



Best Practices in Multiple Myeloma Care

Opportunities to Improve Outcomes in Community Settings

**Please Complete
this Brief Preassessment
Before the Program
Thank you!**

Expert Faculty and Course Chair

Patricia A. Mangan, RN, MSN, APRN-BC

Abramson Cancer Center
University of Pennsylvania
Philadelphia, Pennsylvania



Learning Objectives

After participating in the activity, learners should be better able to:

1. Review evolving treatment options in RRMM and clinical implications
2. Examine how academic and tertiary care centers have integrated new treatments into practice in the setting of RRMM
3. Identify the most common and the unique chronic adverse events associated with long-term treatment of multiple myeloma
4. Describe the core principles surrounding mitigating and managing chronic adverse events in patients being treated in the RRMM setting
5. Outline the expanding roles of nurses, advanced practice providers (APPS), and nurse navigators when patients are treated with newer options in the RRMM setting

Accreditation and Credit Designation



In support of improving patient care, American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

American Academy of CME, Inc. designates this educational activity for 1.0 contact hour (0.9 pharmacotherapeutic contact hour).

Provider approved by the California Board of Registered Nursing. California BRN Provider # CEP16993

SLIDES CAN BE DOWNLOADED FROM THE ACTIVITY WEBSITE: <https://tinyurl.com/2b97adzm>

Target Audience

This activity has been designed to meet the educational needs of oncology nurses and nurse practitioners involved in the care of patients who experience multiple myeloma.

This activity is supported by an educational grant from Sanofi.

Disclosures

According to the disclosure policy of the Academy, all faculty, planning committee members, editors, managers and other individuals who are in a position to control content are required to disclose any

relationships with any ineligible company(ies). The existence of these relationships is not viewed as implying bias or decreasing the value of the activity. Clinical content has been reviewed for fair balance and scientific objectivity, and all of the relevant financial relationships listed for these individuals have been mitigated.

Patricia Mangan, MSN, CRNP discloses the following relevant financial information with ineligible companies: Advisory Board/Consultant: Legend; Speaker's Bureau: BMS, Janssen (J&J), Karyopharm, Pfizer*, Amgen*, Takeda*

*Relationship has ended

Academy staff, planners, and reviewers have no relevant financial relationships with any ineligible companies.

Off-Label Usage: This presentation includes mention of medications that are not currently indicated in relapsed/refractory multiple myeloma (RRMM).

The opinions expressed in this accredited continuing education activity are those of the faculty, and do not represent those of the Academy. This educational activity is intended as a supplement to existing knowledge, published information, and practice guidelines. Learners should appraise the information presented critically, and draw conclusions only after careful consideration of all available scientific information.

Implicit Bias: Implicit bias refers to unconscious attitudes and stereotypes that influence our thoughts, judgements, decisions, and actions without our awareness. Everyone is susceptible to implicit bias, even clinicians. In healthcare, implicit biases can have a significant impact on the quality of care an individual receives. These biases can be both favorable and unfavorable, and are activated involuntarily without an individual's awareness or intentional control. Studies have indicated that healthcare providers' incorrect perceptions can impact providers' communications and clinical decision-making contributing to disparities in clinical outcomes. Addressing implicit biases in healthcare is critical to improving health outcomes and promoting health equity for all patients. Patient-centered care can reduce the impact of implicit bias, by treating each patient as a unique individual who may or may not hold beliefs associated with their backgrounds and circumstances. In addition, recognizing implicit bias in one's own practice using techniques such as self-reflection and mindful clinical decision-making can ensure more equitable and effective care for all patients.

Over the past several decades, cognitive science research has demonstrated human behavior, beliefs and attitudes are shaped by automatic and unconscious cognitive processes. The healthcare profession is devoting greater attention to how these automatic and unconscious processes impact care including: (1) preferential treatment toward or against specific patient populations causing healthcare inequities, (2) influence patient-provider communications leading to misunderstandings and mistrust, and (3) impact access to healthcare and affect treatment decisions resulting in misdiagnosis, delays in treatment and specialty referrals and poor pain management. Considering one might have unconscious biases and exploring them may be uncomfortable because the very idea that they exist may conflict with how clinicians perceive themselves. It is only by becoming aware of one's unconscious biases that members of the healthcare team can take steps to mitigate them to ensure all their patients receive quality healthcare.

For questions about this CNE activity, contact CEServices@academycme.org

© 2024/2025

Claim CNE Credit Here

