

2nd International Conference on

Reproductive Health and Medicine

June 26-27, 2017 London, UK

Educating Nurses about Reproductive Health in Cancer Healthcare (ENRICH) Program: Institutional Practice Changes

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Background: Educating Nurses about Reproductive Health in Cancer Healthcare (ENRICH) is an 8-week web-based program, funded by an NCI R25e, training oncology nurses to improve communication about reproductive health (RH) to adolescent and young adult (AYA) patients. Based on the ASCO guidelines for fertility preservation in patients with cancer, a key ENRICH goal is to promote workplace level changes to facilitate discussion of RH. We report comparisons of institutional policy, guidelines, and workplace procedure changes regarding RH across ENRICH cohorts 1-3 (n= 169) at different time points.

Methods: Learners received an 8-item workplace web survey on: institutional practices, policies, guidelines, and procedures addressing healthcare providers' communication about fertility risks and fertility preservation (FP) options with AYA patients and referrals to reproductive specialists. Surveys are distributed at 6 months post course completion and every year thereafter.

Results: Changes in institutional policies, guidelines, and procedures for ENRICH Cohorts 1-3 were compared at time points based on course completion end date. In Cohort 1 [2012] (n=26), 42% completed the survey at 2 years post course completion; Cohort 2 [2013] (n= 77) at one year post course completion 44% and Cohort 3 [2014] (n=66) 55% at six months post course completion. Preliminary analyses suggest Cohort 1 reported a higher frequency of new institutional policies, guidelines and procedures (64%) to improve communication of infertility risk than Cohorts 2 & 3. Similarly, Cohort 1 more frequently indicated institutional procedures for referring patients to reproductive specialists (55%) compared to the other 2 Cohorts.

Conclusions: ENRICH participation appears to facilitate numerous institutional level changes for improved communication of RH in the oncology care setting. Participants in the cohort with the greatest time between course and follow up survey completion most frequently reported institutional level changes. Our findings suggest long term follow up is needed to observe institutional level changes that adhere to ASCO guidelines.

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