible long-term side effects that are modifiable, preventable, and manageable.

   b. <u>Provide a seamless transition from oncology to primary care practice.</u>

    c. It provides medication recommendations for care.

    d. Provides patient past medical history to the oncologist.

5. What is some information that the SCP contains?

    a. Type of cancer.

    b. Surveillance for recurrence.

    c. Care coordination instructions.

    d. <u>a, b, and c.</u>

6. How is the SCP used in clinical decision making?

    a. Encourage surveillance.

    b. Decrease collaboration among providers.

    c. <u>Identify potential long-term side effects of treatment.</u>

    d. Identify the clinic with which to establish.

7. How is the SCP used by patients? Circle all that apply.

    a. <u>Encourages the patient to participate in their long-term health care.</u>

    b. <u>Provides awareness of lifestyle modifications.</u>

    c. It provides explanation on cancer treatments.

    d. <u>It empowers patients in self-management.</u>

Appendix F: Pre and Posttest Descriptive Statistics

Pre and Posttest Descriptive Statistics

Questions	Total	Q1 What is survivorship care?	Q2 What does survivorship care plan (SCP) mean?	Q3 What is another term for SCP?	Q4 What is the purpose of an SCP?	Q5 What is some information that the SCP contains?	Q6 How is the SCP used in clinical decision making	7.How is the SCP used by patients? Circle all that apply
Number of persons with correct questions	14	14	7	10	9	14	8	9
PreTest Correct %		43%	36%	36%	71%	93%	0%	21%
PreTest Mean	3							
PreTest Median	3							
PreTest Mode	3							
Pre Test SD	0.7844							
Post Test Correct %		100%	50%	71%	64%	100%	57%	64%
Post Test Mean	5.14							
Post Test Median	5							
Post Test Mode	5							
Post Test SD	0.7703							