

From Practitioner to Patient and Back: How Illness informs clinical practice

A BRIDGE TO HOPE

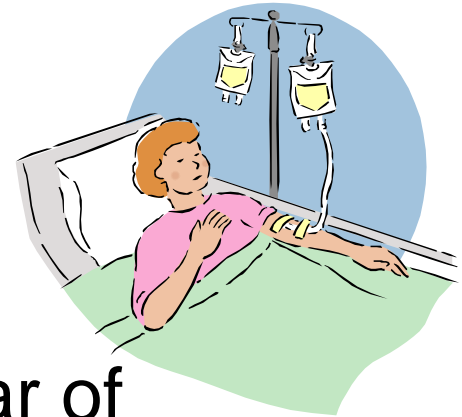
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Practitioner becomes Patient

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- At 31 years old, diagnosed with aggressive and invasive breast cancer.
- Double Mastectomy.
- Six months of chemotherapy, one year of Herceptin.
- Most difficult challenge- Overall sense of isolationism.



SHOUT

- Shout stands for Strength, Healing, Optimism, Understanding... Together.
- Oklahoma City's first young women's cancer survivor group!
- **SHOUT MISSION:** Peer support to young women cancer survivors through fellowship and outreach, and to increase awareness of breast cancer and other young women's health issues through community education.

www.shout-okc.org

- Partners with American Cancer Society, OU Cancer Institute, OU College of Nursing.
- Funding **cancer survivorship** research study.
- Reaching women on a state and national level.

<http://www.shout-okc.org>

Peer Counselor



- Employed by the **OU Cancer Institute**.
- Provide individual, family, group counseling, crisis intervention.
- Visit with all types of cancer patients, young and old, male and female.

My story of survivorship=Instant Rapport

- Empathizing with a patient's feelings of fear, panic, helplessness, and uncertainty.
- When I tell a patient I am a cancer survivor I can sense an immediate sense of relief for the patient.
- “It helps to see your emotions in relation to what others have experienced.” Jimmie C. Holland (Holland, 2000).



My job directly impacts the quality of care a patient receives

- My job is a privilege- the insight and knowledge I gained through my cancer experience, I now get to share with others.
- Take bits and pieces from my experience and help patients find their own courage and strength.
- My Role- To help shed light on this very dark and scary disease.



Quotes from patients



- “You really don’t know how hard this experience is until you go through it yourself. Being able to talk to someone who has been there, done that really brought a sense of hope to such a dreadful diagnosis.”
- “You were a beacon of hope for us and you can’t put a price on that.”
- “I was so scared and talking with someone who knew exactly how I was feeling, brought me a sense of peace.”
- “It’s so nice to be able to visit with someone who has felt as awful as I feel right now.” -Chemo patient

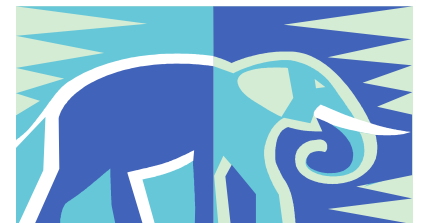
Coping styles

- Cancer journey is very individual.
- No right or wrong way to cope, everyone deals with it differently.
- Reactions range from quiet and thoughtful to a sense of panic and terror.
- For me it was a little bit of both.



Coping styles/Conversations

- Cancer still carries a big stigma for the patient and family.
- The Big C equates death for many patients.
- The big elephant in the room that nobody wants to talk about it, enforcing silence on all parties involved.



Human Side of Cancer

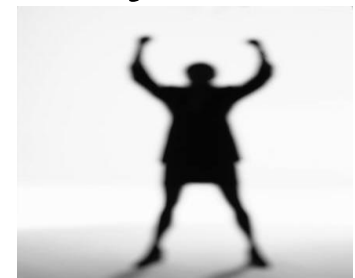
- How often do we ask what the patient feels about their diagnosis?
- One patient Dan said, “The doctors have measured everything but my thoughts and mind. Somehow my mental attitude, the stress, the anguish should be analyzed and studied the same as my physical condition.”



HOPE



- The three most important words a cancer patient needs to hear- You're NOT alone!
- Give them Hope- the most beautiful of all emotions.
- Help them identify sources of hope/support system. There is always at least one person.



Emotional Distress

- Although it is a fact that all cancer patients experience some level of distress and anxiety, the fear can reach a point where it affects a person's ability to get needed treatment. (Holland, 2000).
- Importance of Distress Thermometer
- Research shows that **47%** of cancer patients have distress severe enough to qualify for a psychiatric diagnosis (Adler & Page, 2008).



Distress

- Of the country's top 20 cancer care centers, eight reported screening for emotional stress in only some of their patients (Adler & Page, 2008).
- While doctors today are better than ever at fighting cancer, the Institute of Medicine finds that anxiety, fear, and depression associated with cancer often go untreated.
- This is why OUCI has developed special teams to help with the patients' emotional journey as well as physical.

Coping with emotional distress

- Keep lines of communication open! What is greatest fear?
- Cognitive reframing- Thinking about a problem, then changing viewpoint to a more positive one.
- Relaxation techniques- Belleruth Naparstek
- Prayer/Meditation
- Join Support Group



References/Resources

- Adler, N.E., & Page, A.E.K. (2008). Cancer care for the whole patient: Meeting psychosocial health needs. Washington, D.C. : National Academies Press
- Holland, J.C., & Lewis, S.L. (2000). The human side of cancer. New York: Harper Collins

Question/Answer Session

- Questions, Comments?

