



APPLICATION FOR CERTIFICATION OF A CONTINUING MEDICAL EDUCATION ACTIVITY

All jointly sponsored activities undertaken by the Postgraduate Institute for Medicine (PIM) are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) Criteria for Accreditation. Accordingly:

- PIM must review and approve all aspects of the planning process, including, but not limited to, the gap analysis, learning objectives, activity design, faculty selection and evaluation metrics.
- All jointly sponsored activities must comply with the ACCME *Standards for Commercial Support*, the FDA *Final Guidance on Industry-Supported Scientific and Educational Activities*, and the AMA standards regarding the Physician’s Recognition Award and *Gifts to Physicians from Industry*.
- All jointly sponsored activities must be for scientific and educational purposes only; the educational content of jointly sponsored activities must be accepted by the medical profession as being within the basic medical sciences, discipline of clinical medicine and the provision of healthcare to the public.

I. Applicant

Organization _____ Tax ID _____
 Address _____
 City, State, Zip _____
 Telephone _____ Fax _____ Website _____

II. Contact

Name _____ Telephone _____ E-Mail _____

III. Personal Conflicts of Interest

List all individuals employed (or contracted) by your organization that are in a position to control the content of this CME activity [*identified individuals will be required to complete a conflict of interest reporting form*].

Name _____ Planner/Manager Other: _____

Telephone _____ Fax _____ E-Mail _____

Name _____ Planner/Manager Other: _____

Telephone _____ Fax _____ E-Mail _____

Name _____ Planner/Manager Other: _____

Telephone _____ Fax _____ E-Mail _____

IV. Proposed Activity

Title Colorectal Cancer: Essential Elements of Nursing Care

- A. Identify the general topic area to be discussed in the activity [*i.e. cardiology, oncology, women's health, etc.*].

Oncology

- B. Define the medical subject to be discussed in the activity [*i.e. heart failure, leukemia, depression, etc.*].

Colorectal cancer (CRC)

V. Intended Audience

- A. Define the intended learner's scope of practice [*i.e. what is their clinical specialty, and how would you broadly describe the type of patients they typically see in their practice setting?*].

Oncology nurses and oncology nurse practitioners specialize exclusively in the care and treatment of patients with cancer. They play a key role in the management of patients with CRC. Oncology nurses and oncology nurse practitioners would benefit from education on CRC to assist them in supporting and caring for patients with this disease.

- B. How does the proposed educational content reflect the learner's scope of practice (*i.e. there must be a relationship between the CME content and what the learner does in his/her practice*)? For example, if the educational content concerns oncology developments in a pediatric patient, then the appropriate physician's scope of practice would entail diagnosis, treatment and management of children with cancer.

Oncology nurses and oncology nurse practitioners routinely encounter patients with CRC. They play a pivotal role in the care and therapy of these patients while hospitalized, and also in educating them about their disease and appropriate course of management. Nurses should be able to recognize the signs and symptoms of CRC, to allow them to make prompt referrals when the disease is suspected. They also need to be aware of available therapy options and how to effectively manage medication side effects, as well as how to best educate patients about CRC. Nurses play a pivotal role in helping patients to function optimally, and achieve maximum quality of life.

VI. Identification of Learner Gaps

Educational Gaps are determined through a comparison of physician **current practice** and the **best available standard(s) of practice**.

- A. **CURRENT PRACTICE** is the existing level of knowledge, competence or performance of the physician learner for the identified disease state, patient safety issue, ethical/cultural issue, etc. Data for current practice may be accessed via a variety of sources, including, but not limited to, public health data, survey of intended learners, national or regional statistics, peer reviewed literature, opinion leader interviews, previous activity evaluation data, faculty perception of need, clinical practice data, national quality data and/or other sources.

VI. Identification of Learner Gaps (cont'd)

Summarize the intended learner's **CURRENT PRACTICE** using bullet points.

CURRENT PRACTICE SUMMARY
<ul style="list-style-type: none"> ▪ Oncology nurses and oncology nurse practitioners educate patients on the various genetic and nongenetic factors that play a role in the development of CRC. This involves discussing genetic risk factors, such as a family history of CRC or colorectal polyps and inherited mutations (including those that cause familial adenomatous polyposis and Lynch syndrome [hereditary non-polyposis colon cancer]).¹ Nurses also advise patients on the various nongenetic, personal factors that are also associated with the risk of CRC development, including: age; physical inactivity; obesity; consumption of red meat or processed meat; a diet high in fat and low in fruits and vegetables; type 2 diabetes; smoking; and heavy alcohol use.^{1,2} ▪ Nurses routinely assess, and provide education to patients about, the common signs and symptoms of CRC. These depend on tumor location and stage of disease, and include: a change in bowel habit (constipation, diarrhea, or stools that are narrower than usual); rectal bleeding; dark or bloody stools; abdominal discomfort (bloating, cramping, pain, or the feeling of incomplete bowel emptying); vomiting; unexplained weight loss; lethargy and weakness; and vomiting.^{3,4} ▪ Oncology nurses and oncology nurse practitioners provide evidence-based guidance of all aspects of care of CRC patients, which they also coordinate, and frequently undertake independently. Once diagnosis is made, staging determines the extent of disease, optimal treatment options, and prognosis. With enhanced knowledge of standard chemotherapy and targeted therapy options available for CRC treatment, nurses can better identify and manage their toxicities promptly before they become more problematic.⁵ ▪ Nurses provide education and counseling to CRC patients on the staging of the disease, as well as the use and side effects of chemotherapy. Stages I-III are considered curable, and standard care begins with surgical excision of the tumor and regional lymph nodes. Typically no further treatment is required in stage I CRC. Although adjuvant chemotherapy can reduce recurrence rate and improve patient outcomes in stage III CRC, its benefit remains controversial in stage II disease. Side effects are frequent with chemotherapeutic drugs, and commonly include nausea,

vomiting, diarrhea, stomatitis, alopecia, and myelosuppression with neutropenia. Additional side effects associated with the commonly used chemotherapeutic drugs include cardiotoxicity (5-fluorouracil); dermatitis (leucovorin); peripheral neuropathy (oxaliplatin); hand and foot syndrome, and hyperbilirubinemia (capecitabine).^{5,6}

- Oncology nurses and oncology nurse practitioners play a pivotal role in caring for stage IV CRC patients. Most stage IV CRC is considered non-curable, with palliative treatment and extension of patient survival representing the mainstay of therapy. Nurses therefore closely monitor these patients and their medication regimens. They also work closely with the patient and their family to provide information about the disease stage, as well as comfort, care, and emotional support.
- Nurses play a vital role in the initial assessment and provision of educational support to patients with CRC. They are integral members of the colorectal multidisciplinary team, and act as a liaison between patients and the oncology specialists. Nurses are therefore ideally positioned to educate CRC patients on a wide range of issues relating to their therapy, including the likely side effects, and what to expect before and after surgery.^{5,7,8} They have an important role in educating the patient and their family, helping them to identify and achieve mutual goals while maintaining or restoring optimal health.

Source/Citation(s):

1. Win, et al. Cancer Epidemiol Biomarkers Prev 2012; Feb 2 [Epub ahead of print]
2. Erbach M, et al. J Diabetes Complications 2012; Feb 7 [Epub ahead of print]
3. American Cancer Society. Available at: <http://www.cancer.org/acs/groups/cid/documents/webcontent/003096-pdf.pdf> .
4. National Cancer Institute. Available at: <http://www.cancer.gov/cancertopics/pdq/treatment/colon/Patient/page1> .
5. Grenon NN, et al. Clin J Oncol Nurs 2009; 13(3): 285-296.
6. Holt K. Journal of Practical Nursing 2011; Spring:7-20.
7. Gremhill R, et al. J Contin Educ Nurs 2011; 42(2): 81-88.
8. Leafgreen PK. Perspective in Nursing 2(3): 2-7. Available at: <http://www.ask-expert.org/pdfs/Newsletter7.pdf> .

- B. **BEST PRACTICE** is the best evidenced based data or highest standard of care. Best practice data may be accessed via a variety of sources, including, but not limited to, via Maintenance of Certification, core competencies, specialty society guidelines and consensus statements, peer reviewed literature and/or other sources.

Summarize the intended learner's **BEST PRACTICE** using bullet points.

BEST PRACTICE SUMMARY

- With greater knowledge of the risk factors, signs and symptoms of CRC, nurses can promptly identify and refer patients who require further diagnostic evaluation. This may lead to earlier diagnosis and treatment of

CRC, with improved patient outcomes. Nurses can also educate patients about the symptoms that they might experience with CRC. They will also be able to educate patients about making positive lifestyle changes to improve outcomes.

- The addition of targeted therapies to standard chemotherapy regimens has been associated with improved response rates and survival in CRC patients.¹ Targeted agents currently approved for CRC in the United States include panitumumab, cetuximab and bevacizumab. They are mostly used either in combination with chemotherapy, or alone if chemotherapy is no longer effective. These agents are licensed for treating advanced (metastatic) CRC and have improved 2-year survival rates.^{2,3,4,5} No gains have been made in 5-year survival, however, and intense efforts remain focused on development of novel agents to further improve treatment efficacy.⁶ Novel targeted agents currently in phase III trials include antiangiogenesis agents, tyrosine kinase inhibitors, and an Akt inhibitor.⁶
- With increased knowledge of the differences between targeted therapies and standard chemotherapy, nurses can also help patients and families to understand their treatment and educate them about potential treatment-related side effects.

Source/Citation(s):

1. Grenon NN, et al. Clin J Oncol Nurs 2009; 13(3): 285-296.
2. Panitumumab prescribing information 2011. Available at: http://pi.amgen.com/united_states/vectibix/vectibix_pi.pdf .
3. Cetuximab prescribing information 2011. Available at: http://packageinserts.bms.com/pi/pi_erbitux.pdf .
4. Bevacizumab prescribing information 2011. Available at: <http://www.gene.com/gene/products/information/pdf/avastin-prescribing.pdf> (accessed Jan 05, 2012).
5. Chu, E. Clin Colorectal Cancer 2012; 11(1):1-13.
6. Kay P. Semin Oncol Nurs. 2006 Feb;22(1 Suppl 1):1-4.

- C. State the gap(s) based on the difference between current and best practice using bullet points. This is the resulting **PROFESSIONAL PRACTICE GAP(S)**.