LOCAL PROBLEM
Adolescents and young adults (AYA) age 18-39 with cancer fall into a “no-man’s land” and are deemed in the medical community an underserved population with no true medical home. AYAs are too young to be considered pediatric patients, but many times too young to fall into the range of typical adult cancers. Few resources exist specific to this population, and there are even fewer face-to-face connection groups despite evidence that this is desired. The DNP student could find no toolkit specific to starting an AYA connection group. When faced with starting a new AYA group, the leaders at the Huntsman-Intermountain Adolescent and Young Adult (HIAYA) group searched for a guideline or road map to start a new Young Adults Connection Group. No resource like this could be found. They wanted the group to serve as a safe space for connections to be made between AYAs and their peers who have similar cancer experiences with a focus on social connections as well as group education. A need for this toolkit to aid in the development and implementation of an AYA group was clearly identified.

PROJECT PURPOSE
The purpose of this DNP project was to develop a toolkit to aid in the implementation and development of an AYA group. As mentioned previously, the needs of this group differ from that of other groups and thus should be addressed. The DNP student used anecdotal evidence from her job as an oncology Registered Nurse as well as an extensive literature review to establish the need for one such toolkit.

METHODOLOGY
The theoretical framework used to guide this project was Virginia Henderson’s Need Theory. This theory focuses on the importance of nursing as a discipline to step in and offer help when it is needed until people are able to optimally care for themselves. The needs that are met in this connections group are social interaction and education. The toolkit was also informed by use of the PRECEDE-PROCEED public health model. This model helps the DNP student to establish needs, barriers, factors, and other issues that might arise during project implementation in the “PRECEDE phase,” and includes the actual project implementation in the “PROCEED” phase. Since no toolkit could be found, the DNP student created her own based on existing high quality evidence. The toolkit addresses issues that should be addressed prior to the group’s first meeting including marketing, funding, budget, leadership, and group recruitment. It also provides a detailed curriculum for the first four meetings as well as suggestions for future group topics and activities. The group’s focus, leader, location, goals, a list of practical things to do, a list of resources to account for, and sample follow-up questions are included in the four sample meetings in the toolkit. A suggestion for resource dissemination is also made at the end of the toolkit. Evidence for suggestions in the toolkit are from a host of
reputable sources either relating directly to cancer care or practical implications originally intended for the development of other types of support groups. The toolkit was assembled in a PowerPoint format for ease of viewing. The toolkit was evaluated using a one-page original survey created by the DNP student completed by six experts in the AYA cancer community. The six survey participants include two social workers, one oncologist, one patient navigator for the HIAYA program, one nurse manager, and the Associate Director of Education at the Huntsman Cancer Institute. Another patient navigator was asked to participate, but declined reporting that she was not directly related to the HIAYA group development, and did not feel that she could provide feedback on the matter. The survey was one page in length with 14 statements that the participants could rate using a five point Likert scale indicating if they (1) strongly disagree, (2) disagree, (3) neither disagree nor agree, (4) agree, or (5) strongly agree with each statement. Finally the participants were asked to complete two open-ended questions regarding what they would change and what they like about the toolkit.

RESULTS
The six completed surveys were emailed back to the DNP student. The DNP student then computed the average scores for each of the 14 statements. She then averaged the final 14 scores into one final score of 4.7 out of 5. The feedback was positive from all 6 survey participants, but a few suggestions for improvement were noted and appreciated. Many of the suggestions aided in clearer formatting such as using one term for group participants instead of alternating with the word “attendee.” They noted that it was coherent and well thought out. Three of the survey participants elected to give their open-ended feedback using the note function throughout the toolkit PowerPoint. Overall the survey participants appreciated the amount of evidence that was cited within each slide of the toolkit PowerPoint. The statements with the lowest scores of 4.3 and 4.5 addressed group marketing, leadership, and funding/budgeting.

IMPLICATIONS FOR PRACTICE
According to the feedback from the survey participants, the toolkit is helpful for practice now, however it could be made more effective by incorporating some of the changes suggested by the survey participants. With some minor formatting adjustments and more attention paid to the issues of marketing, leadership and funding and budgeting, the toolkit could be helpful for another facility to develop and implement an AYA connections group. The goal of this toolkit is to eliminate some of the possible barriers and to create a clear framework for the development of a new AYA group. The literature shows that more groups like this are needed, and this toolkit will help ease the difficulties of starting one.

Keywords: adolescent, young adult, oncology, cancer, supportive care

Team Leader: Dr. Sherri Chatman

Team Member(s): Dr. Kristen Johnston