European Association for Cancer Education

European
Association
for Cancer
Education

27th Annual Scientific Meeting

26-28 March 2014

Hotel Mercure
Caen, France

Programme and Abstract Booklet

You cannot teach a man anything;
you can only help him to find it within himself.

Galileo

Tell me and I'll forget.
Show me and I may remember.
Involve me and I'll understand.

Anon

As a teacher I chart paths to lead my students from there to here and back again.
It's one thing to recognize effective teaching, quite another to guide someone to create it.

Anon

I am not young enough to know everything.

Oscar Wilde (1854-1900)

Conference Theme

Educating Everyone for Cancer Care and Palliative Care

The University of Caen was totally destroyed during the battle for freedom in 1944. As in the Greek myth of the Phoenix, she was born again from the ashes (Work by Louis Leygue 1954). History is full of battles between our countries, but science, discussion and education always bring us together.

Welcome Message

It is our privilege to welcome you to Caen for the 27th Annual Scientific Meeting of the European Association for Cancer Education.

The theme for this meeting is 'Educating Everyone for Cancer Care and Palliative Care'. For many of our patients, cancer is still a battle to be won and education is one of our strongest weapons in this battle.

Everyone is involved in some way. It begins with prevention, where our governing bodies must favour every kind of measure to educate every citizen towards a healthier life. Local organisers must convince and educate everyone to promote screening methods. Education of the general public, combined with easy access to diagnostic procedures, should allow earlier diagnosis, and subsequently increase the chances of successful treatments.

When treating cancer, it is not only the competence and skill of health care providers that can be increased by appropriate education. Clearly the patient is becoming much more involved in their treatment. Further, education of family and loved ones is now a very important concept in patient care. Supportive and palliative care transforms the life of our patient and this is further enhanced through education in these domains.

The breadth and variety of presentations gathered for this meeting illustrates the major impact of education as a key tool in our fight against cancer.

As always, we are delighted to welcome delegates from our sister organization, The American Association for Cancer Education (AACE). We invite our European colleagues to attend the International Cancer Education meeting in Clearwater, Florida: 22-25 October 2014, which is organised by AACE, CPEN and EACE. (CPEN: Cancer Patient Education Network)

Our thanks must go the EACE officers and to everyone in Caen who contributed to the preparation of this meeting.

Finally, and most importantly, we wish to thank everyone who submitted abstracts. This year we will hear from presenters from ten countries, spanning three continents, giving our meeting a truly International flavour Your fascinating, diverse and extensive work will contribute to the success of this meeting, making it a wonderful place for exchanging knowledge, experiences, ideas and promoting future collaborations. We hope that you will enjoy your stay and we look forward to seeing you and your colleagues at future meetings.

Local organising committee

Jean-Francois Héron
Khaled Meflah
Florence Joly Lobbedez
Jean-Louis Habrand
Marie-Christine Grach
Pierre Delassus
Sandrine Benoit
Cyrille Le Jamtel
Lucile Debonnaire

EACE Officers

Graham Dark
Senior Lecturer in Cancer Education
Northern Centre for Cancer Care
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK
President
Tel: +44 191 213 8477
Fax: +44 191 213 7960
graham.dark@ncl.ac.uk

Darren Starmer
Head of Assessment
School of Medicine
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
Australia
Vice-President
Tel: +61 89 433 0184
darren.starmer@nd.edu.au

Sabine Fromm-Haidenberger
Radiation Oncologist
Radiologist
Harthauserstr. 92b
81545 Munich
Germany
Secretariat
Tel: +43 699 10059484
Tel: +49 176 45538912
s.fromm@traunseenet.at

Joy Notter
Faculty of Health and Community Care
University of Central England
Franchise Street, Perry Barr
Birmingham
B42 2SU, UK
Past President
Tel: +44 121 331 5320
Fax: +44 121 331 5498
joy.notter@uce.ac.uk

Academie Gezondheidzorg
Saxion Hogescholen
Postbus 70.000
7500 KB Enschede
The Netherlands
Tel: +31 570 603683
Fax: +31 570 603611
j.notter@saxion.nl

Charles Kelly
Consultant Clinical Oncologist
Northern Centre for Cancer Care
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK
Board member
Tel: +44 191 233 6161
charles.kelly@nuth.nhs.uk

Kathrin Kirchheiner
Psycho-oncologist
Dept. of Radiotherapy
Medical University Währinger Gürtel 10-20
1090 Vienna
Austria
Board member
Tel: +43 40400 2639
kathrin.kirchheiner@akhwien.at

Krzysztof Szewczyk
Assistant. Professor
Department of Oncology
Wroclaw Medical University
Hirszfelda 12 53-412
Wroclaw
Poland
Board member
szewczyk@mp.pl
krzysztof.szewczyk@umed.wroc.pl

The European Association for Cancer Education (EACE)

Founded in 1987

Mission Statement

To improve clinical outcomes through the education and training of individuals involved within the cancer and palliative care continuum and to facilitate communication and networking between those involved in cancer and palliative care education.

Aims

- To facilitate communication and networking between those involved in cancer and palliative care education
- To improve interaction between policy makers, educators and those involved in the continuum of care of patients with cancer
- To support the translation of theoretical concepts into clinical care, for the benefit of patients, through research and education
- To provide training that enables individual educators and practitioners to:
    - Develop their practice using evidence-based approaches
    - Identify their needs for personal and professional development
    - Develop the skills necessary for reflective practice
    - Determine the effectiveness of their educational interventions

Target Audience

Cancer educators, physicians, nurses, dentists, social workers, students, educationalists, psychologists, researchers, other health professionals, staff members of comprehensive cancer centres and/or cancer societies/leagues.

Fields of Cancer Education

Undergraduate and graduate medical, nursing, and dental cancer education; public and patient cancer and palliative care education.

Statement of Purpose

- To achieve excellence in cancer education by promoting and identifying the highest standards of education for health care professionals and others, thereby improving standards of care.
- To work collaboratively and proactively with other cancer educators to more effectively meet the needs of cancer patients and their carers.
- To strengthen the individual and collective expertise of our members and to ensure dissemination of this expertise by holding an annual scientific meeting
- To promote educational research in partnership with clinical disciplines and practitioners

Activities and Range of Services Available

- Hold an annual scientific meeting
- Publish with the AACE, the Journal of Cancer Education four times a year
- Have an exchange agreement with the AACE so that members of either association can attend scientific meetings at a reduced registration fee
- Identify members with similar interests and facilitate opportunities for networking

Resources

- An active Executive Board
- Journal of Cancer Education (JCE)
- Reduction in registration fees for both EACE and AACE annual scientific meetings

Action Plans

- To seek to develop appropriate opportunities for educational research and development proposals for external funding
- To ensure effective working communications between the Executive Board, local planning committees, members and prospective members to support local initiatives under the auspices of EACE.

Membership

Membership of the Association is open to all individuals in any area of cancer education
Applications for membership should be made to the Secretary of the EACE

The Journal of Cancer Education

The Journal of Cancer Education (JCE) is the official journal of the AACE and EACE. Of the many journals devoted to cancer, only JCE deals with the cancer education of students, practitioners, patients, and the community. Its readership includes physicians, dentists, nurses, allied health professionals, educators, students and social workers.

The Journal

- Reports results of educational research
- Examines the management of cancer patients
- Evaluates undergraduate, and postgraduate education programmes.
- Regular features include original reports, commentaries, book and media reviews, and announcements of educational programmes, fellowships and grants.

Scientific Meetings

The EACE hosts an annual scientific meeting each spring: the AACE in the autumn. Members are urged for both associations to present papers/posters on new and innovative techniques in cancer education for health profession students, practicing health professionals, cancer patients, and the general public.

Share your knowledge.
It's a way to achieve immortality.

Dalai Lama

Annie Bosch Memorial Poster Prize

This award has been founded in memory of Annie Bosch (1946-2002), previously, secretary and treasurer of the European Association for Cancer Education 1998-2001.

Annie originally trained as a teacher, and then moved into health care and trained as a nurse. Although she remained in healthcare, she never lost her enthusiasm for, and involvement in education. It was therefore not surprising that Annie ultimately worked for the Comprehensive Cancer Centre for the East Netherlands IKO where she became director for Nurse Education and training. She pioneered several initiatives in education, including education support teams for palliative care, and multimedia interactive education packages. Annie also had a keen interest in palliative care and was a founder member of the International Palliative Nursing Network (IPNN).

Her commitment to improving cancer care together with her generous and caring personality, boundless energy and a love of life meant that Annie was a supportive and caring colleague that will always be remembered by her friends and colleagues.

This award has been funded by her husband Henk Schok to enable her legacy of supporting colleagues as they strive to improve not only their care but also their education and dissemination skills.

This award is presented to the author of the best poster of the scientific meeting as voted by the attending delegates. This is only awarded if posters are included in the meeting format.

Professor Ullabeth Sätterlund Larsson Memorial Prize

This award has been founded in memory of Professor Ullabeth Sätterlund Larsson (1939-2004), President of the European Association for Cancer Education 1995-1997, who always with great generosity, warmth and care received newcomers on the scientific arena.

Ullabeth was professor at the Institute of Health Care Pedagogics at the Sahlgrenska Academy, Göteborg University, Sweden, and also Assistant Dean at the new Faculty of Health and Caring Sciences. She belonged to the first generation of Swedish nurses, who achieved a doctoral degree and embraced an academic career. From 1997-1999 she was the Director of Research at Vänersborg University College of Health Sciences and in 2000 at The University of Trollhättan/Uddevalla. In 2000 Ullabeth became a full professor of Health Care Pedagogics at Göteborg University, where her research focused mainly on communication, health and life style. Then from 2002 to 2004 she was head of a national research platform at the Swedish Vårdal Institute.

She was an active member of EACE and hosted the first Swedish EACE meeting in Linköping 1993. With great enthusiasm, extraordinary skills and humour, she opened the door for those who wanted to go into research and development work.

In line with her caring legacy and her encouraging and confirming attitudes towards new researchers, the Board of the European Association for Cancer Education and Ullabeth Sätterlund Larsson's family have decided to give this prize to a first time presenter, who has demonstrated innovation within the field of cancer education.

This award will be presented to the author, as a first-time presenter at EACE, that is judged as delivering the best overall presentation at the scientific meeting, as voted by the attending delegates.

Conference Programme

Wednesday 26 March 2014

13.30	Registration desk opens Hotel Mercure, Caen City Centre	**Chairperson**
14.00	**Introduction** Welcome from the EACE President Local organising committee Host organisation	Graham Dark Jean-Francois Héron
14.30-16.00	**Session 1: Health Professional Education 1** abstract presentations	Darren Starmer
16.00-16.30	Refreshment break	
16.30-18.00	**Session 2: Health Professional Education 2** abstract presentations	Sabine Fromm-Haidenberger
18.00-18.30	**Session 3: A patient and his disease** A personal reflection	Joy Notter
19.00	Walking tour of the Castle of William the Conqueror (Walking distance)	
20.00	**Dinner on your own** Delegates may wish to explore local options for food individually or join a group at Café Mancel (€35) and then walk together back to the hotel	

In the absence of clearly-defined goals, we become strangely loyal to performing daily trivia until ultimately we become enslaved by it.

Robert Heinlein (1907-1988)
US Science fiction author

People learn best when they are pursuing goals that they really care about and when what they learn helps them attain their goals.
The best means of learning has always been experience.

Roger Schank (2002)
Socratic Arts

Conference Programme

Thursday 27 March 2014

8.00	Registration desk opens Poster authors to set up their posters	**Chairperson**
8.30-10.30	**Plenary** Baroness Finlay of Llandaff **Session 4: Palliative Care Education 1** abstract presentations	Joy Notter
10.30-11.00	Refreshment break and viewing of posters	
11.00-12.300	**Session 5: Palliative Care Education 2** abstract presentations	Ilora Finlay
12.30-13.30	Lunch	
13.30-15.00	**Workshop** Standard setting in assessment	Graham Dark Darren Starmer
15.00-15.30	Refreshment break and viewing of posters	
16.00-17.00	**Session 7: Research and Training** abstract presentations	Charles Kelly
17.00-18.00	**Session 8: Poster Session** Can all authors stand by their posters for discussion	
18.30-21.30	**Guided Tour of Centre François Baclesse** Visit to the Cyberknife Unit, Surgery Robot and Patient's Information Centre Departure by Town Bus, Meet in the Foyer of Hotel Mercure Dinner at Centre François Baclesse	
21.30	**Return by Town Bus**	

Integrity without knowledge is weak and useless, and knowledge without integrity is dangerous and dreadful.

Samuel Johnson (1709-1784)
Author, critic and lexicographer

Conference Programme

Friday 28 March 2014

8.00	Registration desk opens	**Chairperson**
8.30-10.00	**Session 9: Educating Patients and Family 1** abstract presentations	Jean-Francois Héron
10.00-10.30	Refreshment break	
10.30-12.00	**Session 10: Educating Patients and Family 2** abstract presentations	Krysztof Szewczyk
12.00-12.45	**AACE Plenary** Levi Ross, AACE President	Graham Dark
12.45-13.45	Lunch	
13.45-15.30	**Session 11: Health Professional Education 3** abstract presentations	Graham Dark
15.30-16.00	Refreshment break (Please can all authors remove their posters)	
16.00-16.45	**EACE Annual General Meeting** All delegates welcome	EACE President
16.45-18.30	Break	
18.30-19.30	**The Milly Haagedoorn Lecture** Radoslaw Tarkowski : Looking with hope into the future. Undergraduate cancer education improves clinical outcomes	Darren Starmer
19.30	Meet in the Mercure Hotel foyer for a short walk to Restaurant le Dauphin	
20.00-23.00	**Conference Dinner**	

Bloody instructions, which, being taught,
Return to plague the inventor.

William Shakespeare (1564-1616)
Macbeth (Act 1, Scene 7)

EACE Annual General Meeting Agenda

Date: Friday, 28th March 2014
Location: Hotel Mercure, Caen

1. Welcome and apologies (GD)
2. Revision and acceptance of last minutes (GD)
3. EACE board
4. Report from President (GD)
5. Report from Vice-President (DS)
6. Report from secretariat (S F-H)
7. Research fund (CK)
8. EACE 2014 – Report from conference committee (J-F H)
9. Future scientific meetings/venues
10. 2015 – Heidelberg / Germany
11. 2016 – Suggestions for locations
12. Any other business
13. Close of AGM

ICEC 2014: International Cancer Education Conference

22-25 October 2014

Sheraton Sand Key Resort
Clearwater Beach, Florida, USA

Theme: Building Global Bridges, Providing Quality Cancer Education

The 2014 International Cancer Education Conference is co-organized by the American Association for Cancer Education (AACE), the Cancer Patient Education Network (CPEN), and the European Association for Cancer Education (EACE). These organizations will collaboratively host the International Cancer Education Conference in Clearwater Beach, Florida, from 22-25 October 2014. The conference is jointly sponsored/co-provided by USF Health and AACE.

Abstract submission is now open with a deadline for submission of 1 May for both oral presentations and poster presentations. Abstract notifications will be made no later than 30 May.

For more information have a look at:

http://www.2014.attendicec.org/

Evaluation forms

During the meeting evaluation forms will be handed out for completion. We greatly value the feedback that you provide and act on the results to improve the meeting content and structure.

Mobile phones

We would be grateful if all participants could ensure that their phones and other electronic devices are switched to silent mode.

Times subject to change

Please note that all timing are subject to change and the chairperson for each session will endeavour to keep to time.

Any alteration to the programme will be announced at the beginning of each session.

Presentations

If you have a presentation, please note that the total time for the presentation is 15 minutes which should be 12 minutes for the delivery and then 3 minutes for questions. The chairperson will stand up when there is 1 minute remaining and therefore, if this occurs you should immediately begin to round up your presentation. If the delivery reaches 15 minutes, the chairperson will stop your presentation to ensure fairness for all present.

Networking

We always encourage networking at EACE meetings and therefore, please can you wear your name badge at all times. This will allow someone to introduce themselves to you and to discuss your work and contributions. Please make use of the refreshment breaks to meet new faces and enjoy the networking.

The illiterate of the future will not be the person who cannot read.
It will be the person who does not know how to learn.

Alvin Toffler

Wednesday 26 March

Presentations

Castle of William the Conqueror
(11th Century)

Arc en ciel du matin
Meut l'iau en ch'min ;
Arc en ciel du ser
Euspoère

Rainbow in the morning
brings the rain for the day
Rainbow in the evening
Brings hope
(Norman quote)

The question isn't:
‘What if we train people and they leave ?’

The question should be:
‘What if we don't train people and they stay ?’

Brian Tracy

To gain the most from your life journey,
treat every person you meet as a teacher
and every situation you experience as a learning opportunity.

Eric Allenbaugh

Employee: I desperately need to take this training.

Boss: We can't spare you. Send Wally and have him tell you what he learned.

Employee: I'm awed by the sheer artistry of your mismanagement skills.

Boss: Thank you.

Anon

Is knowledge knowable ?
If not, how do we know this ?

Woody Allen (1935-)
Film Director and Author

Mobilizing everyone for teaching to other staff members healthcare safety and quality

Healthcare safety and quality training have received a vigorous impulsion from the certification process. Combined with the two Cancer Plans, it brought a clear progress toward better care for cancer patients.

Objectives

Although certified for the third time, our Cancer Centre clearly did not possess a real culture and a common language for quality. Sharing experience between the various personals could be a stimulating and original teaching method, enforcing the solidarity and confidence between the teams and a strategy to increase the quality awareness of everyone.

Methods

On a particular day, we reduced the normal workload in order to allow all healthcare and other professionals to participate to workshops and presentations about care quality and progresses in Cancer treatment. Various teams conceived these workshops, concerning subjects related to cancer treatment, healthcare safety and quality processes. We requested imagination, in order to find stimulating pedagogical methods arousing interest and discussion. Plenary sessions welcomed outside invited orators and actors.

Results

Three sessions have been organized every year since 2011. Participants were numerous (527 in 2011, 710 in 2013); 32 (37 in 2012) workshops were elaborated with 125 (111) sessions. Participants and animators evaluated every event. A global note of 80% translated the general satisfaction of all participants. We conducted a detailed analysis. The best workshops received prizes at the end of the days (action for patients, best pedagogical workshop, and progress for the personal, responses to a quiz).

Conclusion

Quali'Day was an opportunity to share experience and expertise on healthcare related topics in a friendly atmosphere, which motivated team spirit. This day also confirmed the general assertion of our Centre towards innovation, quality of care and health security, for the benefits of our Cancer patients. We are now planning other ways, to stimulate further the appropriation of quality spirit.

Authors:

Hélène Bru
Quality Director
Quality and Healthcare
Security Unit
Centre Régional François
Baclesse
3 Avenue du Général Harris
14000 Caen France
h.bru@baclesse.fr

Fabienne Divanon
Head Pharmacist
Pharmacy Unit
Centre Régional François
Baclesse
3 Avenue du Général Harris
14000 Caen France
f.divanon@baclesse.fr

Sandra Gilles
Quality and Healthcare
Security Unit
Centre Régional François
Baclesse
3 Avenue du Général Harris
14000 Caen France
s.gilles@baclesse.fr

How to improve the quality of the decision during multidisciplinary meetings in oncology: the example of the Onco-Urology meeting at Centre François Baclesse

Authors:

Florence Joly-Lobbedez
Professor of Oncology
Medicine Faculty of Caen
Centre François Baclesse
Avenue du Général Harris
14000 Caen France
f.joly@baclesse.fr

Emmanuel Sevin
Medical Oncologist
Coordinator on the Onco-Urology Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
e.sevin@baclesse.fr

Since the first French Cancer Plan, all the records of cancer patients must be discussed during multidisciplinary meetings, including at least 3 specialties (surgeons, radiotherapists and oncologists). For each patient, a list of important medical parameters, identified by National Institute of Cancer (INCA) should be systematically reported as the support for discussion and proposition of treatment decision should be argued according to updated guidelines. The greater the number of physicians participating to the multidisciplinary meeting; the more difficult it is to fully meet these objectives. The Onco-Urology meeting is a weekly regional multidisciplinary meeting gathering more than 20 physicians from 4 cities. In order to improve the efficiency of the meetings and the quality of the proposed decision, we have developed since 3 years a program

1) to improve the quality of the data collected
2) to validate the decisions proposed during the meeting and
3) to continuously organize scientific meetings (continuous education).

We have developed a structured questionnaire to collect medical data, to answer specific questions and to give a decision making proposition; this questionnaire is shared by all the participants wherever they are, via a website. To register patients, the physician should fill in all the key fields in the questionnaire. If the clinical situation is standard and well identified in our Basse-Normandie Guidelines, the record will be not discussed during the meeting. If the decision-making proposition is not included in the Guidelines, the physician should argue with publication references. In a second time, all the proposed decisions are validated by the coordinator of the meeting. Every 2 years, the group reviews the Onco-Urology Basse-Normandie Guidelines and transmits the new version to all physicians in Basse-Normandie via the Oncology Network. Every 2 months, after the usual meeting, we organize a short scientific meeting (one or two hours) about a new medical question-inviting guest speakers specialized on identified topics. Twice a year, post-congress meetings summarize the most important communications in the Onco-urology field. We are now in the process of evaluating, if this program has improved the quality of decision-making propositions in our multidisciplinary Onco-urology group, by using the indicators identified by INCA.

Abstract 2

Post-graduate cancer education and training in Lithuania: harmonization according to EU rules

Authors:

Ernestas Janulionis
Scientific Director
Vilnius University
Santariskiu str. 1
LT-08660 Vilnius Lithuania
ejanulionis91@gmail.com

Narimantas Evaldas Samalavicius
Director Head of Clinic
Vilnius University
Santariskiu str. 1
LT-08660 Vilnius Lithuania
narimantas.samalavicius@vuoi.lt

Vydmantas Atkocius
Deputy Director for Science and Education
Vilnius University
Santariskiu str. 1
LT-08660 Vilnius Lithuania
vydmantas.atkocius@vuoi.lt

Ramune Mineikyte
Chief Project Coordinator
Vilnius University
Santariskiu str. 1
LT-08660 Vilnius Lithuania
ramune.mineikyte@vuoi.lt

Jurgita Liutkeviciute-Navickiene
Surgeon (Oncology)
Vilnius University
Santariskiu str. 1
LT-08660 Vilnius Lithuania
jurgita.navickiene@vuoi.lt

Purpose

To discuss Lithuanian postgraduate cancer education situation according to 2013 data.

Methodology

The residency programmes, internal University documents, global standards for medical education, Health Information Centre data, data of Lithuanian Department of Statistics, national and international law documents, which regulates postgraduate education processes, were analysed. In Lithuania such a speciality as clinical oncologist is absent: as an independent specialty in oncology, there are Medical oncologist and Radiation oncologist. All oncologists complete rigorous residency training in clinics. Radiation oncologists require four years and Medical oncologists - five years of postgraduate education. Postgraduate education and training is arranged at the university and university hospital or institution chosen and accredited by the university. Every year 6-8 residents are accepted into Medical and Radiation oncology programmes, which is 2-3 percents of all medical residents in Lithuania. First two years residents separate courses are performed in different resident's basis. 3rd-4th-5th years Medical and Radiation oncology basis are at Vilnius University and at Lithuanian University of Health Sciences.

Results

Today we have licensed 45 Radiation and 56 Medical oncologists in Lithuania. It means one Radiation oncologist and one Medical oncologist was designed for 397 and 319 new cancer cases per year, respectively, or there were 0,3 practising specialists per 10 000 population. Most of other medical residency programmes have oncology for only 1 month on the 1st or the 2nd residency's year. These programmes have to be extended, especially for family physicians and internal medicals. The training of teachers' educational skills is still imperfect, especially in terms of international experience. As the material supply of the university increases, the activities for teachers' educational skill improvement are actively promoted. All residency programmes are certificated by the Centre for Quality Assessment in Higher Education and are recognised by a number of countries, including all EU countries.

Abstract 3

Tutorship at Centre François Baclesse: A partnership with the Nurse University School of Caen

Authors:

Sophie Anceau
Human Resources Service
Centre François Baclesse
Avenue du Général Harris
14000 Caen France
s.anceau@baclesse.fr

Sandrine Lebreton
Professor
Institut de Formation en Soins Infirmiers
CHU de Caen
Avenue Côte de Nacre
14000 Caen France
lebreton-s@chu-caen.fr

Samuel Lecordier
Unit Head Nurse
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
s.cordier@baclesse.unicancer.fr

Sandrine Benoit
Director Nursing Department
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
s.benoit@baclesse.fr

Tutorship is one of the methods to integrate new personals in a staff and transmit the values of an institution. As we show in another presentation (S. Anceau and al), we have educated volunteer senior staff members, in every kind of professions or services, to become tutors for accompanying new employees. Specific educating tools, interviews and assessments have been elaborated by the tutors during specific sessions (three times a year) where experiences are shared. This legal obligation increases the competence level of arriving employees in order for them to assume quicker, safer and better their new position.

A specific tutorship has been elaborated for the newly recruited nurses coming for the near Nurse University School of Caen, as well as for the trainees that we welcome every year.

A reference booklet has been elaborated in association with the Nurse School Professors, describing good nurse practice for cancer and palliative care as well as usual care.

Each or our trained tutors actively participates to the appropriation of these practices by one or more trainee(s).

Moreover, in parallel with the 6th semester of Nurse University, they introduce the trainee to a personalised exercise of professional practice analysis (audits, comparison with reference practice and standard attitudes), in conjunction with a Nurse University Educator.
By this specific training, we intend to favour the articulation and transition between University teaching and professional life for our new nurses and allow them to enjoy a safer care practice and a satisfying job.

Abstract 4

Training in radiotherapy (RT): The paradigm of advanced technologies

Advanced technologies in RT are gaining a growing place in the modern armamentarium. Part of them are based on sophisticated modes of delivering “conventional” types of radiations (i.e. photons or X-Rays), based on highly specialised computer-driven robotised accelerators (tomotherapy, gamma knife, cyberknife) that administer the dose with unprecedented accuracy (i.e. millimetres vs centimetres as far as conventional techniques) to tumour targets, with remarkable sparing of surrounding normal organs. Others explore new types of particles such as protons and carbon ions (“hadrontherapy”) that exploit both accuracy of dose-administration, and original biological properties.

These advanced programs request specific procedures (such as implantation of fiducial markers), specific embarked equipments (such as on-line imagers), and highly reliable quality control and assurance procedures, esp. when mobile targets (located in thorax or upper abdomen) are concerned. In this context, specific trainings need to be designed, to teach and train involved physicians, biophysicists, dosimetrists, technologists, nurses, and engineers. A large part of these advanced technologies are being implanted at our institution, including the ARCHADE program of hadrontherapy, and examples of training programs offered by industrial companies, or medical associations will be presented.

Authors:

Jean-Louis Habrand
Professor of Radiotherapy
Head of Radiotherapy Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen, France
jl.habrand@baclesse.unicancer.fr

Dinu Stefan
Radiotherapist
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen, France
d.stefan@baclesse.unicancer.fr

Julien Geffrelot
Radiotherapist
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen, France
j.geffrelot@baclesse.unicancer.fr

André Busson
Radiotherapist
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen, France
a.busson@baclesse.unicancer.fr

Jean Datachary
Radiotherapist
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen, France
j.datcharry@baclesse.unicancer.fr

Alain Batalla
Head of Radiophysics Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen, France
a.batalla@baclesse.unicancer.fr

Abstract 5

The CAPTOR Training Projects

Authors:

Anne-Laure Fize
PHUC CAPTOR WP4
Institut Claudius Régaud
22-24 rue du Pont Saint Pierre
31052 Toulouse
anne-laure.fize@univ-tlse3.fr

Roland Bugat
Professor of Oncology
Institut Claudius Régaud
22-24 rue du Pont Saint Pierre
31052 Toulouse
bugat.roland@claudiusregaud.fr

Education is an essential component of the CAPTOR project with three main objectives: evaluate education programs, determine needs and create training sessions for cancer therapy related jobs needed in the coming future. It also aims to develop the general knowledge about cancer therapies for patients and caregivers.

Coordinated by Pr Guy Laurent, the CAPTOR project (Cancer Pharmacology of Toulouse Oncopole and Region) is one of the two French PHUC’s (Pôle Hospitalo-Universitaire du Cancer) and has been bearer of the program "Investing for the Future”, a €10 M project. CAPTOR is the federative project for the Toulouse Oncopole and benefits from the skills and experiences of Toulouse III - Paul Sabatier University, CHU in Toulouse, Institute Claudius Regaud, INSERM (French Medical Research), CNRS (National Research Institute), and industrial partners like Laboratories Pierre Fabre or Sanofi.

CAPTOR has incorporated the three main dimensions of the universal fight against cancer (care, research and education) with four priority areas: innovation (WP1), drug evaluation (WP2), social pharmacology (WP3) and education (WP4).

WP4 is directed by Pr Roland Bugat and seeks to fulfil the need for new professional competencies by evaluating and creating trainings in biological and engineer sciences or clinical research and for new jobs linked to sustainable care, above all out-patient treatment.

For example, we are working on the evaluation of the three French master degrees for patient pathway coordination and we project to analyse the profile of cancer coordinating nurses in order to work on a new formation project.

Moreover, we have created a new University degree (DU) about adverse effects of cancer therapies and are working on a clinical research training focused on cancer trials. We also are studying the possibility of creating “sandwich trainings” for technical bio banks or imagery/radiotherapy new jobs.

Finally, we also work with associative partners to develop popular scientific mediation actions to promote scientific trainings and inform the general public on cancer therapies.

Abstract 6

Postgraduate Education in Oncology Nursing and Palliative Care in the US

Authors:

Linda U. Krebs
Associate Professor
University of Colorado
College of Nursing
Anschutz Medical Campus
Aurora, Colorado, USA
Linda.Krebs@ucdenver.edu

In the US, post-graduate education in oncology nursing and palliative care runs the gamut from informal to formal education programs. Education can include on-the-job training and/or formal education through post-graduate and certificate programs and Masters, DNP or PhD degrees focused on these specialties. Following completion of an education program, many nurses complete a national certification exam, denoting accomplishment of meeting the standards for oncology or advanced oncology nursing practice.

Informal education generally is provided by a practice site and may focus on specific areas such as chemotherapy administration, side effect management, cancer prevention and early detection and the specifics of palliative and hospice care. Programs may include an internship and/or residency in oncology nursing for the newly graduated RN and may last from 3 to 6 months or more.

Formal graduate education may include certificate programs (online and in-person) and masters level education as a nurse practitioner or clinical nurse specialist. These latter programs last from 24 to 36 months with a clinical and education focus on the skills and knowledge needed to be an Advanced Practice Registered Nurse (APRN) in the areas of oncology and palliative care. Formal education can continue with a PhD or DNP (Doctor of Nursing Practice) degree. The former educate the nurse to focuses on research and creating knowledge related to cancer and palliative care, while the latter focuses on in incorporating research and knowledge into care through evidence-based practice.

This presentation will briefly discuss US opportunities for cancer and palliative care nursing education once RNs have graduated from an accredited nursing program.

Abstract 7

Authors:

Cyrille Le Jamtel
Psychologist
Animator of Ethics Unit of
Baclesse Cancer Centre
Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
c.lejamtel@baclesse.unicancer.fr

Marie-Christine Grach
Head of Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
mc.grach@baclesse.fr

Nathalie Fortin
Nurse
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
n.fortin@baclesse.unicancer.fr

Abstract 8

Let’s pass our Beneficence Exam!!

Introduction

Since 2008, in François Baclesse Comprehensive Cancer Centre, the Group of Ethics (G.R.E) is composed of 16 members (physicians, caregivers, volunteers) and is dedicated to carry out an ethical reflection and to educate hospital workers about ethical issues in the field of oncology (free informed consent, clinical research, oncogenetics, end of life…).

Our reflexion is based on the Four Principles, originally devised by Beauchamp and Childress in their textbook Principles of Biomedical Ethics (Autonomy, beneficence, non-maleficence and justice)

Methods

To demonstrate the efficiency of this model, we created a workshop based on an analogy to the French driving licence exam.

The workshop was used in several occasions (internal or external sessions, Quali'day) and with different populations (students, caregivers, volunteers) and it received an award in 2012 during the National Congress of Palliative Care in Strasbourg. The participants, wearing their yellow security jacket, are divided into different teams by the animators and have to observe carefully 15 photographs which represent daily situations involving patients, family and caregivers. The provocative style of each photograph pushes each teams to express their opinion. The aim of the session is to talk about beneficence and what is called “ordinary mistreatment”.

Results and Conclusion

An evaluation was realized during Quali'Day. 75 participants, 43 satisfaction questionnaires, level of satisfaction 77%. The level of satisfaction and the reaction of participants indicate that this workshop is a good way to inform and debate about beneficence. The humoristic methodology, the use of photograph without any text make this workshop a cross-cultural and open resource that we are happy to share with you for your own needs in your country.

Interactive demonstration of the six-steps SPIKES protocol for application in cancer information and communication settings

The SPIKES protocol is known as a communication tool for breaking bad news to patients about their illness. It has been applied successfully to a wide spectrum of doctor-patient communication, but it can also enhance the quality and effectiveness of communication in other professional groups.

Cancer Information Services (CIS) provide tailored, quality information and counselling free of charge through various channels. They are an important source of information for patients, their families, health care providers and the general public. Studies, including several surveys conducted by the German Cancer Information Service (KID), show clearly that users need quality information tailored to their individual situation and delivered in a comprehensible, empathic way. Hence communication skills play a central role for the success of the interaction between cancer information specialists and patients.

In this session, a training video produced by KID with support of Walter Baile, MD Anderson Cancer Center, and of the Media Center at the University of Heidelberg, is used as guide through the six steps of the SPIKES protocol, showing two telephone interactions between a cancer information specialist and a user of the service. This session facilitates an interactive step-by-step process for the participants, with the aim of applying, assessing and evaluating this tool in settings related to cancer information and counselling.

Authors:

Monika Preszly
Health Educator
Cancer Information Service
German Cancer Research Center
Im Neuenheimer Feld 280
69120 Heidelberg Germany
m.preszly@dkfz.de

Andrea Gaisser
German Cancer Research Centre
Cancer Information Service
Im Neuenheimer Feld 280
69120 Heidelberg
Germany

Abstract 9

An Interdisciplinary Approach to an Inoperable Tumour

Authors:

Maria C. Bishop
Staff Physician
Haematology/Oncology
Southern Arizona VA
Healthcare System
Associate Professor of
Medicine
University of Arizona
Tucson AZ USA
mbishop@azcc.arizona.edu

Russell S. Crawford
Clinical Pharmacist
Haematology/Oncology
Adjunct Professor- University
of Arizona College of
Pharmacy
Tucson AZ and Midwestern
University Glendale AZ
russell.crawford@va.gov

Morgane C. Diven
Clinical Pharmacist
Haematology/Oncology
Adjunct Professor-University
of Arizona College of
Pharmacy
Tucson AZ USA
morgane.diven@va.gov

Abstract 10

An interdisciplinary approach to patient care is a thread in the University of Arizona's Medical School curriculum.

The Southern Arizona VA Health Care System, a major teaching partner of the University, incorporates this model of care in teaching haematology/oncology fellows, residents and students.

An interdisciplinary collaborative approach with our pharmacist has been used to teach: a) principles of pain management and supportive care, b) indications, risks and benefits of chemotherapy, and c) management of treatment toxicity.

An example of how this partnership is applied in the clinical setting was demonstrated during an oncology tumour board when a thirty seven year old woman with an inoperable tumour was presented. The patient had a giant cell tumour involving the posterior mediastinum with direct extension into the thoracic spine. Our radiation oncology colleagues offered radiation therapy and inquired if there was effective chemotherapy. In the past, chemotherapy was not considered an effective treatment option.

A review of the current literature was recommended and conducted by our pharmacy colleagues and medical oncologist. Or pharmacy colleagues include staff clinical pharmacist and pharmacy residents enrolled in their Pharm.D residency program. During this presentation I will present the role of the interdisciplinary team and the positive affect it had on our patient's outcome. I will also discuss the role of the interdisciplinary team in developing the patient's survivorship care plan.

MOOCs in Cancer Education

MOOCs (Massive Open Online Courses) have become extremely rapidly growing phenomena in distance education in the last five years. They have grown on a worldwide basis and are one way that academic institutions in developing countries can produce and develop their own materials even offering opportunities to distribute or sell back materials to the developed world.

One of MOOCs (among other innovations) has been in developing partnerships with non academic and non university providers.

The development of Futurelearn in the UK in the last year has included courses in basic cancer biology, but in general fewer cancer topics have been developed for MOOC delivery. This presentation illustrates some of the advantages and disadvantages of using MOOC tools for cancer education and how cancer MOOCs could develop in the future; it explores where this form of distance learning may fit in with other online cancer education strategies.

Authors:

Charles Kelly
Consultant Clinical Oncologist
Northern Centre for Cancer Care
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK
charles.kelly@nuth.nhs.uk

Abstract 11

Tutor support for students that fail MBBS finals: Small group activities that address confidence

Authors:

Graham G. Dark
Senior Lecturer in Cancer Education
Newcastle University
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK
graham.dark@ncl.ac.uk

In undergraduate medical studies in Newcastle approximately 3.5% of final year students fail their final examinations. For some students this is a surprise and for others they may have had areas of weakness identified during their studies but failed to address them adequately.

A tutorial and preparation group was formed and led by a skilled educator. This delivered small group learning activities that focused on identifying areas of weakness in clinical skills and foundation knowledge that underpins clinical medicine. All students fundamentally had a lack of confidence but more importantly had difficulties in their learning and demonstrated inadequate study skills.

The critical deconstruction of clinical methods through bedside teaching and then allowing students to practice in a controlled environment directly improved confidence. This also delivered greater authenticity, aligned with their assessment and allowed the students to make errors and receive immediate feedback from the tutor.

A total of 30 hours of teaching was delivered to a variable sized group from the cohort of 13 students. 5 hours was delivered as slide-based teaching with illustration of clinical signs and practice with presentation of findings. The remaining hours were delivering clinical skills teaching using one of the students as a patient and providing focus on critical examination technique. All attendees were given opportunity to practice under pressure watch by an examiner with immediate feedback on their performance.

Aspects identified for further refinement in future events included allowing more opportunity to practice history taking, increasing the variety of activities aligned with identified need. The nature of the group makes it more difficult to run an activity for a single student. Overall the sessions were well received that boosted confidence, improved diagnostic reasoning and all students passed their resit examinations in June 2013.

Abstract 12

A patient and his disease:
Something to think about and to challenge your views

Paul has over 40 years experience of working in the NHS, Prison Service College and Higher Education, 20 years at middle, senior & executive positions. He has a unique and extensive experience of clinical, operational, strategic, change & project management, quality assurance, independent homicide investigations/inquiries, NHS inquiries, Governor NHS Foundation Trust, Executive Board member. He is the former Head of Nursing & Midwifery at Birmingham City University (UK) and is currently self-employed as an Independent nurse and integrated health, social and justice sector consultant. He is passionate about service user and carer involvement, quality assurance and equality. Oh yes, he was diagnosed with bowel cancer in 2005.

A brief recap on his own diagnosis of bowel cancer and treatment in addition to the impact at the time and that of his mothers' diagnosis 5 years later will be given. Following this Paul will offer his reflections and feelings on cancer charities advertising and the impact they can have. He will attempt to conclude by showing not everyone with cancer will react in the same way and asks that those working in cancer care remember to treat people individually.

Authors:

Paul Illingworth
Independent nurse and health, social and justice sector consultant
THIS (Targeted Health Integrated Solutions)
this.health@hotmail.co.uk

Abstract 13

To travel, to experience and learn: that is to live.

Tensing Norgay (1953)

When you're not learning – someone, somewhere else, is.
When you meet – guess who has the advantage ?

Bob Pritchard

Give the students an environment which is full of interesting things that need to be done.
John Dewey (1915)
Schools of Tomorrow

From my teacher Parmenides, I learned the teaching method of question and answer, rather than delivering long lectures.
Socrates (400 B.C.)
In Plato's Sophist

If you want to learn how to ride a bicycle, you have to ride a bicycle.
If you want to learn how to bake a cake, kiss a girl, understand thermodynamics, or kiss a boy, you have to do those things. Explanations from somebody who already knows can help.
But no matter how good the explanation, the best way to learn is when we are actively engaged.
Sotto (1994)
When Teaching Becomes Learning
A Theory and Practice of Teaching, Cassell, London

Thursday 27 March

Presentations & Workshop

Men's Abbey
Burial place of William the Conqueror
(From 11th Century)

Norman quotes:
'Quand l'horizon n'est pas bien net, reste à la buvette !'
(When the weather is not clear, better stay in the pub!)

'Vaut mieux être saoul que con: ça dure moins longtemps'
(It's better to be drunk than stupid, it doesn't last so long!)

EUROPEAN
ASSOCIATION
for CANCER
EDUCATION

Authors:

Professor the Baroness Ilora
Finlay of Llandaff
Professor of Palliative
Medicine
Velindre Hospital
Cardiff CF142TL, UK
ilora.finlay@wales.nhs.uk

Abstract 14

Teaching palliative care

Palliative care aims to address all aspects of patients' distress – the physical symptoms as well as psychosocial concerns, emotional distress and spiritual turmoil. Not all patients have distress in all domains, but the philosophy is to provide holistic care, that meets patients' wishes and needs. This has to be considered in the framework of the patient in the family.

The use of patient feedback as a powerful educational tool and a vector for change has been used in Wales for over five years.

We therefore started asking for feedback on every patient referred to specialist palliative care services, either from the patient or their family. The results have been astonishing. In the last 12 months we had feedback from 1834 patients or their relatives. They rate the services very highly with an average score of 9.56 out ten. 1728 (94.2%) were overwhelmingly positive (≥ 8/10), of which 415 (22.6%) were perfect (10/10 in all domains). But importantly 26 (1.5%) were poor and they have prompted changes to ensure the services are patient focused.

The feedback has been used to bring about change. Services have moved to be provided 7 days a week, not just Monday to Friday. It was not expensive – it has cost on average £14,000 per team – and has saved money to the NHS through intervening before problems worsened over a weekend.

By listening to patients, we aim to ensure that patients are offered treatments they want and that might be helpful. They are not pressurised into having things done that they do not want, or have little chance of benefit. Patients must be able to go home rapidly when they want, through rapid discharge. In short, the patient voice has transformed service delivery and influenced education.

End of Life decisions or ending life decisions

There is a misconception that stopping futile treatments is euthanasia by another name.

The presentation will clarify the differences between these actions. When treatment is no longer achieving its therapeutic goal it becomes a burden to the patient and to the health care system, often representing a waste of resources (e.g. continuing with chemotherapy when there is no benefit but only adverse side effects). In such situations it is ethically correct and legal to stop treatment. Similarly treatment cannot be given against a patient's wishes; it is a patient's right to refuse treatment. In both situations the disease process may progress to death, but not always. In these situations the patient must have all care continued, even if they have refused some aspect of treatment; their death is natural causes from the underlying disease.

In physician assisted suicide (PAS) – where the patient ingests a lethal dose of drug – or euthanasia (EUTH), where the physician administers the lethal overdose – often by injection – the sole intention is to end life as rapidly as possible. Even though the prognosis may seem short, errors with prognoses are frequent and there are many reports of patient living months or years longer than expected.

In those parts of the world where medical life ending acts by PAS/EUTH have been legalised, there has been a marked rise in the number of cases reported. In Belgium recently their law has been extended to cover euthanasia of children. In Oregon their recorded cases of PAS show a 4.5 fold increase since their legislation for PAS was enacted. In The Netherlands, euthanasia is more common than PAS and now accounts for around 1 in 34 of all deaths.

The presentation will explore these aspects of legal frameworks.

Authors:

Professor the Baroness Ilora Finlay of Llandaff
Professor of Palliative Medicine
Velindre Hospital
Cardiff CF142TL, UK
ilora.finlay@wales.nhs.uk

Educating auxiliary nurses in palliative care: A 13-year experience

Authors:

Marie-Christine Grach
Head Mobile Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
mc.grach@baclesse.fr

Cyrille Le Jamtel
Psychologist
Mobile Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
c.lejamtel@baclesse.fr

Jeannine Jenvrin-Breton
Nurse
Mobile Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
j.jenvrin@baclesse.fr

Pascale Delacotte
Nurse
Mobile Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
p.delacotte@baclesse.unicancer.fr

Maxime Montagne
Mobile Palliative Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
m.montagne@baclesse.fr

Lucile Debonnaire
Educationalist
Education Unit
Centre François Baclesse
1 rue Général Harris
14000 Caen France
l.debonnaire@baclesse.fr

Auxiliary nurses (aides-soignantes) are very important caregiver for accompanying persons while in palliative care. However, they received no specific education during their study. In 2000, we began a specific course for these nurses, whatever their work modalities (long stay services, elder institution, public and private hospitals, home care services).

Methods

We divided this course in three 2 day sessions, separated by one month interval, devoted to various aspects of palliative care (palliative care concept, global suffering, pain evaluation, pain killer side effects, care process, patient's needs, defence mechanisms, great age, bedsore, mouth care, nutrition problems, mobilisation, and caring touch). Most interactive and short presentations have practical exercises, since caregivers do not sit for long teaching. A take home work is proposed to build a link between teaching and real life. Each home work is presented at the next session. A last one day session is organised, mostly for evaluation, 4 to 6 months later.

Result – Evaluation

Since the beginning, we have organised 22 sessions with 1004 participants (70 nurses and 934 auxiliary nurses), from 2000 until 2013. Each session was limited to 36 participants, so we had to run as much as 4 annual courses. A specific evaluation was sent to the participants and to their staff managers two months before the last session to be discussed then. We will present a compilation of these evaluations: among other considerations, the main positive observed points were the use of pain scales, the prevention of pain killer side effects, the importance of daily mouth care, the appropriation of the caring touch technique. Difficult points still remain, noticeably the sometimes difficult relation between patient and caregiver, the relation to the family, the position of caregivers between each other and the difficulty to practically apply what have been shown during the course.

Abstract 16

Cancer and Palliative Care Education Programs for Night Shift Workers

Authors:

Carolyn Messner
Director of Education and Training
Cancer Care
275 Seventh Avenue New York
NY 10001 USA
cmessner@cancercare.org

Approximately twenty percent of the working population in developed countries globally works night shifts. In the United States, 24 million people are employed on this shift. Researchers have begun to identify significant risk factors when the circadian rhythm, the body's biological clock, is disrupted. These include sleep disorders, fatigue, increased stress and problems in social life. Most recently, the World Health Organization has considered classifying shift work as a probable carcinogen.

Employees who work evenings do not have access during their work hours to employment sponsored health fairs, lunch and learn wellness workshops, cancer screenings or caregiver support programs. When an employee working the graveyard shift is faced with cancer in the family, their ability to sleep during the day is further disrupted by care giving tasks. The ability to take time during the day to accompany a family member to a doctor's appointment or medical treatment using a workplace accommodation or flex time is less applicable when one's hours of work are at night.

This presentation will describe an innovative cancer and palliative care education outreach program for traditionally underserved night shift workers coping with cancer, which connects them to educational and support services provided by an oncology social work department. Using case studies as exemplars, the author will demonstrate the efficacy of structured and relationship based education workshops to create a network of support for these workers facing cancer. Highlighted will be the range of interventions, including: technology-assisted, virtual educational workshops, written materials, practical help, access to oncology care and counselling.

Patient education tailored to the needs of night shift workers to teach them to navigate the medical system and adhere to cancer treatments, pain and palliative care regimens will be explicated. Literature review, case vignettes, and replication model handouts will be included.

Abstract 17

Achieving Excellence in Providing Palliative Care: Perspectives of Health Care Professionals

Authors:

Margaret Fitch
Head Oncology Nursing
Director Patient and Family Support Program
Odette Cancer Centre
T-wing Sunnybrook Health Sciences Centre
2075 Bay view Avenue
Toronto Ontario Canada M4N 3M5
marg.fitch@sunnybrook.ca

Tracey Dasgupta
Director of Nursing Practice and Informatics
Sunnybrook Health Sciences Centre
tracey.dasgupta@sunnybrook.ca

Bill Ford
Certified Chaplain
bill.ford@sunnybrook.ca

Introduction/Background

Caring for individuals at the end of life in a hospital setting is a challenging proposition for various reasons. Understanding those challenges is the fundamental basis for designing approaches to support staff members and facilitate their capacity to continue “to care”.

Purpose

This work was undertaken to increase our understanding about the challenges health professionals experience in caring for patients at end of life and how staff members could be supported in providing care to patients and families.

Methods

In-depth interviews were used with cancer nurses (n=30) to explore the challenges talking about death and dying with patients and families. Surveys were used with nurses (n=27) and radiation therapists (n=30) to measure quality of work life. Inter-professional focus groups were used to explore what it means “to care” (5 groups held) and what “support for staff” ought to look like (6 groups held).

Results

Staff members confirmed that interactions surrounding issues of death and dying are challenging. Lack of preparation (knowledge and skill in palliative care) and lack of support from managers and colleagues were identified as significant barriers. Key strategies that staff perceived would be helpful included: 1) ensuring all team members were communicating and following the same plan of care, 2) providing skill-based education on palliative care, and 3) facilitating “debriefing” opportunities (either one-on-one or in a group).

Conclusion

For staff to be able to continue caring for patient at the end of life, they need to be adequately prepared and supported in the situation.

Abstract 18

Current status of palliative care education in Poland

Authors:

Wojciech Leppert
Assistant Prof.
Osiedle Rusa 25 A
61-245 Poznan Poland
wojciechleppert@wp.pl

Introduction

In Poland, a country with 38.3 million inhabitants, the annual number of deaths induced by chronic diseases is approximately 300,000, including 95,000 deaths from cancer. Currently, over 400 palliative care units exist, predominantly home care services. Poland holds the 5th place in Europe regarding the number of palliative care units. However, little is known on palliative care education in Poland. Therefore, the aim of the study was to assess current status of education in palliative care in Poland.

Methods

Data obtained from a questionnaire survey sent to heads of palliative care units at Polish medical universities where education is provided for medical and nursing students.

Results

Regarding postgraduate education two curricula were developed: one subspecialty for physicians (palliative medicine) and another for nurses (palliative care). Numerous palliative care courses and conferences are held locally and nationally with some organised by the Polish Association for Palliative Medicine (PAPM) an Associate Member of the European Association for Palliative Care. Of 12 medical universities in Poland palliative care is taught at 8 medical universities where palliative medicine/care units exist. However, the curricula are very diverse and comprise programs from a few hours to two weeks of obligatory classes. Five universities also provide education for English–speaking students from other countries. Palliative care teaching is not provided at 4 medical universities where palliative care units are lacking.

Conclusions

Postgraduate education seems to be well–developed in Poland. Significant gaps in the undergraduate education are found as palliative care is not taught at 4 medical universities where there are no palliative care units. The undergraduate palliative care education needs more development to provide high quality care for patients. This may be achieved through establishing palliative care units at all medical universities and elaboration of a common curriculum of the undergraduate education in palliative care

Abstract 19

Palliative care and Supportive care teaching at EFEC (Ecole de Formation en Cancérologie)

Authors:

Françoise Charnay-Sonnek
Education Head
EFEC
5 rue Ponscarme
75013 Paris (France)
f-charnaysonnek@efec.eu

Muriel Varenne
Director
EFEC
5 rue Ponscarme
75013 Paris (France)
m-varenne@efec.eu

In the past, the EFEC had first designed a 10 days training on supportive care dedicated to a mixed public (physician, nurses, dietician, physiotherapists) and later, one on palliative care.

Considering the WHO definition of Palliative care, and the MASCC definition of supportive care, palliative care can hardly be dissociated from the supportive care. Moreover, the duration of the training and financial constraints due to the economic situation made more difficult Health Care Establishments to let go professionals for so long. So, the complete program has been reviewed and split into 7 distinct sub modules: 6 trainings for a mixed public: psycho social approach, intercultural approach, nutrition, fatigue, sexuality, palliative care and one for nurses about “Management of symptoms related to advanced disease” with “The concepts in supportive care” in a rapid learning format as prerequisite for each module.

This way, the students can make up their own program addressing their own learning outcomes by choosing the modules they would like to attend.

The multidisciplinary approach of the trainings putting all professionals together allows them to better know each other and improve collaboration.

All modules combine theory and practice in form of case studies, role plays, and experience sharing. Moreover, the action-learning model of the modules allows students to reflect on their own practice and by exchanging with their pairs to enhance their skills.

During the year 2013, 126 students attended. The evaluation of this new design shows a high satisfaction. The module prerequisite gives a good overview on the supportive care in preparation of the modules. In addition the role plays in the palliative care module were greatly appreciated.

In the future we plan a training dedicated to the patients, their role and rights, which also addresses palliative care and end of life issues.

Abstract 20

Education of volunteers at Centre François Baclesse (CFB): “Presence and listening”

Specific role of volunteers

To accompany patients and members of their family After having returned a questionnaire, the candidate volunteer will have a discussion with the coordinator, a psychologist and a doctor in palliative care. In case one of these gives a negative advice the procedure stops.

Initial education

Candidate volunteer will then have to attend a 3 days training.

Main subjects:

- Commitments: strictly, no time limits, obligation to assist a support group (groupe de parole) once a month.
- Medical and verbal confidentiality.
- Respect towards the patient, his desires, needs, thoughts and decisions.
- What are my reactions facing physical and or moral pain, physical or mental deterioration?
- Am I able to support silence?
- What are the limits of my volunteer work?
- How to react when facing aggressive, anxious or sad patients?
- How to communicate in general with very ill patient facing death?
- How to prepare people for bereavement?

Once this training is finished, the candidate starts visiting patients in a team with an experienced volunteer. Period 2 to 4 weeks. Candidate will be coached during that period.

At the end, candidate will follow a training course on the subject of “being able to listen” Permanent Education.

Once every month, there is a “continuing education” for all volunteers. Lectures are given by doctors of CFB, about different pathologies and other subjects like ethical, suffering or bereavement.

Conclusion

In the beginning we started with 5 volunteers, today we are 16, our aim is 20. A volunteer at CFB is not a simple amateur.

Authors:

Joann Kalff
Volunteer
Présence - Ecoute au Centre François Baclesse
jekalff@orange.fr

Elisabeth Kalff
Volunteer
Présence - Ecoute au Centre François Baclesse

Marie-Paule Baillot
Ex Head Nurse
Past President
http://association.aspec.free.fr

Annie Lagrue
Secretary of ASPEC

Danièle Cabero
President of ASPEC

(Presence Ecoute au Centre François Baclesse)

ASPEC (Association Soins Palliatifs en Calvados)
15 rue de la Girafe
14000 Caen France

Marie-Christine Grach
Head Palliative Care Unit
Centre François Baclesse
Avenue du Général Harris
14000 Caen
mc.grach@baclesse.fr

Abstract 21

Building Capacity to Provide End of Life Care in Thailand

Authors:

Margaret Fitch
Head Oncology Nursing
Director Patient and Family
Support Program
marg.fitch@sunnybrook.ca

Stephanie Burlein-Hall
Oncology Nursing
Odette Cancer Centre
T-wing Sunnybrook Health
Sciences Centre
2075 Bay view Avenue
Toronto, Ontario
Canada M4N 3M5
stephanie.burlein-hall@sunnybrook.ca

Cathy Kiteley
Advanced Practice Nurse:
Clinical Nurse Specialist
Oncology Palliative Care
Trillium Health Partners Credit
Valley Hospital Site
2200 Eglinton Avenue
West Mississauga Ontario
Canada L5M 2N1
Cathy.Kiteley@trilliumhealthpartners.ca

Kittikorn Nilmanat
Medical Nursing
nkittiko@yahoo.co.uk

Waraporn Kongsuwan
Medical Nursing

Yaowara Matchim
Medical Nursing
Faculty of Nursing
Prince of Songkhla University
Hat Yai
Songkhla Thailand

Abstract 22

Introduction/Background

Access to training about end of life care is challenging for nurses. It is particularly challenging in middle/low resource settings. Relevant continuing education approaches are needed to enhance the capacity of nurses to provide appropriate end of life care.

Purpose

This project was designed to provide relevant and tailored training for nurses in end of life care. It was anticipated the course could be a model for future programs.

Methods

A course was designed as a collaborative effort between cancer nurses in Canada and Thailand and offered as a 5-day program. Fifty Thai nurses from various hospitals and community settings participated. The program was based on principles of adult education and utilized a range of learning methods. The program evaluation used both formative and summative approaches regarding the content and course delivery.

Results

Participants rated the course as successful and their experience in attending it as satisfying. They indicated the content filled an identified gap in their preparation. Results at the end of the program showed a significant increase in knowledge and comfort in talking about death and dying and symptom management (pain, dyspnoea, distress).

Conclusion

Collaborative planning is essential in designing a course across cultures. Active participation of local professionals in course planning and development is critically important to ensure the content and mode of delivery is meaningful, relevant, and culturally appropriate. Use of principles of adult education and participator action research are recommended to guide future courses with this professional population.

Assisted dying in the Netherlands

Authors:

Deborah Lewis
Senior Lecturer
Public and Community
Health, Faculty of Health
Birmingham City University
Wesbourne Road
Edgbaston B15 3 TN, UK
Deborah.Lewis@bcu.ac.uk

Introduction

In several countries worldwide, including the United Kingdom [UK], there has been an increase in public pressure to develop a legal framework allowing assisted dying.

Aim

This PhD research was designed to gain a deeper understanding of the experience of healthcare professionals caring for patients who choose an assisted death in a hospice and an advanced care centre in the Netherlands.

Method

This interpretative qualitative study gathered information in semi-structured interviews with twenty-two doctors, nurses and therapists from Allied Health Professions to gain insight into the experience of caring for patients who chose an assisted death in the Netherlands. Undertaken as Doctoral Thesis supervised by the End of Life Care Observatory at Lancaster University, in the UK this research took place in two care settings, a hospice and an advanced care centre for chronic diseases in the Netherlands, where there has been a framework for assisted dying since 2002.

Results/Findings

Analysis of the research suggests the experience of caring for patients who choose an assisted death differs from a ‘normal’ death in many dimensions including the practical, psychological and administrative burden on staff. Seven conceptual categories were identified, Patient Factors, Assessing Patients Request, Preparing Staff and Multi-disciplinary Team Working, Caring for Patients, After Death and Bereavement Issues, Staff Experiences when a Relative Chose an Assisted Death, On-going Issues, Dilemmas and the Future. The research highlights the variety of tasks undertaken by healthcare professionals and a range of measures which helped to alleviate the considerable responsibilities required to care compassionately and to meet the legislative requirements.

Discussion/Conclusion

It is hoped this study will inform the widening debate on legislation related to assisted dying in the UK and worldwide. The findings highlight issues surrounding the assessment of patients to meet legislative requirements including those with dementia, the practicalities of working within a legal framework and the impact on medical, nursing and therapy staff of caring for such patients.

Abstract 23

Distant evaluation of University Diploma for Palliative Care: The Caen Basse-Normandie University Experience

Authors:

Jean-François Heron
Professor of Medical Oncology
Caen Basse-Normandie University
Centre François Baclesse
3 Avenue Général Harris
14000 Caen France
jf.heron@baclesse.fr

Pierre Delassus
Head Mobile Palliative Care Unit
University Hospital
Avenue Côte de Nacre
14000 Caen France
delassus-p@chu-caen.fr

Marie-Christine Grach
Head Mobile Palliative Care Unit
Centre François Baclesse
mc.grach@baclesse.fr

Thierry Gandon
Palliative Care Unit
Bessin Health Network
3 rue François Coulet
14400 BAYEUX France
t.gandon@sih-bessin.fr

Jeanine Jenvrin-Breton
Nurse Mobile Palliative Care Unit
Centre François Baclesse
j.jenvrin@baclesse.fr

Pierre Denise
Professor of Physiology
Medicine Faculty Dean
University Hospital
Avenue Côte de Nacre
14000 Caen France
denise-p@chu-caen.fr

In the context of the development of palliative care in our region, we created in 1997 an annual University Diploma (UD), which is still in activity after 16 years.

Methods

Every month, during the week-end, we receive around 35 caregivers (physicians, nurses, psychologists and sociologists), working either in institutions or as liberal practitioners. During the first 9 years, a Sunday morning session was included, dedicated to 'Balint'-like sessions, with the help of psychologists; however, due to the cost, we had to reduce our sessions to Saturday. The program is very broad, including pain, palliative care, psychological and ethical problems in cancer, aging, degenerative neural disorders, AIDS. Many interactive sessions were organized (pain evaluation, mouth and skin care, euthanasia, grieve), and all participants brought their very rich own professional experience.

Results

Although UD is still running with 483 persons having participated to these sessions, we are astonished from the constant demand from caregivers. Around 20% of participants come from outside our region, mostly from Brittany and Paris surroundings. Almost every hospital or elder home from our region has sent nurses and physicians to this diploma.

Evaluation

Immediate evaluations of each monthly session were always very positive, as well as the evaluations at the end of each annual course. A distant evaluation was set up by sending a semi-directive questionnaire to participants. Up to now we have received 140 answers. A complete study of the open questions is in progress, noticeably to evaluate the practical actions set up by participants. The closed questions show a very high satisfaction rate: up to 90% of participants say they have changed their attitude and still use our documentation. Most would have loved to participate to a short new session to share their experience with teachers and other participants. They also recommend this diploma to colleagues.

Abstract 24

Caring for patients with dementia and cancer

BCOP is a charitable social enterprise, founded in 1946 committed to broadening choices for independent and supported living for older people. We do this by providing a range of life-style opportunities, including nursing homes, housing for independent living, sheltered housing and palliative care. We have a policy of non-discrimination of any individual, and a belief in dignity in life and dignity in death.

This presentation focuses on the care provided for patients with dementia and cancer. Dementia is an umbrella term for several disorders characterized by progressive deterioration of brain function. In the UK the incidence is rapidly rising, with many patients developing co morbidities, and inevitably this includes cancer. BCOP has expertise in dementia care and therefore it was a logical step to include this group in the palliative care service offered when it became apparent that the hospitals were struggling with these patients and there were often no appropriate hospices beds, leaving patients who need palliative care trapped in the acute sector with nurses not trained in dementia care. This is distressing both for the patient and for their family.

Prior to admission an assessment is made in the hospital to see if we can provide the care needed, and to plan for admission. Families are invited to visit before admission and care includes family members. Visiting is at anytime, and if present at meal times, meals are offered free of charge, partners can have a bed brought so they can sleep with their loved one

The best way to illustrate the way the care works is through a case study of a patient with a brain tumour and dementia. Kitty was admitted and died one month later. This is her story. It also shows the urgent need to encourage general hospitals to develop partnerships for care, with specialist units.

Authors:

Carleen Wilkins
Carleen.wilkins@bcop.org.uk

Mesha Watson
meshawtsn@yahoo.co.uk

Broadening Choice for Older People (BCOP)
4 Hawthorne Park Drive
B20 1AD, UK

Abstract 25

Workshop:

Standard setting in assessment

Authors:

Darren L. Starmer
Head of Assessment
School of Medicine
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
Australia
darren.starmer@nd.edu.au

Graham G. Dark
Senior Lecturer in Cancer Education
Newcastle University
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK
graham.dark@ncl.ac.uk

All assessments should be aligned with learning outcomes and appropriate learning activities to deliver congruence in the curriculum. Furthermore, specific approaches are used to test knowledge, skills and behaviours and performance is compared against a predefined standard that is required for success.

The main aim of any written examination, and hence of any individual item within that examination, is to discriminate between candidates of high ability and those of low ability. Whilst it is relatively easy to distinguish between these two groups, it is much harder to separate a candidate that 'just passes' the examination from a candidate that 'just fails' the examination. These candidates may be separated by a single mark in the overall test.

Standard setting is a process through which the pass mark of a particular assessment is established and should be considered an integral part of assessment development. Standard setting provides a more valid, equitable, robust and defensible means of determining whether or not an exam candidate has attained a level of competence rather than through the arbitrary choice of a pass mark.

Consider and end of year summative assessment in which a pass mark of 50% is chosen as the cut score and this pass mark is used in subsequent years. Whilst the pass mark may align with traditional pass/fail scores, it doesn't account for variability in exam difficulty across years. In other words, decisions made regarding examinee competence may not be accurate.

In order to set the appropriate standard for the examination, it is important to grasp the concept of the just-passing candidate – one who might just pass on this occasion but who, on another day, could equally well just fail. We have all encountered such candidates but it can still remain difficult to objectively visualise such a candidate that we have known and to consider what makes them a 'borderline candidate'.

Standard setting can (and should) be applied to both written assessments as well as performance assessments. There are a variety of different methods used in standard setting. Some, such as Angoff and Ebel methods use the judgement of panels of content experts to determine the pass mark. Others, such as the borderline regression method and the Hofstee method are statistical methods applied to the data generated by the assessment.

This workshop will outline the principles of standard setting and demonstrate the use of some commonly used methods.

Abstract 26

Interdisciplinary Communication Skills as a Competency for Cancer Prevention

Authors:

Carrie Cameron
Assistant Professor
University of Texas
M D Anderson Cancer Center
P.O.Box 301439
Houston Texas 77230-1439, USA
ccameron59@gmail.com

Shine Chang
Professor & Director, Cancer Prevention Research Training Program
Department of Epidemiology
Unit 1365 UT
MD Anderson Cancer Center
155 Pressler St
Houston, TX 77230-1439, USA
shinechang@mdanderson.org

The purpose of this presentation is to acquaint the audience with some of the challenges research trainees face in attempting to conduct interdisciplinary work, and to discuss strategies, successful and less successful, that we have used to address these challenges. Ultimately this presentation is designed to assist audience members in fostering effective interdisciplinary communication strategies with their own trainees.

Description

The field of cancer prevention research, like others in cancer education, is highly interdisciplinary. In its incarnation at MD Anderson, prevention covers behavioural sciences, quantitative sciences, population sciences, and basic sciences; clinical research is included as well, and health promotion and communication and community-based research. As with all issue-focused multidisciplinary research enterprises, a critical competency for research team members is the ability to communicate across disciplines.[1-3] Without good communication skills, teams can become mired in vagueness, frustration, silo-seeking, and lack of respect for others, often without understanding why or how it happened. Keeping team cooperation moving forward requires that members exhibit curiosity and willingness to learn about other disciplines, respect for the methodology and goals of those disciplines, and the ability to engage in meta-level discussion about team dynamics and communication. We believe that such communication skills can and should be taught explicitly to trainees to prepare them early on to engage in multidisciplinary work.[4]

Data and/or relevant facts and solutions

We will outline different methods of achieving communicative competence from two courses featuring interdisciplinary collaboration, and present contrasting outcomes.
Recommendations for teaching and training students on interdisciplinary teams will be presented.

1. Abedin, Z., et al., Deriving Competencies for Mentors of Clinical and Translational Scholars. Clinical and translational science, 2012. 5(3): p. 273-280.

2. Committee, N.P.A.C.C. NPA Postdoctoral Core Competencies Toolkit, 2007-09. 2009 June 6, 2013]; Available from: http://www.nationalpostdoc.org/competencies.

3. Gebbie, K., et al., Training for interdisciplinary health research: defining the required competencies. J Allied Health., 2008. 37(2): p. 65-70.

4. Faupel-Badger, J., C. Cameron, and S. Chang, Invigorating Cancer Prevention: Proposing Core Competencies in Cancer Prevention Research Training. J Cancer Education, 2013.

Abstract 27

mHealth American Indian Tobacco: Preliminary Lessons

Authors:

Linda Burhansstipanov
Founder and National Grants Director
Native American Cancer Research Corporation
3022 South Nova Road
Pine CO 80470-7830 USA
LindaB@NatAmCancer.net

Linda U. Krebs
Associate Professor
University of Colorado
Anschutz Medical Campus
College of Nursing
ED2N Room 4209 13120
East 19th Avenue
Aurora CO 80045
Linda.krebs@ucdenver.edu

Daniel G. Petereit
Department of Radiology Oncology
John T. Vucurevich Cancer
Rapid City Regional Hospital
353 Fairmont Blvd
Rapid City SD 57701
dpetereit@regionalhealth.com

Sheikh Iqbal Ahamed
Associate Professor of Computer Science
Director Ubicomp research lab
Marquette University
Milwaukee WI 53201USA
iq@mscs.mu.edu

Mark Dignan
Prevention Research Center
Department of Internal Medicine
Markey Cancer Center Room
CC444 800 Rose Street
Lexington KY 40536-0093
mbdign2@email.uky.edu

The participant will be able to identify at least 3 challenges and solutions addressed within the “American Indian M-Health Smoking Dependence Study”.

Recent data from 71,000 Indian Health Service (IHS) patients showed a smoking prevalence of 48.8% in South Dakota. Target Population: 256 Northern Plains AI who smoke daily, are 18 and older, are not currently using Nicotine Replacement Therapy (NRT) and are willing to take part in up to 10 visits (face-to-face and phone) with the Native Patient Navigators (NPNs) for tobacco cessation counselling sessions.

Methods/Strategies

The study has 16 intervention groups for 4 study components (NRT, pre- and post-quit counselling and mHealth messaging). Survey data collection occurs during all 10 visits. Study participants are self-identified or self-referred for potential inclusion in the study. NPNs will administer informed consent, collect carbon monoxide tests results, conduct surveys and help the participants select and tailor mHealth (mobile health) text mess aging.

The session will illustrate how Native Patient Navigators use the iPad application with participants trying to quit smoking.

Evaluation/Results/Findings

While in the developmental phase of this research study, the research team identified several challenges.

These include mobile phone service access within the Northern Plains, cultural / ceremonial use of tobacco and its potential impact on smoking behaviour, the challenging research design, evolution of a new, culturally appropriate mHealth messaging, overall survey data collection issues, tobacco NRT challenges and unique counselling templates for the 16 intervention groups. The use of wireless devices such as cell phones to provide health-related information is integral to the education and support intervention.

Conclusions

This is the 1st study to use cell phones and text messaging with Northern Plains AIs. Preliminary lessons learned will guide future efforts on tobacco education and cessation efforts in American Indian communities.

Abstract 28

Pedagogical projects in hospital hygiene for pharmacist students during their stage at a Cancer Centre

Pharmacist students should have three different hospital 4 month stages during their 5th year. Hospital hygiene has always be an important part of the pharmaceutical learning, and at every stage a student participates to the life of our hygiene unit.

Objectives

We follow very regularly the infectious risks of implantable or external venous access devices. So we proposed the students to integrate this specific cancer problematic and offered them the possibility to present their works at the French Hospital Hygiene Society.

Methods

Two prospective studies have been conducted by the students: the use of the devices at patient's home and the incidence of device infections. During all this work, they were helped by a nurse dedicated to hospital hygiene and an epidemiologist.

Results

Students were very enthusiastic with this active work.

Five different phases were observed.

1. Subject appropriation by literature reading and observation of the procedures at operating room.
2. Prospective study: questionnaire elaboration, patients' inclusion.
3. Data collections from medical records and patients' interviews, then use of specific software.
4. Data analysis: population, patients' feeling, clinical use of the devices inside and outside the hospital, exposition time, infection and dysfunction rates.
5. Valorisation of these results through a pharmacist thesis and poster presentation at the French Hospital Hygiene Society.

Evaluation and Conclusion

Pharmacist students discovered both daily care reality and clinical research. They became aware of the infection risk and other dysfunction of the access devices. They learned how to present their results and will present this poster themselves.

Authors:

Benoït Le Hasif
Nurse
Member of the Hygiene Committee
b.lehasif@baclesse.unicancer.fr

Françoise Lemarie
Nurse
Hygiene Unit
f.lemarie@baclesse.unicancer.fr

Thérèse Avoine
Pharmacy Student Pharmacy Faculty
University of Caen Basse-Normandie
Boulevard Henri Becquerel
14032 Caen France
misstiti79@hotmail.fr

Edith Gouyon
Pharmacy Student
edithgouyon@hotmail.com

Jean-Baptiste Piva
Pharmacy Student
piva.jeanbaptiste@gmail.com

Mathieu Quiers
Pharmacy Student
mathieuquiers@gmail.fr

Marie-Yolande Louis
Surgeon Head of the Hygiene Committee
Centre François Baclesse
3 Avenue du Général Harris
14000 – Caen
my.louis@baclesse.unicancer.fr

Abstract 29

Mouth care among palliative and hospitalized cancer patients

Authors:

Jeannine Jenvrin
Nurse
Centre François Baclesse
3 Avenue Général Harris
14000 Caen France
j.jenvrin@baclesse.fr

Caroline Thill
Methodologist
Centre du Traitement des données du Cancéropole Nord-Ouest
c.thill@baclesse.unicancer.fr

Anne Gueguen
Nurse
Institut de Cancérologie de l'Ouest René Gauducheau
Boulevard Jacques Monod
44805 Nantes Saint-Herblain
anne.gueguen@ico.unicancer.fr

Amel Bechelan
Nurse
Centre Henri Becquerel
Rue d'Amiens
76038 Rouen
amel.benchemam@chb.unicancer.fr

Jean-Michel Grellard
Coordinating Clinical Research Assistant
Clinical Research Unit
jm.grellard@baclesse.unicancer.fr

Bénédicte Clarisse
Clinical Research Promotion Unit
b.clarisse@baclesse.unicancer.fr

Abstract 30

Purpose

Care teams agree on the importance of keeping good mouth hygiene for cancer patients but mouth health evaluation and adapted oral care are largely neglected. In close collaboration with the mobile teams for palliative care and pain of 6 Cancer Comprehensive Centres, we realized an evaluation of practices among hospitalized palliative cancer patients. This audit was the first prerequisite step of a large research program.

Methods

A prospective cohort survey was conducted among hospitalized palliative cancer patients. In each participating Centre, a nurse trained in palliative care realized an evaluation of practices based on questionnaires: detailed assessment of mouth health and implemented cares on day 2 of hospitalization (D2) and at discharge. The traceability (clinical evaluation and implemented cares) on medical record was assessed on day 3.

Results

From November 2010 to August 2011, 260 patients (107 males/153 females), median age 64 years (range:19-88 years), were included. At D2, mouth was found healthy, moderately (dry and/or dirty) or seriously (mycosis and/or painful and ulcerated and/or hemorrhagic) deteriorated in 60 (23%), 200 (51%) and 60 (23%) patients, respectively. At discharge, 76 patients (including 60% deaths) were withdrawn. Among 184 patients assessed at discharge, mouth was found healthy, moderately and seriously deteriorated in 51 (28%), 89 (49%) and 41 (23%) of cases, respectively. Thus, deterioration of mouth status during hospitalization concerned 34 patients, those with healthy mouth at D2 (35%) being more numerous (35%) than patients with moderately deteriorated mouth at D2 (18%). Traceability was noted for 10% of cases.

Perspectives

Such observations confirm the need of (i) elaborating a specific tool for mouth evaluation and adapted mouth care procedures and (ii) training of care staff. These actions have been performed in the Centres involved in our research program: their impact on mouth care practices is about to start.

What Works? Successes and Barriers to Participant Retention in Longitudinal Community-Based Participatory Research

Introduction

Participant retention in follow-up studies is extremely important. Loss of participants may have serious statistical implications to the validity of the entire study. Participant attrition can introduce bias, reduce the power of the study to measure hypotheses, and decrease the generalizability of the study.

Objectives

The purpose of this study is to examine successes and barriers to retention in culturally diverse and hard to reach populations.

Methods

We had the opportunity to compare retention rates between two studies using the Kin KeeperSM Cancer Prevention Intervention delivered by Community Health Workers to Black, Latina, and Arab women and their female family members. Study A included 171 women and Study B included 514 women. We used several strategies to maintain participant retention including electronic and hard copy tracking forms, postcards, follow-up calls, etc.

Results

We found unique differences between study retention rates in each of the studies. Both studies had excellent retention rates. Study A had a slightly lower retention rate (81%) than Study B (87%). However, we found striking cultural differences between the studies. In study A Black women had a 94% retention rate while Latinas and Arab women had 71% and 78%, respectively. In Study B, Black women had a significantly lower retention rate (80%) than Latina or Arab women, 88% and 95%, respectively.

Conclusions

We attribute our excellent retention rates to the strong relationship the CHWs have with their participants. Differences between ethnicities were attributed to the types of programs that the participants were part of. For example, a cancer screening program versus a one- time stand-alone health promotion program. In addition, some forces in the community can affect retention rates such as changes in immigration policy. These findings illustrate the need to tailor retention strategies for cultural differences and for changes in the community.

Authors:

Karen Patricia Williams
Associate Professor
Michigan State University
965 Fee Road Room 626
East Lansing MI 48824
karen.williams@ht.msu.edu

Sabrina Ford
Assistant Professor
Michigan State University
sabrina.ford@hc.msu.edu

Cristian Meghea
Assistant Professor
Michigan State University
cristian.meghea@hc.msu.edu

Abstract 31

The influence of the breast cancer screening program, in Lower Silesia region, 5 years after introduction on its epidemiology

Authors:

Krzysztof Szewczyk
Division of Oncological Surgery
Department of Oncology
Wroclaw Medical University
Wroclaw Poland
szewczyk@mp.pl

Urszula Staszek-Szewczyk
1st and 2nd Departments of Surgical Oncology
Lower Silesia Oncology Centre
Wroclaw Poland
urszula.staszek-szewczyk@umed.wroc.pl

Rafal Matkowski
1st and 2nd Departments of Surgical Oncology
Lower Silesia Oncology Centre
rafal.matkowski@umed.wroc.pl

Radosław Tarkowski
1st and 2nd Departments of Surgical Oncology
Lower Silesia Oncology Center
Wroclaw
Poland
radoslaw.tarkowski@umed.wroc.pl

Jolanta Kotowska
Head of Lower Silesia Oncology Centre Screening Programs Department
kotowska.j@dco.com.pl

Abstract 32

Background

The Polish Government and the National Health Fund introduced population-based breast cancer screening on January 1st, 2007. Its critical role in reducing mortality has been proved since many years. While changes in mortality rates take a long time other data are used to evaluate the epidemiological effectiveness of the program.

Objectives

The aim of this study was to assess changes in epidemiological data 5 years after introduction of the breast cancer screening program in the region of Lower Silesia. Material and Methods: A population-based nation-wide screening program targets women aged 50–69, excluding females with positive history of breast cancer. Two-view screen-film mammography performed every two years is used as a standard screening test since January 1st, 2007. Some epidemiological data from the years 2007-2011 collected in the Lower Silesia Cancer Registry were analyzed to evaluate the epidemiological effectiveness of the program.

Results

The observation of breast cancer incidence rates, being the target of the population based screening program, indicates: - increase in the overall number of breast cancer cases (both invasive and in situ cancers) - increase in the number of detected cancer cases in the screened group - duplication of in situ cancers in period 2008- 2011 comparing to 2007 - elevation of T1 tumour cases percentage in the whole group of tumours - general improvement of 5-year survival rates.

Conclusions

The analysis of the Lower Silesia breast cancer incidence rates clearly confirms its epidemiological effectiveness after 5 years of running

Thursday 27 March

Poster Presentations

Women's Abbey
(Mathilde's burial place)
(From 1107)

Quand on voit les îles, c’est qu’il va pleuvoir.
Quand on ne les voit plus, c’est qu’il pleut déjà.
When you see the islands
it's going to rain.
When you don't see them, then, it is raining!

Authors:

Florence Polycarpe
Medical Oncology Unit
f.polycarpe@baclesse.fr

Delphine Lebreton
Stoma Care Nurse Specialist
Nursing Unit
delphine.lebreton@mail.baclesse.fr

Virginie Lepeltier
Dietician
Nursing Unit
v.lepeltier@baclesse.fr

Betty Duffour
Psychologist
Support Care Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
b.duffour@baclesse.fr

Poster 1

Educating patients with colostomy, ileostomy or ureterostomy

In France, colorectal cancer affects near one million persons, and approximately 80.000 persons carry an external diversion: 75% colostomies, 15% ileostomies and 10% ureterostomies. This diversion of the normal circuits brutally deprives the person from intimate reflexes and usual physical control of elimination; it leads to a major transformation of the body image with consequences at not only the physical level, but also psychological and emotional level, and interferences with social and family life. Therapeutic education (ETP) is a way to promote self-care, independence and dignity of the patient.

Objectives

The patient will have to acquire skill for auto-care and management of material, in everyday life. The patient, registered in the therapeutic educational program, has to learn how to manage the care of the stoma and the food. The objective of this program is to allow the patient to improve the quality of life by adapting to various daily situations. The patient needs to diagnose an immediate or late complication in relation to the stoma, take adapted measures, and prevent hospitalizations due to dehydration, ulceration, mucous membranes or even surgical emergencies.

Method

A multidisciplinary team, trained in ETP, composed of a gastroenterologist, a stoma nurse specialist, a psychologist and a dietician, conducts the program of ETP. After realizing an educational diagnosis, the patient benefits from individual follow-up and/or collective sessions at the rate of two workshops of six patients. According to negotiated objectives, the approached themes are different and mobilize methods and varied techniques of apprenticeship; we try to create an interactive and playful approach.

Results and Evaluation

In 2013, 64 patients benefited from this program. The estimation of satisfaction of patients (realized during the last collective session) shows a major improvement concerning the knowledge of disease, the skill with the use of the devices, an increased feeling of safety, a greater freedom toward the food, a better body image and self consideration as well as the private and family life.

A program of therapeutic education for oral chemotherapy and targeted therapy

Authors:

Véronique Burnouf
Nurse
Nursing Unit
coan.cfb@baclesse.unicancer.fr

Patricia Lecoq
Nurse
Nursing Unit
p.lecoq@mail.baclesse.fr

Corinne Delcambre-Lair
Medical Oncologist
Medical Oncology Unit
c.delcambre@baclesse.fr

Florence Joly-Lobbedez
Professor of Medical Oncology
Medical Oncology Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 - Caen France
f.joly@baclesse.fr

Cancer treatments include an increasing use of oral drugs (chemotherapy and targeted therapy). Thus, the patients (and close relations) become actors for their healthcare for monitoring treatments. Such increasing involvement implies specific therapeutic education for safety of the process.

Objectives

The objectives of the education program are a better knowledge of the patient about the disease, the treatment, and the possible side effects. The required skill is to anticipate and manage side effects in order to increase the therapeutic efficiency and safety.

Methodology

This new approach leans on apprenticeship techniques and takes into account representations of the patient. According to the recommendations of the High Health Authority (2007), it should include four different steps.

- The first step is the educational diagnosis.
- The second step is the definition of a personalized program with specified priorities of learning.
- The third step is the planning and the implementation of individual and/or collective educating sessions.
- The fourth step is the elaboration of an evaluation of the acquired skills as well as a general evaluation of the progress of the program.

Methods

Local Health Authorities accepted our therapeutic educational program for oral chemotherapy in 2011. In practice, the consultant physician proposes the participation to their patients. A dedicated nurse realizes a first interview with the patient (and close relations) and plans next appointments (phone follow-up). Workshops are also scheduled welcoming 6 to 8 patients about various themes: skin, digestive and general toxicity.

We conceived many tools for increasing interest of the patient: card games, leaflets with administration schedules, specific booklet about targeted therapy side effects (Regional Thécitox study). We regularly join general physicians and home nurses by letters, mails or phone calls as needed.

Results - Evaluation

In 2013, we performed 263 initial consultations and 108 patients benefited from this program (394 phone consultations). The analysis of the questionnaires of satisfaction shows a global note of 5/5 in 95 % of patients. We now have to adapt our activity to the increasing number of patients with oral chemotherapies and/or targeted therapies, and the increasing number of oral medications.

A program of therapeutic education for oral chemotherapy and targeted therapy

Authors:

Marek Rzaca
Department of Surgical Oncology
Regional Specialist Hospital
ul Kamienskiego 73A
51-124 Wroclaw Poland
marekrzaca@poczta.fm

Radoslaw Tarkowski
Lecturer
Department of Oncology
Division of Surgical Oncology
Wroclaw Medical University
pl. Hirszfelda 12
53-413 Wroclaw Poland
radoslaw.tarkowski@umed.wroc.pl

Jadwiga Ardelli-Ksiazek
Assistant Manager
Health Municipal Department of Wroclaw
ul Gabrieli Zapolskiej 4
50-032 Wrocław Poland
wzd@um.wroc.pl

Dawid Blaszczyk
Regional Screening Coordination Centre
Lower Silesian Oncology Centre
pl. Hirszfelda12
53-413 Wroclaw Poland

Jerzy Blaszczyk
Head Lower Silesian Cancer Registry
Lower Silesian Oncology Centre
pl. Hirszfelda12
53-413 Wroclaw Poland

Introduction

Municipal Breast Cancer Educational Screening Program has been continued in Wroclaw, Poland since 1995, prior to National Population Based Screening Program, the second held in 2006. Active education of women of any age is its priority and cornerstone. Education is provided by qualified nurses in 55 points. Women with breast problems are further referred to specialists.

Material

Data coming from Municipal and National Screening Programs (2006-2013). Due to disproportions of both populations' volumes we are focused on clinical stage of the disease and cost-effectiveness of the detection of one cancer case.

Results

Stage of the disease according to UICC/AICC was lower in the National Program (37-50% vs 19-25%), while the cost of the detection was lower in the Municipal one (2434 Euro vs 3800 Euro). Conclusions: Municipal Program can be valuable addition tom the National Screening Program due to encompassing women other than 50-69 years of life, strong educational demand and lower cost of the service.

Poster 3

A therapeutic education program for laryngectomised patients

Total laryngectomy, followed or not by additional radiotherapy, represents a mutilating surgery, with numerous repercussions on physical, psychological, social, familial and professional level: loss of the natural voice is a major handicap for these patients. The duration of hospitalization becoming shorter and shorter (less than 10 days): patients have little time to acquire enough skill for auto-care and adapt themselves to their handicap for everyday life.

Objectives

The goal of the therapeutic education is for the patient to find again a social and occupational status corresponding to its life plan. The patient should be able to take care of himself (herself) in any circumstances and diagnose the appearance of possible complications and incidents, in order to respond appropriately.

Method

In 2011, the local health authorities labelled our Education Program (ETP) for laryngectomised patients, permitting real innovation. A multidisciplinary team, trained in ETP, composed of a head-and-neck surgeon, a nurse, a speech therapist, a dietician and a social worker, conducts the program of ETP. Specific teaching methods have been adapted. Before any surgery, the patient benefited from a paramedical announcement consultation as well as a first contact with the speech therapist. Two days before the end of hospitalization, we realize the educational diagnosis. We 'negotiate' the educational objectives with the patient and close relations. We plan a personalized follow-up, in the form of individual consultation or in a group.

Evaluation

An evaluation is realized when the patient reaches the planned goals and includes a global care coverage. To obtain this result, healthcare educators should demonstrate an appropriate behavioural capacity (listening, empathy, quality rich relationship between patient and care providers. In 2013, 25 laryngectomised patients benefited from this educational program. The majority of them have finished the program and now considered as rehabilitated, others are still in progress. A careful link between the hospital staff and home care provider is essential for progress.

Patient's education programs are a good illustration of Benjamin Franklin quote: “Tell me and I forget, teach me and I may remember, involve me and I learn.”

Authors:

Patricia Lecoq
Nurse
Nursing Unit
p.lecoq@mail.baclesse.fr

David Blanchard
Head and Neck Surgeon
d.blanchard@baclesse.fr

Annick Luquet
Speech therapist
Head and Neck Surgery Unit
a.luquet@baclesse.fr

Brigitte Poiree
Dietician
Nursing Unit
b.poiree@baclesse.fr

Clément Avignon
Social Worker
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen
c.avignon@baclesse.fr

Poster 4

Practical training of pharmacist students in a Cancer Centre

Authors:

Sophie Krieger
Assistant Professor
UFR des Sciences
Pharmaceutiques
& Laboratory Unit
Centre François Baclesse
s.krieger@baclesse.fr

Marion Sassier
Pharmacist
m.sassier@mail.baclesse.fr

Fabienne Divanon
Head Pharmacy Unit
f.divanon@baclesse.fr

Guillaume Saint-Lorant
Pharmacist
UFR des Sciences
Pharmaceutiques
Caen Basse-Normandie
University
Avenue Henri Becquerel
14000 Caen France

Mélinda Denis
Teaching assistant
m.denis@baclesse.fr

Lucile Debonnaire
Educationalist
Education Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
l.debonnaire@baclesse.fr

Poster 5

French pharmacy 5th year of study includes half time stays in hospitals. Three 4 month sessions are organised and our François Baclesse Cancer Centre welcomes 36 students every year since 2008. We planned their training in order to let them integrate specific knowledge about cancer as well as contact with cancer patients.

Objectives

Objectives were defined in common between the Faculty, our Education Unit and the various department heads, in order to integrate the students in the life of the services. Mains objectives were to teach them how to optimize therapies (cancer and other treatments) and prevent iatrogenic pathologies (the heart of their future work), to develop their comprehension and communication capacities with cancer patients and families (counsels for medication, case studies, clinical expertise) and to practically teach them the rules for fabricating and manipulating anticancer drugs.

Methods

The 12 students of each session were spread in our units, according to their preference. Each student has a mentor with precise description of the objectives. They have organised mandatory service visits (pharmacy, radiotherapy, outpatient clinic, clinical research unit) and when necessary filmed visits (central cancer drug preparation unit). Specific courses are organised including play roles with the medical students. Many students write a small memoire and a few have proposed posters in national meetings.

Evaluation

Almost a third of all pharmacist students come in our Cancer Centre. A satisfaction questionnaire is given at the end of stage to students and mentors. Students' evaluation generally is very good, underlining the real integration into the clinical or pharmacy unit. Most students praise their possibility to meet patients (medication reconciliation) or present a 'research' work (study on infusion devices). Mentors praise pharmacist students for their competence and enthusiasm to help patients. Precise evaluations will be presented at the meeting.

The announcement procedure of cancer at Centre François Baclesse

Revising the announcement methods of Cancer has been one of the leading measure of the first French 'Plan Cancer' in 2003 and followed patient's demands according to the first patient general meeting conducted by the Cancer League in 1998: the goal was to offer the best conditions for announcing to the patient, the disease, the prognosis and the treatment.

Methods

A very precise description of the procedure was set up in the 'Plan Cancer' (40th measure). It should have 4 different steps:

- Medical announcement step, when the physician will explain the diagnosis, a treatment proposal and provide a Personalize Care Program (provisional treatment plan) to every patient. The physician offers the next steps of the announcement procedure.
- Paramedical support step, when a dedicated nurse will detect patient's personal need, establish a relationship of trust and detect social difficulties. Listening, reformulating, informing, data collecting, orienting towards support care are the main goals of this consultation.
- Support care step, when the patient is offered every king of accessible support care
- Coordination with the GP is the last step.

Results

After a National experimentation in 2005, the announcement procedure has been extended to all the hospital treating cancer patients. At François Baclesse Cancer Centre, the implementation began in 2007 with 8 dedicated nurses having benefited from a specific training course. Our nurses are involved in the announcement procedure for 2 months and then return in their original staff, thus remaining active nurses (rotation every 8 months). Another announcement procedure has been established before radiotherapy. A technician explains in detail, with a slide show and a film, the treatment planning, the session progression, and expected side effects for which many advices are provided.

Evaluation

A precise evaluation of the process has been set up since the beginning and will be presented. A specific evaluation has been elaborated for the day care chemotherapy unit, showing a better tolerance and a smoother treatment progression.

'A good listening is almost an answer', Pierre Carlet de Chamblain de Marivaux (1688-1763)

Authors:

Patricia Lecoq
Nurse
Nursing Unit
p.lecoq@mail.baclesse.fr

Magali Legablier
Nurse
Nursing Unit
m.legablier@mail.baclesse.fr

Magali Micaud
Radiotherapy Technician
micau@baclesse.fr

Sandrine Benoit
Director Nursing Department
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
s.benoit@baclesse.fr

Poster 6

Friendship and cancer

Authors:

Rebecca J. Evans
Researcher
39 boulevard Jean Jaurès
94470 Boissy St Léger
France
becksevans@gmail.com

Pascal Mallet
Professor University Lecturer
Université Nanterre Paris
Ouest La Défense
pascal.mallet@wanadoo.fr

Cécile Bazillier
Researcher
Université Nanterre Paris
Ouest La Défense
Director Société B-Research
cecile.bazillier@b-research.fr

The study of the role of friendship for cancer patients has been relatively neglected. Despite much anecdotal and qualitative evidence acknowledging the importance of friendships, academic evidence-based studies are lacking. We believe there is currently a need to both understand the psychological underpinnings of cancer patients' friendships and to further develop evidence-based services and protocols in accordance with this understanding.

A literature review of research pertaining to friendships and social support other than that provided by family members or members of medical staff has been undertaken. We are interested in existing friendships as well as friendships formed during the illness with another healthy individual and friendships formed between cancer patients themselves. The aim is to ascertain the extent of current knowledge, to establish what we need to know, and to consider research opportunities that would provide new information. Reviews and empirical studies are searched for using current electronic databases, including PubMED and PsycINFO, as well as publications from support groups. We are also including a search of documentation widely available to the public provided by support groups online.

The research evidence collated thus far has been surprisingly limited. Preliminary results indicate that some attention has been paid to the importance of friendships formed amongst young children and often in a school context; fewer studies have focused on friendships amongst adults with cancer. Several questions have been raised such as whether the importance of friendships can be dependent on timing or illness development (at the diagnostic stage, during treatment, or during follow-up), and how the presence of strong friendships might alter the course of a cancer patient's physical battle with the illness. Clearly, direct links between friendships formed and/or maintained amongst cancer patients and their precise effects on an individual's battle with cancer have yet to be explored.

Poster 7

Presentation of tutoring at François Baclesse Cancer Centre

Welcoming new employees in a complex workplace like a Cancer Centre is necessary in order to secure the continuity of care and philosophy of actions. The French Labour Code makes compulsory a « generation contract » in each firm. It has also become mandatory for every hospital for certification by the French High Health Authority.

Objectives

Tutorship is for every employee a way to give and receive: sharing technical skills, cultural Centre's values and preparing a good integration of the new employees. For an institution, it is a way to instil a skill management in a global human resource policy. Every employee cannot be a spontaneous good tutor: we decided to educate motivated voluntary employees to become tutors. The goal was that every new employee and trainee, who stays at Centre François Baclesse more than 5 weeks, would be tutored in 2014.

Methods

We presented tutorship to every department of our institute and tested the teaching method for a first group of 5 tutor volunteers. After evaluation, this teaching was extended to 58 voluntary tutors, according to every profession and every service. We designed specific tutoring tools. Every new employee or trainee benefits from a welcome interview, a half time assessment discussion and a final tutoring interview.

Results and evaluation

Due to its history, Centre François Baclesse has a great turn-over of employees: about 100 persons integrated our staff in 2013 and 130 will retire in the next three years. Moreover, every year, we welcome 420 trainees for 891 full time employees. The tutors meet three times a year to exchange about their practice, ameliorate tools and analyse the evaluating questionnaires of the new arriving employees. Each new employee or trainee (staying at least 5 weeks) has a tutor and benefits from this program.

Authors:

Sophie Anceau
Administration Executive
Human Resources
Department
s.anceau@baclesse.fr

Sylviane Mercy
Director
Human Resources
Department
s.mercy@baclesse.fr

Sandrine Benoit
Director Nursing Department
s.benoit@baclesse.fr

Angélique Leger
Pharmacy assistant
Pharmacy Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen
a.leger@baclesse.fr

Poster 8

Training nurses with private practice about Cancer: Experience of François Baclesse Cancer Centre

Authors:

Lucile Debonnaire
Educationalist
Education Unit
l.debonnaire@baclesse.fr

Sabine Noal
Medical Oncology Unit
s.noal@baclesse.fr

Heidi Laviec
Cancer Support Cancer Unit
h.laviec@baclesse.fr

Sandrine Benoit
Director Nursing Unit
s.benoit@baclesse.fr

Mélinda Denis
Education Assistant
Education Unit
m.denis@baclesse.fr

Bérengère De Gourmont
Education Assistant
Education Unit
François Baclesse Cancer Centre
3 Avenue Général Harris
14000 Caen, France
b.de.gourmont@baclesse.fr

Since 1993, Centre François Baclesse structured a training course for nurses working by themselves, at patient's home. Patients treated with chemotherapy often needed a central catheter (or implantable device). For using these devices, according to French legislation, every nurse had to follow a specific training about anticancer chemotherapy (two days of theory and one day of practical training in a clinical department). We divided this course in “Update one’s knowledge in oncology” and ‘How to cope with central venous accesses”. In total, 836 liberal nurses or practicing at home have been trained.

From 2010, we enlarge our training offer by answering to priority items defined by a nurse committee. Most sessions received an official approval for financing: ‘Caring for the patients with stoma’, ‘Enteral and parenteral nutrition’, ‘Healing wounds, ulcers and bedsores’, ‘Coping with end of live and pain’. 70 liberal nurses participated to those complementary training courses. Continuing Professional Development (CPD) The law has combined in a common concept the notions of in-service training and evaluation of the practices for all healthcare professionals. CPD combines an analysis, by healthcare professionals, of their practice and courses for increasing their knowledge or skill. CPD establishes an annual obligation which each professional has to satisfy within the framework of an individual and permanent approach. From now on, the challenge for training institutions is to acculturate the liberal nurses with professional practice analysis while dispensing cognitive contributions necessary for strengthening their skill. In order to succeed for this mission, a dedicated team (three persons) is constituted to help professional teaching contributors and promote educational engineering, marketing and administrative management.

Poster 9

Welcome of medical students in our Cancer Centre. Last five year experience

Introduction

Our Cancer Centre is the main teaching hospital for cancer in our region. Each year we receive 80 students, from the 4th, 5th or 6th year of study, for a two month stage full time.

Methods

Five years ago, we reorganized their stage according to the evaluation of previous sessions. After a welcoming session, a precise program is established for every student, in order to fulfil the objectives. We divided their stage in two alternating periods. One month is spent in a clinical ward (cancer patients in treatment or in palliative care), looking for patients as a help for residents for diagnosis and treatment proposal, under the supervision of a senior physician. During the other month, they individually participate to consultation either in the clinical setting (outpatients with various cancers) or in technical setting (radiotherapy, imaging, pain clinic and other specialised consultations). Every week, a morning teaching session is organized about various cancer and palliative care subjects; every two weeks, a role play is set up, the students playing a cancer consultation as general physician, patient or family member.

Evaluation

Evaluation of the stage is realised by every student when they leave the Centre. Most evaluations are very positive: they praise the quality of the welcome of the clinicians, their active role and integration in the ward team. They relate having discovered many relational and psychological difficulties with cancer patients, noticeably when participating into the consultation. They also relate benefiting greatly from the practical teaching sessions and role plays, to prepare them in their future role of residents and physicians. Critics have helped us correct inadequate situations. Evaluation of students is realised by members of the Education Unit and the various clinicians according to the Faculty Criteria.

Authors:

Mélinda Denis
Education Assistant
m.denis@baclesse.fr

Bérangère De Gourmont
Education Assistant
Education Unit
b.de.gourmont@baclesse.fr

Lucile Debonnaire
Educationalist
Education Unit
l.debonnaire@baclesse.fr

Jean-François Heron
Professor of Medical Oncology
Head of Education Unit
Centre François Baclesse
3 Avenue du General Harris
14000 Caen, France
jf.heron@baclesse.fr

Poster 10

Characteristics of Allogeneic Transplant Patients Grouped by High and Low Quality of Life (QOL) Scores

Authors:

Marcia Grant
Distinguished Professor
31758 S. Misty Basin Road
Oracle, AZ 85623 USA
mgrant@coh.org

Liz Cooke
Nursing Manager
City of Hope Medical Centre
lcooke@coh.org

Anna Cathy Williams
Senior Research Associate
awilliams@coh.org

Betty Ferrell
Professor
bferrell@coh.org

Jonathan Espenshiede
Associate Professor
jespenschied@coh.org

Lina Mamyorga
Research Associate
City of Hope Medical Center
1500 East Duarte Road
Duarte, CA 91010 USA
lmayorga@coh.org

Poster 11

Over 10,000 allogeneic transplant are being performed each year (NMDP,2009). While survival rates continue to improve, the adult allogeneic population continues to struggle with ongoing physical and psychosocial issues throughout the transplant experience and through survivorship (Rusiewicz, et al, 2008). The purpose of this study was to compare transplant patients with high and low QOL scores to determine high risk characteristics and common problems as a background for an educational intervention.

This secondary data analysis of a study of 232 allogeneic transplant patients (Grant, et al, 2012) included data from the medical record (patient and treatment characteristics, outcomes, and referrals for psychological issues) and quantitative self-reported, measurement of QOL. A 10% sample each of the highest and lowest QOL scores was obtained.

44 patients met the eligibility criteria: 22 in the low group (LG) and 22 in the high group (HG). Group comparisons revealed 41% LG males, and 55% HG males; 41% age 17-35 in the LG and 9% in the HG. The LG showed higher previous psychiatric illness (32% vs 18%), prior psychiatric outpatient treatment (50% vs 18%), psychiatric concerns prior to transplant (28% vs 5%), caregiver issues (18% vs 5%); history of alcohol use with 6 months of transplant (36% vs 18%), prior history of marijuana use (33% vs 0%), and history of street drug use (9% vs 0%). With the first year post transplant 12 LG patients (54.5%) died, while only 5 (23%) HG patients died.

These and additional findings provide a glance at the psychosocial and psychiatric issues that hematopoietic patients experience and areas where targeted educational interventions can be used to address high risk patients and critical topics.

Further research is needed in the areas of education, screening, and psychosocial support.

Involvement of pharmacy students in medication reconciliation at the admission of patients in oncology care unit

Admission to hospital has been identified as a critical transition point for the continuity of care in medication management. Medication errors most often result from incomplete information or poorly communicated. Medication reconciliation (MR) is a measure to improve continuity of patient care, by obtaining an exhaustive patient's medication list.

Objective

The objective is to report our experience of MR, a clinical pharmacy activity made by students at the admission of patients in oncology care unit.

Method

Pharmacy students (5th years), after an initial training, performs a MR for each new entry into care unit. They have a dada collection sheet and a procedure to respect (active search about patients' medication / crossing at least two sources of information / comparing drug review with the first prescription at the hospital/ characterization of the discrepancy). To finish, students makes a point with prescribers and prescriptions are modified if there are unintentional discrepancy.

Results

In one year, 1007 MR were performed by the students in two units care. 22% of hospitalized patients had at least one unintended discrepancy in their medication. The most common type of error identified by pharmacist was omissions and incorrect dosage. A general satisfaction of the students and the medical staff has been observed about this activity.

Discussion

The MR is an interesting activity for the students, especially for relationships with patients and prescribers. They have a real role in the unit care, and it's a good practical training for their future job of pharmacist. However this activity must be supervised and supported by a pharmacist and the medical staff to be efficient. This experience also shows the interest of the MR in patient safety by intercepting medication errors with potential clinical impact.

Authors:

Marion Sassier
Pharmacist
m.sassier@mail.baclesse.fr

Sophie Krieger
Pharmacist
s.krieger@baclesse.fr

Anne Laroche
Chef de Service
a.laroche@baclesse.fr

Catherine Dubos
Chef de Service
c.dubos@baclesse.fr

Fabienne Divanon
Pharmacist
Head of Pharmacy Unit
Centre François Baclesse
3, Avenue du Général Harris
14000 Caen
f.divanon@baclesse.fr

Poster 12

Cancer Education: a proposal to introduce undergraduate students in caring for the dying

Authors:

Paolo Leombruni
Professor
Università di Torino
Via Cherasco 15
10126 TURIN, Italy
paolo.leombruni@unito.it

Marco Miniotti
Psychologist
Università di Torino
mminiotti@cittadellasalute.to.it

Francesca Zizzi
Physician
Università di Torino
323840@studenti.unito.it

Rossana Peraglie
Psychologist
Università di Torino
rossana.peraglie@studenti.unito.it

Riccardo Torta
Università di Torino
riccardo.torta@unito.it

Introduction

Many doctors are not sure they have acquired skills and developed attitudes required for an effective doctor-patient relationship, as they feel unprepared, especially in caring for cancer patients during the end-of-life condition. The aim of this work is to analyse the opinion of young medical students about a specific training on these issues.

Methods

The University of Turin Medical School proposes a mandatory course at the second year, focused on enhancing interpersonal skills, empathy in the end-of-life care (EOLC) context. The themes were presented in six didactic meetings (with lectures, interactive lessons and video clips) concerning: biopsychosocial model, doctor-patient relationship and communication, self-assessment of communicative and relation style (attachment style), personality profile, burn-out, adherence to treatment, informed consent, palliative care, relational style in approaching dying patients and hospice philosophy.

Materials

A direct and anonymous feedback was obtained during the final meeting of the training.

Results

Students generally expressed a positive opinion about the usefulness of this course, as they feel more conscious of their relationship style. Students judged as the most interesting the meeting about ”palliative care, relational style in approaching dying patients and hospice philosophy”, while as the most useful the meeting about “doctor-patient relationship and communication”.

Conclusions

Students’ feedbacks suggest that a training able to integrate skills’ learning and attitudes’ development is a feasible and available method to help students in becoming prone to care for patients and terminally ills. It’s noteworthy that the EOLC was considered an interesting issue, but not equally useful. A possible interpretation could be related to students’ awareness of the importance of communications’ skills in their future professions, without understanding how frequently they will meet dying patients.

Poster 13

Psychological distress in lower risk melanoma and importance of tailored communication

The aim of the present study is to evaluate the quality of life and the presence of distress in a continuous pool of melanoma I-II stage patients.

During the follow-up visit at 6 or 12 months from diagnosis, 204 consecutive patients in 0-I-II melanoma stages were enrolled. A cross sectional survey design was used for this study and the data were collected from March to June 2013. Patients were submitted to psychological interview and questionnaires. The Distress Thermometer was used to assess distress, the Short Form Health Survey (SF-36) to evaluate quality of life and the Brief Cope to investigate coping styles. Patients were divided into two groups based on the stage of the disease (0-Ia vs Ib -II).

The prevalence of distress was detected in 44% of patients while the quality of life was quite good. Denial coping style resulted significantly correlated with distress symptoms and worse quality of life, while patients who used strategies of active coping reported better psychological arrangements. No statistically significant differences were detected between the two groups based on melanoma stage regarding distress, quality of life and coping styles.

As expected, patients who used active coping styles reported less distress, but patients with increased risk of disease progression did not show more distress than patients in stage 0 – Ia of melanoma.

Findings from the present study show that the distress was high even in early stages of the disease and emphasize the importance of a psychological screening in melanoma patients with low risk of progression. Furthermore, this study highlights the need for clinicians of a more effective communication with patients, in order to treat the distress also in early stages melanoma patients.

Authors:

Paolo Leombruni
Professor
Università di Torino
Via Cherasco 15
10126 TURIN, Italy
paolo.leombruni@unito.it

Stefania Bassino
Psychologist
Università di Torino
stefania.bassino@gmail.com

Simone Ribero
Physician
Città della Salute e della
Scienza di Torino
C.so Bramante 88
10126 TURIN, Italy
simone.ribero@unito.it

Marco Miniotti
Psychologist
Università di Torino
mminiotti@cittadellasalute.to.it

Riccardo Torta
Università di Torino
riccardo.torta@unito.it

Giuseppe Macripò
Physician
Città della Salute e della
Scienza di Torino
giuseppe.macripo@unito.it

Poster 14

Putting Words into Action' project: Using Role Play in Communication Skills Training

Authors:

Deborah Lewis
Senior Lecturer
deborah.Lewis@bcu.ac.uk

Marie O'Boyle-Duggan
Senior Lecturer

Jim Chapman
Senior Lecturer

Philip Dee
Senior Lecturer
Birmingham City University,
Faculty of Health
Westbourne Road, Edgbaston
Birmingham, B15 3TN, UK

Research highlights the need to use experienced role-players with skilled facilitation to deliver effective communication skills training (CST) but this is challenging in a large faculty of health. In this pilot project, students from Birmingham City University's School of Acting and role-players from the Learning Disability nursing programme received role-player training (Phase I) before delivering 26 CST sessions to 520 first year BSc nursing students (Phase II), using role-plays based on clinical scenarios in Adult, Mental Health, Learning Disability and Children's Nursing. A pre- and post-session survey assessed student confidence, with feedback gathered from role-players, and facilitators. Pre-session confidence levels in students who participated and observed the role-play were similar, and using Wilcoxon and Mann Whitney non-parametric tests, a statistically significant increase in post-session confidence levels was demonstrated across all four fields of nursing. This increase in confidence applied to role-play participating students and observers, although role-playing students gained the largest confidence increase. A Higher Education Academy Collaborative Grant extended the project in 2012/13.

Publication

Lewis, D., O'Boyle-Duggan, M., Chapman, J., Dee, P., Sellner, K., Gorman, S. (2013) 'Putting Words into Action Project': using role play in skills training. B J Nurs. Vol. 22 (11): 638-644.

Poster 15

How to communicate with cancer patients and their families: Lessons learned by the German Cancer Information Service (KID)

Cancer Information Services provide tailored, quality information and counselling free of charge through various channels. They are an important source of information for patients, their families, health care providers and the general public. Studies, including several surveys conducted by the German Cancer Information Service (KID) show clearly that users need quality information tailored to their individual situation and delivered in a comprehensible, empathic way. Hence communication skills play a central role for the success of the interaction between cancer information specialists and patients.

The SPIKES protocol is known as a communication tool for breaking bad news to patients about their illness. In order to enhance the quality and effectiveness of communication on disease-related issues, it has been applied successfully to doctor-patient communication, and further to various settings of cancer information and counselling. The German Cancer Information Service (KID) has successfully integrated the protocol into its quality management process and continuing training of cancer information specialists.

In this interactive presentation, a training film will illustrate the six steps of the SPIKES protocol in the context of this continuing improvement process. The video was produced by KID with support of Walter Baile, MD Anderson Cancer Centre, and of the Media Center at the University of Heidelberg. Using the example of two simulated telephone counselling sessions, it facilitates an interactive step-by-step process for workshop participants targeted at applying, assessing and evaluating this tool in settings related to cancer information and counselling.

Authors:

Monika Preszly
Health Educator
Cancer Information Service
German Cancer Research Center
Im Neuenheimer Feld 280
69120 Heidelberg Germany
m.preszly@dkfz.de

Andrea Gaisser
German Cancer Research Centre
Cancer Information Service
Im Neuenheimer Feld 280
69120 Heidelberg
Germany

Poster 16

Friday 28 March

Presentations

Memorial for the peace (1988)
An incredible museum

Can you translate this famous saying about Normandy people?
'P'têt bien qu'oui, ptêt ben qu'non !'
On dit que les Normands n’aiment pas beaucoup parler
Ce n’est pas qu’ils n’aiment pas parler, c’est qu’ils n’aiment pas répondre.
Ce qui n’est pas la même chose.

It is said that Normans do not like to speak.
They love speaking, they dislike answering!
Not quite the same thing!

Paradigm of Patient Education

Authors:

Carolyn Messner
Director of Education and Training
Cancer Care
275 Seventh Avenue New York
NY 10001 USA
cmessner@cancercare.org

Scientific advances in oncology have revolutionized the treatment of cancer. The need to educate the public about the latest research discoveries is greater now than ever. Many patients do not have access to state-of-the-art treatment and palliative care due to the following barriers: cost, travel logistics, fatigue, fear, misinformation, rural isolation, geography, language and low literacy. Innovative interventions are necessary to address the emerging trends in care and develop appropriate psycho-educational services to address the challenges of cancer patients and survivors in navigating the changing landscape in healthcare.

This oral presentation will describe the utility of weekly one-hour global teleconference and online education workshop interventions to disseminate evidence-based medical and psychosocial care to patients, caregivers and healthcare professionals. The efficacy of the format of using weekly half-hour didactic presentations followed by compassionately moderated half-hour question and answer period will be reviewed. Validated moderation guidelines will be identified to maximize patient/family learning and expert led faculty participation in these technology-assisted workshops. The author will provide a paradigm of innovative educational programs developed over the past twenty five years, including cultivation of expert oncology faculty, live streaming, webcasts and podcasts. Lessons learned, including the importance of shared decision making and new challenges in reaching out to culturally diverse populations will be addressed. Particular attention will be paid to establishing a partnership between oncology social work educators and the communications industry as a service provider and program consultant. Qualitative data will be presented illustrating the meaning this program has for the 64,000 participants per year who utilize it. Qualitative data using the participants own words will be analyzed to provide insight about outcome, information dissemination and perceived learning as a result of these educational interventions. Case vignettes, literature review, replication model and future initiatives will be explicated.

Abstract 33

Information meeting point (Espace de Rencontres et d'Information - ERI): A place to inform and meet patients

Authors:

Pauline Basselet
Health Companion
Espace Rencontre
Information
p.basselet@baclesse.fr

Géraldine Payen
Health Companion
Espace Rencontre
Information
g.payen@baclesse.fr

Hubert Crouet
Gynaecological Surgeon
Medical adviser
Espace Rencontre
Information
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
h.crouet@baclesse.fr

Information meeting point (Espace de Rencontres et d'Information, called ERI), is the dedicated space for the collation of information, for compiling and sharing information on Cancer. In 1998, the National Cancer League organised "General States" of patients. One main wish of patients was to get access to clear, validated information concerning the disease and the ways to cope, inside the hospital but presented by non medical staff. ERI is a neutral place, outside of the medical care system, dedicated to listening, to exchanging of information and accompaniment patients and their loved ones in order to improve the quality of life.

The ERI is managed by professionals called 'health companion' answers to 4 essential missions:

- Welcoming of patients and their loved ones without appointment.
- Listening to visitors about the disease and difficulties in life. It is a place to take a break in a neutral space.
- Giving information: Adapted information about disease and treatments as well as tips for better coping (cosmetics, nutrition, social and families relationships)
- Promoting exchange: ERI is a meeting point for patients, loved ones, health professionals and associations setting up workshops and conferences.

ERI is used complimentary to the health services, it is at the visitors' disposal, by using the space they will make it live.

A precise evaluation of all actions is requested by the Centre François Baclesse. From November 2009 to December 2013, 12 500 people visited ERI; many patients 50% and women 78%. We also organised around 100 conferences and workshops.

ERI is sponsored by Centre François Baclesse, by Regional Cancer League and by Sanofi Laboratories.

Creating an inter-professional education environment for patients, trainees and staff at the Sunnybrook, Odette Cancer Centre, in Toronto, Ontario, Canada

Authors:

Ewa Szumacher
Associate professor
Department of Radiation
Oncology University of
Toronto
Sunnybrook Health Sciences
Centre
2075 Bayview Avenue
Toronto Ontario Canada
M4N3M5
ewa.szumacher@sunnybrook.ca

Lisa Di Prospero
Department of Radiation
Therapy
lisa.diprospero@sunnybrook.ca

Tamara Harth
Manager Patient Education
Sunnybrook Health Sciences
Centre
tamara.harth@sunnybrook.ca

Inter-professional (IP) approaches to patient care are believed to have the potential for improving professional relationships, increasing efficiency, co-ordination and ultimately enhancing patient and health care outcomes.

Inter-professional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. IPE enhances learners' understanding of other professions' roles and responsibilities while fostering mutual respect and understanding between members of the health care team.

This presentation will highlight several IP education initiatives that are taking place at the Sunnybrook Odette Cancer Centre in Toronto, Ontario, Canada.

Some of these initiatives will be presented in detail;

1. The Inter-professional Radiation Oncology Rounds (IROR) were developed to meet the continuing education objectives of an inter-professional audience at the Sunnybrook Odette Cancer Centre
2. Undergraduate students' involvement in educational research projects
3. Patient education initiatives related to development of education materials for patients with breast and prostate cancer.

Abstract 35

PETAL: Therapeutic education program aimed at improving the quality of life of laryngectomised patients and their close relations

The therapeutic education of patients and their close relations is, as yet, poorly developed in France in the field of oncology, in particular for cancers of the upper aero digestive tract.

In the case of pharyngeal and laryngeal cancer, total laryngectomy associated with radiotherapy remains a reference treatment for advanced stage cancers. This mutilating surgical procedure has a major impact on the patient's life, and psychosocial consequences are also important. Currently, care for laryngectomised patients consists essentially in informing and educating them on certain technical procedures during hospital admission and on voice rehabilitation. These healthcare modalities often insufficiently account for the social, environmental and personal factors that interact in health-related problems.

The aim of the PETAL project is to design, implement and evaluate a patient therapeutic education (PTE) programme, for laryngectomised patients and their close relations, aimed at improving their quality of life. The research is conducted over three phases:

The first phase, referred to as the "pilot" phase, includes exploratory, observational and retrospective analysis aimed at developing knowledge on the consequences of laryngectomy on the quality of life of patients and their close relations, the strengths and weaknesses of current practice in patient support and the needs expressed by the players involved (patients, relations, professional carers). This first phase will enable the pluridisciplinary design of a therapeutic education programme for laryngectomised patients and their close relations which will be tested in the study's principle coordinating centre.

The second phase, referred to as the prospective intervention "replication" phase, aims at evaluating the programme's transferability and quality in three centres.

The third phase, referred to as the "randomised" multicentric comparative intervention phase, should enable us to assess the benefits of the developed PTE programme on the quality of life of patients and their close relations.

Authors:

Guillaume Grandazzi
Sociologist
U1086 INSERM / UNICaen
"Cancer et Préventions"
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen
grandazzi-g@chu-caen.fr

Mélanie Seillier
CERFEP
Centre de Ressources et de Formation à l'Education du Patient
11 allée Vauban
59 662 Villeneuve d'Ascq
Cedex France
melanie.seillier@carsat-nordpicardie.fr

Mélanie Trocme
CERFEP
melanie.trocme@gmail.com

Véronique Christophe
URECA EA1059 Unité de Recherche en sciences Cognitives et Affectives
Université de Lille 3
veronique.christophe@univ-lille3.fr

Emmanuel Babin
Professor of Medicine
Head and Neck Surgeon
Centre Hospitalier Universitaire
Avenue Côte de Nacre
14000 Caen
babin-e@chu-caen.fr

Abstract 36

Factors influencing education of patients with low rectal cancer before surgery

Authors:

Radoslaw Tarkowski
lecturer
Wroclaw Medical University
Division of Surgical Oncology
pl. Hirszfelda 12
53-413 Wroclaw Poland
radoslaw.tarkowski@umed.wroc.pl

Grazyna Borowiec
student
Wroclaw Medical University
Wybrzeże L. Pasteura 1
50-367 Wrocław Poland
Gina98@interia.pl

Ewa Obuszko
Stoma Education Specialist
Lower Silesian Cancer Centre
1st Department of Surgical Oncology
e.obuszko@o2.pl

Agnieszka Sobkowiak
Stoma Education Specialist
Greater Poland Cancer Centre
Garbary 15
61-688 Poznan Poland
agnieszka.sobkowiak@op.pl

Jonatan Nowakowski
student
Wroclaw Medical University
jonatan.nowakowski@gmail.com

Marek Bebenek
Head of Department
Lower Silesian Cancer Centre
1st Department of Surgical Oncology
pl. Hirszfelda 12
53-413 Wroclaw Poland
bebenek.m@dco.com.pl

Introduction

Optimal surgical treatment of patients with low rectal cancer is amputation of rectum (ASAR) combined with permanent stoma formation.. Decision concerning kind of surgery (amputation vs sphincter saving) is based on results of examinations. Patients should be sufficiently informed to consent for the mutilating kind of treatment.

Aims

Analysis of factors influencing QOL of patients with low-rectum cancer through: choice of surgery (1), quality of education obtained (2) ; impact of operation on both stoma- and non-stoma patients (3).

Materials and methods

Three groups of respectively 50, 60 and 24 patients for each aim. Analysis of medical documentation in relation to disconcordance of the different diagnostic tools influencing choice of surgery (1); survey following education before surgery(2); EORTC QLQ-C30 and QLQ-CR29 questionnaires completed before and 6 months after surgery (3).

Results

Lack of concordance between examinations reports in 25% of patients; possibility of performing non-optimal, mutilating surgery in case of 3 patients. 83% of the respondents estimated help of the nurse specialised in stoma education with the highest score, none of the scored as less than 6 pts in the 0-10 pts scale.

Stoma reduced defecation problems: constipation (from 42 to 6), diarrhoea (42 to 17), blood and mucus in stool (51 to 4), stool frequency (49 to 14). Social functioning became a problem (75 to 64), also body image (77 to 59). Patients with AR faced different set of problems: incontinence increased after surgery (17 to 28), embarrassment (17 to 33). Although role functioning is reduced after surgery (95 to 86), patients assess their global health status higher (59 to 69).

Conclusions

Examinations should be performed by operating surgeon before information concerning planned surgery. Presence of stoma specialist is mandatory in patients education.
Stoma relieves some symptoms associated with disease, while AR does not reduce all of them. All this issues should be discussed with the patient.

Abstract 37

Personal support and information needs of patients living lifelong with a stoma

A survey of 4500 ostomates designed to explore factors that impact on quality of life after stoma formation the survey was carried out in partnership with the Colostomy Association. In addition to the practical and clinical issues, of great importance were the open-ended questions which revealed a wealth of information regarding the psycho-social and emotional aspects of life in the immediate post-surgery period and in the longer-term.

Respondents generously shared both the positive and negative aspects of their lives, providing very detailed information. Some reported feeling well informed and supported by professionals both initially and over time, and had developed strategies to cope with their changed body and bodily functions. However, others gave a very different picture remembering the time as difficult, lonely and depressing. Problems with family relationships and partners were clearly described, and reports of not knowing what to tell children and/or friends were frequent, with descriptions revealing the problems of rising what many saw as a taboo subject. Others gave examples of 'acting' socially as if it was no problem in an attempt to cope. Few had received what they saw as psychological support, some reported seeking counselling but not knowing how to access it, and others, only being offered private services.

The information supplied appears to have varied considerably in quality and quantity, and of those wanting repeat/ reinforcement of information after the initial post-surgery period, only the minority had found this easy to find. There were requests for a range of information in different formats, some detailed, some less so, but all phrased in a format that could be easily accessed by the different groups that the respondents interacted with

Authors:

Joy Notter
Centre for Health and Social Care Research
Faculty of Health
Birmingham City University
Wesbourne Rd
Edgbaston B15 3TN UK
joy.notter@bcu.ac.uk

Abstract 38

Information preferences regarding cure rates and prognosis of Austrian patients with advanced lung cancer

Authors:

Tamara Rumpold
Student
tamara.rumpold@akhwien.at

Carola Lütgendorf-Caucig
Department of Radiation Oncology
Medical University Vienna
Währinger Gürtel 18-20
1090 Vienna Austria
Carola.Luetgendorf-Caucig@akhwien.at

Richard Pötter
Department of Radiation Oncology
Medical University Vienna
Währinger Gürtel 18-20
1090 Vienna Austria
Richard.Poetter@akhwien.at

Reinhold Jagsch
Institute of Psychology
University of Vienna
Liebiggasse 5
1010 Vienna Austria
reinhold.jagsch@univie.ac.at

Kathrin Kirchheiner
Department of Radiation Oncology
Medical University Vienna
Währinger Gürtel 18-20
1090 Vienna Austria
kathrin.kirchheiner@meduniwien.ac.at

Aim

To investigate information preferences regarding cure rates (CR) and prognosis in patients with advanced lung cancer before radiotherapy. To evaluate the emotional responses to the information and to assess patients' satisfaction with the medical consultation.

Method

Fifty patients were interviewed at their first visit to the Department of Radiation Oncology to clarify information preferences before their consultation with the radiation oncologist. The following endpoints regarding CR and prognosis were assessed:

- pre-existing knowledge
- information preference during the consultation
- preferred quality of information (general vs. specific)
- additional quantitative estimates regarding CR/prognosis

After the individually adapted medical consultation, the patients' emotional response was assessed with a self-developed questionnaire, covering six items: confusion, anxiety, distress, insecurity, loss of confidence and excessive demand. Patients also evaluated their satisfaction with the consultation.

Results

Median between diagnosis and consultation was six months (IQR 1-17). However, only 44% of patients reported having any pre-existing knowledge regarding CR and only 6% regarding prognosis.
Seventy-six percent of patients wanted to receive information about CR and 53% of those also about prognosis. Of those who wanted to discuss CR and/or prognosis, 84% requested specific, detailed information and 56% (of those) additional quantitative estimates.
The disclosure of CR and/or prognosis did not negatively impact the total emotional response score. Distress and anxiety were significantly elevated ($p = 0.012$ and 0.032 respectively) in patients receiving prognostic information. Overall patient satisfaction was high, with 92% of patients rating the medical consultation as "excellent".

Conclusion

The majority of patients wanted to discuss CR specifically and in detail with the treating radiation oncologist. More than half of them were also interested in discussing their estimated life expectancy.

An individually adapted medical consultation covering CR and prognosis did not cause negative emotional responses and resulted in high patients' satisfaction.

Abstract 39

Supporting Oncology Family Caregivers: Evaluation of a Healthcare Professional Education Course

Introduction

The purpose of this presentation is to provide the course evaluation and follow- up results from an education effort to inform cancer healthcare professionals about the importance of oncology Family Caregivers (FCG) and on developing strategies to improve institutional support to address their needs.

Project

Between 2011-2013 oncology healthcare professionals from cancer centres across the US were selected to attend an NCI funded three-day workshop focused on understanding the needs of cancer FCGs and on building support to address these needs. The course curriculum, structured around the four domains of the FCG quality-of-life model examined the physical, psychological, social, and spiritual effects of family care-giving on the carers. Faculty experts in each of the domains developed and presented the state-of-the-science content which was followed by practical examples of existing successful institutional FCG support services. Teaching methods were comprised of lectures, interactive small groups, and question/answer sessions. During the course, participants developed unique institutional FCG goals to initiate in their home institution. Post-course evaluations rated course content and the faculty. A long-term (18 months) follow-up process measured goal implementation and discussed the outcomes.

Summary of results

A total of 397 cancer professionals attended one of four FCG courses. Post-course evaluation results rated both the overall course and the faculty 4.8 (5.0=best), suggesting a highly satisfied audience. Although the long-term follow up is ongoing, preliminary findings indicate a heightened awareness of the support needs of FCGs leading to a positive shift toward more services and support being provided by cancer centres. Institutions have initiated new FCG efforts e.g. staff education regarding needed support, effective communication development, support groups initiation, distress assessment, online and printed resources availability, and community agency partnerships. Overall, the course provided essential content for an in-depth understanding of FCG needs and offered valuable information on building support structures to address these needs.

Authors:

Jo Hanson
Nurse
City of Hope
Nursing Research & Education
1500 E. Duarte Rd.
Duarte CA USA
jhanson@coh.org

Betty Ferrell
Professor and Director
City of Hope
Nursing Research & Education
1500 E. Duarte Rd.
Duarte CA USA
bferrell@coh.org

Marcia Grant
Distinguished Professor
City of Hope
Nursing Research & Education
1500 E. Duarte Rd.
Duarte CA USA
mgrant@coh.org

Abstract 40

Understanding the Perspectives of Older Adults about Cancer Information

Authors:

Margaret Fitch
Head Oncology Nursing
Director Patient and Family Support Program
Odette Cancer Centre
T-wing Sunnybrook Health Sciences Centre
2075 Bay view Avenue
Toronto Ontario Canada M4N 3M5
marg.fitch@sunnybrook.ca

Tamara Harth
Program Manager of the Sunnybrook Health Sciences Cancer Patient Education Program
Sunnybrook Health Sciences Centre 2075
T-wing Sunnybrook Health Sciences Centre
2075 Bay view Avenue
Toronto Ontario Canada M4N 3M5
tamara.harth@sunnybrook.ca

Abstract 41

Introduction

Cancer patients have reported that information plays a significant role in their ability to cope with cancer and manage the consequences of treatment. However, for effective learning, it is important to tailor the provision of information to the specific audience. More than 43% of cancer patients will be diagnosed at 70 years or older when they may experience barriers to learning (poor eyesight, reduced hearing, etc).

Purpose

This work was undertaken to identify the importance older adults assign to types of cancer-related information, their satisfaction with the cancer-related information they receive, and the barriers to effective information provision in this age group.

Methods

Surveys (n=684) and in-depth interviews (n=39) were used to gather perspectives from convenience samples of older adults attending a comprehensive cancer centre. Data were analysed for 65-79 year and 80+ year groups.

Results

Information about the medical condition, treatment options and side effects were rated by patients as the most important topics. Women assigned higher importance ratings to information overall ($t= 4.8$, $P< 0.01$). Although participants were generally satisfied with the information they received, many reported they experienced challenges communicating with health care professionals because of the use of medical language and the fast pace of speaking. Many expressed the desirability of speaking directly with health care professionals, but also of the value of having written documents to take home with them.

The reasons of Breast Conservative Surgery refusal among woman with breast cancer

Authors:

Katarzyna Szmigiel
student
Wroclaw Medical University
wyb. Pasteura 1
50-637 Wrocław Poland
k.d.szmigiel@gmail.com

Aleksandra Rubin
student
aleksandra.rubin@gmail.com

Krzysztof Szewczyk
lecturer senior assistant
Department of Oncology
Division of Surgical Oncology
Wrocław Medical University
pl. Hirszfelda 12
53-413 Wrocław Poland
krzysztof.szewczyk@umed.wroc.pl

Radoslaw Tarkowski
lecturer senior assistant
Department of Oncology
Division of Surgical Oncology
Wrocław Medical University
pl. Hirszfelda 12
53-413 Wrocław Poland
radoslaw.tarkowski@umed.wroc.pl

Background

Breast conservation surgery (BCS) with radiation is an acceptable treatment for early-stage breast cancer. It provides the survival equivalent of mastectomy. Women who undergo oncoplastic, breast sparing treatment have superior psychosocial outcomes and cosmetically acceptable breast. Despite that, some women eligible for BCS ask for amputation.

Objectives

We wanted to analyse factors, influencing refusal of BCS, with a particular emphasis on the role of education.

Material and methods

A preliminary group represented 64 women with breast cancer, from among 48 (75%) qualified for BCS (age: 35-81, average 58 years), with I-II stage breast cancer. The study group represents 23 women (45.5%), who refused to undergo BCS. 94% were treated in comprehensive cancer centers. The survey contained 17 questions relating to personal data, the quality of information given by the doctor and the factors affecting the decision of BCS refusal.

Results

Education and origin of patients did not influence the decision regarding the treatment. 59% of the referents sought information from Internet, family, friends or support groups. 25% declared that the surgeon took decision on the BCS proposal without their contribution, 24% were not fully informed about the methods of treatment. 7% stated, that the relevant information was not given at all. In most cases (79%) it was taken regardless of the spouse. The main reasons for the refusal were: concerns about cancer recurrence (26%), post-surgery treatment, i.e. radiotherapy (21%); aversion to treated breast (18%); age, defined by the patient as "advanced" (15%); concerns about additional surgery to widen the insufficient margin (13%), deformation of the treated breast (8%).

Conclusions

The surgeon's input is very important in a woman's choice to undergo BCS or mastectomy. Physicians should help educate women on the equivalent results between both options and provide more comprehensive, clear, repeated preoperative information so that the patients may consciously decide on the optimal treatment.

Abstract 42

Native American Cancer Education for Survivor: Findings and Story Walk-through

Authors:

Linda Burhansstipanov
Native American Cancer
Research Corporation
3022 South Nova Road
Pine CO 80470-7830 USA
LindaB@NatAmCancer.net

Linda U. Krebs
Associate Professor
University of Colorado at
Denver
Anschutz Medical Campus
College of Nursing
Box C288 ED2N Room 4209
13120 East 19th Avenue
Aurora CO 80045
Linda.krebs@ucdenver.edu

Lisa D. Harjo
MEd Executive Director and
Native Patient Navigator
Coordinator
Native American Cancer
Research Corporation
(NACR)
3110 South Wadsworth Blvd.
Suite 103
Denver CO 80227
LisaH@NatAmCancer.org

Mark Dignan
Prevention Research Center
Department of Internal
Medicine
Markey Cancer Center Room
CC444
800 Rose Street
Lexington KY 40536-0093
mbdign2@email.uky.edu

Judith Salmon Kaur
Medical Oncologist
Director Native American
Programs Spirit of EAGLES
Mayo Clinic
200 First Street
Rochester MN 55905
Kaur.Judith@mayo.edu

Background

Native American Cancer Education for Survivors" is a cancer education intervention designed to improve the quality of life (QOL) of cancer patients by increasing knowledge and informed choice using innovative, tailored web-based technology. The website includes a QOL survey, content based on the Medicine Wheel (physical, mental-emotional, social and spiritual health), video excerpts from about 90 Native survivors, sample questions to ask providers, and other interactive information. NACES is interactive and survey and QOL measures evolve at least every 3 years since the initiation of the intervention (2003).

Approach / Methods

Trained Native Patient and Survivorship Navigators assist American Indian cancer survivors to learn how to effectively use the website and to complete the QOL survey. During February 2013, the project team added about 75 new survey items. The items were primarily taken from the NIH PROMIS® items and from selected physical activity surveys. Native Patient Navigators were trained and then began implementing the new pilot items in March 2013. The presentation will share findings and provide a case study illustrating how the NACES website works with the assistance of a trained survivorship navigator.

Findings / Results

Pilot test results include more than 70 American Indian cancer survivors, primarily living in the Northern and Southern Plains, the Southeast and Rocky Mountain regions of the USA. The results helped evolve into 2 education interventions and new research applications addressing physical function and the impact of physical activity on quality of life.

Conclusion

New quality of life (QOL) pilot measures helped effectively to lead to the development of culturally appropriate cancer survivorship education modules in submission for grant funding. The measures also identified continued gaps in long-term and late effects of cancer that differ when compared with non-Hispanic Whites survivors from programs such as City of Hope in Duarte, CA.

Abstract 43

CaPSCA: Evaluation of a theory-based cancer prevention education programme to promote balanced diet in French school children

Authors:

Laura Rennie
Chercheur
B-research
8 rue du capitaine Madon
75018 Paris
laura.rennie@b-research.fr

Cécile Bazillier-Bruneau
Directrice B-Research

This study examined the effectiveness of two theory-based cancer prevention interventions in improving balanced diet among French children aged 12-14 yrs. The interventions targeted attitudes and perceived behavioural control, both of which are predictors of behaviour in the theory of planned behaviour (TPB; Ajzen, 1991). The educational techniques used were taken from the taxonomy of behaviour change techniques (BCTs; Abraham & Michie, 2008).

Methods

Allocation to intervention group (intervention vs. control) was randomised at the school-level, the intervention group received 2 interventions, each of one hour duration, containing BCTs to improve attitudes and perceived behavioural control. Self-reported diet was assessed pre- and post-interventions. The resulting data were coded by a nutritionist and transformed into a novel measure representing the extent to which the participant achieved a balanced diet.

Findings

Multi-level modelling indicated that, having taken into account the clustered nature of the data, and the differing socio-economic status of the participants, balanced diet decreased over time, $b = -1.18$, $t(1836) = -2.65$, $p = .008$, but this was qualified by a significant interaction effect with intervention, $b = 1.54$, $t(1836) = 2.13$, $p = .03$. Separate models for each intervention group revealed that balanced diet decreased over time in the control group, $b = -1.19$, $t(1138) = -2.31$, $p = .02$, but did not in the intervention group, $b = 0.50$, $t(448) = 1.16$, $p = 0.25$, suggesting a buffering effect of the interventions on balanced diet over time. These findings demonstrate the effectiveness of theory-based interventions, using established behaviour change techniques, to change behaviour.

Abstract 44

Addressing Cancer disparities in the US: Successes, challenges and future directions

Authors:

Levi Ross
President: American Association for Cancer Education
Assistant Professor
Department of Community Health
Jiann-Ping Hsu College of Public Health
Georgia Southern University
Statesboro 30460 GA, USA
lross@georgiasouthern.edu

Abstract 45

The war on cancer continues to be fought around the world and each nation has its priorities and challenges. In 2014, cancers of the breast, lung, colon and rectum, and female reproductive organs (uterus, ovaries) will account for more than half (56%) of the new cancer cases, and 58% of the cancer deaths among American women. While cancers of the prostate, lung, colon and rectum, and bladder will account for the majority (56%) of the new cancer cases, and half of the cancer deaths (50%) among American men.

People living in the US today are surrounded by some of the most comprehensive cancer prevention and control services available. Unfortunately, not all Americans receive the state-of-the-art care that surrounds them. The disparate subgroups that have been shown to receive fewer cancer screening, diagnostic and treatment services include individuals from racial and ethnic minority groups, the poor, and the uninsured.

This non-random variation in cancer care has not gone unrecognized, and a growing number of investigators are focusing some aspect of their work on the “cancer disparities research agenda.” While progress in cancer disparities research has been steady, it has also been slow. Despite many scientific advances over the years, disparities researchers are still struggling to provide answers to the question “how do we improve cancer prevention and control efforts for diverse populations?”

At the completion of this session, the attendees will be able to:

1. Understand the importance of health disparities research to cancer prevention and control efforts in the US.
2. Provide examples of evidenced-based strategies to engage diverse populations in prevention efforts across the continuum of care.
3. Articulate some of the methodological challenges involved in conducting cancer research with diverse populations.

Audit of oncology training for junior doctors in the medical admissions unit

Berger, Cooksley and Holland highlighted the burden of cancer on the acute medical unit. How well trained are our junior doctors who are at the forefront of this care?

Over the month of November 2013 we looked at 4 weeks of admissions to the acute medical unit in St Mary's Hospital, a small district general hospital on the Isle of Wight. 34 patients with known oncological or haematological malignancies were identified. We spoke to the 12 doctors who clerked in 25 of these patients asking about their oncology training in and after medical school as well as how confident they felt in dealing with the problem the patient presented with, on a scale of 1 to 10.

Results showed confidence was higher dealing with neutropenic sepsis rather than other problems (9.5 vs. 8/10). Confidence was also higher in doctors of grade CT1 and above compared to foundation year trainees (8 vs. 6/10). Oncology training at medical school had an effect on confidence with those who had done an attachment for a week or longer were more confident compared to those who had no attachment or less than one week (8 vs. 6/10). General feedback included comments that acute oncology input is useful for teaching and post graduate clinical rotations improve confidence in dealing with acute oncology emergencies.

This audit suggests that confidence in dealing with oncology patients is improved by undergraduate training, and qualitative comments from the doctors also suggest that the acute oncology team has a crucial role to play in training. We believe teaching about oncological emergencies should be mandatory for junior doctors on the acute medical unit.

Authors:

Penelope Edwards
Foundation Year Two doctor
Flat 1
25 Birmingham Road
Cowes Isle of Wight PO21 7BH
penelope.edwards@iow.nhs.uk

Ellen Copson
Medical Oncologist
University Hospital Southampton
Tremona Road
Southampton
Hampshire SO16 6YD
ellen.copson@uhs.nhs.uk

Judith Cave
Medical Oncologist
University Hospital Southampton
Tremona Road
Southampton
Hampshire SO16 6YD
judith.cave@uhs.nhs.uk

Abstract 46

Addressing faculty burn-out in health sciences education: can we change culture?

Authors:

Shine Chang
Professor & Director Cancer Prevention Research Training Program
Department of Epidemiology
Unit 1365 UT
MD Anderson Cancer Center
155 Pressler St
Houston TX 77230-1439 USA
shinechang@mdanderson.org

Carrie Cameron
Assistant Professor & Associate Director
Cancer Prevention Research Training Program
Department of Epidemiology
Unit 1365 UT
MD Anderson Cancer Center
ccameron@mdanderson.org

The cost of faculty turnover in academic health centers is high – to individuals, their trainees, their teams, their departments, and their institutions. Many reasons contribute to departure of faculty from their institutions, including burnout.

Burnout manifests as higher emotional exhaustion, greater depersonalization, and lower personal accomplishment and results from a variety of factors. Some of these factors are described in Karesek's Demand-Control Model of Job Stress and other theories of identity negotiation. Recently, a growing body of literature is bringing attention to the problem of faculty burnout in academic medicine and the unique aspects of careers in academia that may enhance risk.

Faculties are pushed to achieve excellence in teaching, publishing, institutional and peer-review service, and leadership, and for those in health science, also to provide more clinical practice. As they struggle to meet increasing demands, with fewer resources, their risk of burn-out increases.

Although burnout is avoidable, preventing burnout remains an elusive goal for academic health centers. Regardless, the cost is too large to sustain long-term and effective strategies must be developed, including methods that attempt changes the culture in academic medicine.

We will discuss the work of Karasek and others and describe the theoretical constructs related to burn-out and identify elements of the culture of academic medicine, their positive and negative perceptions, and at what points and in what ways we might intervene.

Abstract 47

Teaching Clinical Cancer Research to Oncology Residents

Oncology is an evolving discipline with innovative therapeutic, diagnostic and predictive tools. Clinical trials are part of the work of any oncologist. Teaching how to participate to clinical trials and how to design a study is an objective for the oncology residents.

Material and Methods

Comprehensive care for patients in medical oncology, radiation therapy, palliative care and imaging are taught during the training of the residents. As a consequence of the evolution of the discipline, most of the students complete their training with an academic Master in biology, statistics and methodology. Students need to get skill in methodology for designing their research.

In Centre Francois Baclesse, in 2005, a Clinical Research Unit has been created to promote clinical trials, and to work in close collaboration with fundamental biology laboratories. In 2010, a position for residents was created. This position has been designed

1. to sensitize the students to the importance of participating into clinical trials
2. to help them design and initiate their own study
3. to learn how to write a publication

Results

Since 2010, 6 residents (5 in medical oncology and 1 in radiation oncology) have benefited from this training. Each student has written a protocol for prospective research and actively participated in its design, monitoring, and inclusions. They also have been trained for publications. 11 publications as first author were accepted. After the residency, 3 had a university assistant position and 2 became clinical assistants. The last one is going to do a Master in Molecular Biology. He will present the clinical research he has initiated, underlining the difficulties he has met and some lessons.

Conclusion

Clinical research education is important in the course of residency in oncology and should be encouraged and facilitated.

Authors:

Pierre-Emmanuel Brachet
Resident
Clinical Research Unit
Centre François Baclesse
3 Avenue du Général Harris
14000 Caen France
pe.brachet@baclesse.fr

Stéphanie Lheureux
Clinical and Research Fellow
Princess Margaret Hospital
University Toronto Ontario
Canada
stephanie.lheureux@uhn.ca

Victor Pernin
Clinical Assistant
Institut Curie
26 rue d'Ulm
75005 Paris France
victor-pernin@hotmail.fr

Emilie Coquan
Clinical Assistant
Centre François Baclesse
e.coquan@baclesse.fr

Sabine Noal
Physician
Centre François Baclesse
s.noal@baclesse.fr

Florence Joly–Lobbedez
Professor of Medical
Oncology
Faculty of Medicine Caen
Centre François Baclesse
f.joly@baclesse.fr

Abstract 48

Interdisciplinary Care: A Thread in Medical School Curriculum

Authors:

Maria C. Bishop
Staff Physician
Hematology/Oncology
Southern Arizona VA
Healthcare System
Associate Professor of
Medicine
University of Arizona
Tucson AZ USA
mbishop@azcc.arizona.edu

Russell S. Crawford
Clinical Pharmacist
Hematology/Oncology
Southern Arizona VA
Healthcare System
Adjunct Professor- University
of Arizona College of
Pharmacy
Tucson AZ and Midwestern
University Glendale AZ USA

An interdisciplinary approach to patient care is a thread in the University of Arizona's medical school curriculum.

The University and the Southern Arizona VA Health Care System, a major teaching partner, incorporate this model of care in teaching medical students about caring for patients with cancer.

Medical students have an opportunity to learn about caring for patients with cancer during all four years of medical school. During their first two years, cancer education is incorporated into their Societies Program activities and Personal and Professional Development class. The Societies Program is a four year longitudinal mentoring program. Society activities include interviewing and examining patients at the bedside, refining communication skills, constructing a differential diagnosis and developing a care plan, including patient education. The students also take part in a home hospice visit. During their third year clerkships, students are involved in caring for patients with cancer on the inpatient units and at the University of Arizona Cancer Center clinics.

In addition to their core curriculum requirements, forth year medical students can participate in a palliative care and oncology elective. Participation on an ethics consult service is available to all students at all levels of training.

During this session I will share components of the home hospice, Personal and Professional Development and ethics curriculum with a focus on interdisciplinary care and shared decision making.

Abstract 49

Health students and simulation

How satisfied Health Students were with simulation and what were the self reported effects of a Challenging Behaviour Simulation on student's confidence in their ability to deal with similar situations in clinical practice?

This research developed a simulation strategy to enable health students to work with people with learning disabilities who may present challenging behaviours within a healthcare environment context. Students participated in Live Simulation. The research team is made up of representatives from Learning Disability and Child Nursing and Operation Department Practitioners. Through focus groups and questionnaires, we collated information regarding students' confidence in dealing with people with learning disabilities with challenging behaviours within a health environment and their satisfaction with the high fidelity simulation.

This research utilised the Nurse Education Simulation Framework (Jeffries 2005, 2007). This framework consists of five factors; clear objectives and information, support during the simulation, an appropriate problem to solve, time for feedback and reflection and fidelity or realism of the experience.

The aims and objectives were to examine how satisfied Child and Adult Branch and Operating Department Practitioner (ODP) Students were with simulation and what is the self reported effect of a Challenging Behaviour Simulation on student's confidence in their ability to deal with similar situations in practice. Including how students evaluated the scenario in relation to Jeffries (2005) theoretical framework. Students were given a specific task to complete with the "patient" – for example – trying to explain cancer symptoms or treatment, checking in a patient, taking a blood pressure reading and applying an oxygen mask.

Following the simulation, two instruments developed by the National League for Nursing (NLN) were used. The 13 item Student Satisfaction and Self Confidence in Learning Scale and the Simulation Design Scale. Demographic data such as age, gender, previous health care experience and previous simulation experience will also be collected. Critical issues for people with learning disabilities accessing health care needs to be threaded through all health professionals curriculum. This has been acknowledged by the Department of Health as imperative in Valuing People (2002); Death by Indifference (2007, 2012); Mansall Report (2007); New ways of working (2007), Health Care for All (2008) and Towards Fulfilling and Rewarding Lives (2010).

Authors:

Marie O'Boyle-Duggan
Senior Lecturer
Birmingham City University
Faculty of Health City South
223 Bevan House
Westbourne Road Edgbaston
Birmingham B15 3TN UK

Abstract 50

Improving confidence in clinical skills in year 4 undergraduate medical students

Authors:

Eleanor Earp
Medical Student
Newcastle University
Dept of Medical Oncology
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK.
e.a.earp@ncl.ac.uk

Graham G. Dark
Senior Lecturer in Cancer Education
Newcastle University
Dept of Medical Oncology
Freeman Hospital
Newcastle upon Tyne
NE7 7DN, UK.
graham.dark@ncl.ac.uk

In undergraduate medical studies in Newcastle, clinical skills are developed in year 3 and refined in year 5. Reflection and feedback from year 4 students identified a perceived deficit in clinical skills that prompted the design of a questionnaire to explore these concerns. This was completed by 232 students and confirmed that they did not feel confident in their diagnostic reasoning and clinical skills. Furthermore, the majority of students (87.9%) identified that clinical skills review during year 4 would have been beneficial.

To address this identified need, a series of six 1.5 hour interactive case-based evening seminars was delivered over a period of 6 months which were aligned with the areas of weakness identified in the survey. The impact of these seminars on individual students over a range of subjective outcomes was evaluated using a second survey and analysed by evaluating the percentage of responders who agreed or strongly agreed with statements regarding the sessions. Overall the sessions were very well received, with students finding them a positive learning experience (97.5%) and enjoying the sessions (97.6%). The sessions achieved their objective of improving confidence in clinical skills and diagnostic reasoning (86.6%). Of more significance, students felt more prepared for future practice, with students feeling that the sessions informed future revision and learning (98%) and enhanced motivation to learn (96.4%) and improve performance (97.3%). Open space comments echoed this conclusion with many students commenting on the inspirational value of the sessions.

These results suggest that students do frequently lack confidence in their clinical skills and that review sessions can empower students for future learning and highlight the effects of confidence on perception of ability. In line with these conclusions, continuation of such a seminar series is strongly encouraged.

Abstract 51

Cancer and Palliative Care Education for Medical Students in Australia

Cancer education in Australia has changed dramatically over the past 20 years, with the establishment of ten new medical schools, the introduction of post-graduate medical programmes and more recently, a shift from Bachelor to Doctoral degrees by some universities.

Despite these changes, cancer and palliative care education for Australian medical students remains variable, owing partly to the lack of a standardised national medical curriculum. Data from several national surveys of Australian medical graduates have highlighted the disparity in cancer-related knowledge between Australian medical schools.

Medical student exposure to cancer patients has declined over this period, despite an increase in student attachments to clinical cancer service units. Exposure to cancer patients is considered an essential component of medical student education by the Oncology Education Committee of the Cancer Council Australia, as outlined in their Ideal Oncology Curriculum for Medical Schools. Several factors may be responsible for the observed decline in patient exposure, including the shift from in-patient to ambulatory care, the introduction of rural clinical schools and increasing numbers of medical students.

Attitudes are formed early during medical school training and a lack of exposure to cancer patients may result in the development of negative attitudes, which may have a detrimental impact upon patient care. Local evidence has demonstrated that misconceptions about cancer patients and their care, as well as feelings of fear and anxiety were alleviated through the introduction of dedicated clinical attachments in cancer and palliative care.

Whilst the aim of cancer education is not to produce little oncologists or palliative care physicians, we should not lose sight of the fact that we face workforce shortages in these areas. Medical students are more likely to consider careers in cancer or palliative care if they have received good education and positive experiences.

Authors:

Darren L. Starmer
Head of Assessment
School of Medicine
The University of Notre Dame Australia
PO Box 1225
Fremantle WA 6959
Australia
darren.starmer@nd.edu.au

Abstract 52

The Milly Haagedoorn Lecture

Dr. E. Milly L. Haagedoorn, (1931) MD, PhD has dedicated over 20 years as a full time cancer educator, first at Leiden University, then at the Netherlands Cancer Institute in Amsterdam, at both institutions as the medical coordinator of the Dutch National Audiovisual Cancer Education Project. In 1985 she earned a PhD with her thesis “Aspects of Cancer Education for Professionals” at Groningen University Faculty of Medical Sciences. Her mentors were Professor Jan Oldhoff, surgical oncologist at Groningen University and Professor Richard Bakemeier, medical oncologist from Rochester University, NY, USA.

Dr. Haagedoorn was a General Practitioner for five years before commencing a residency in surgery for six years, with special interest in surgical oncology. From 1987 till her retirement in 1997 she was appointed as Assistant Professor for cancer education at the division of Surgical Oncology of Groningen University Hospital (currently named University Medical Centre Groningen).

In 1987 she was a member of the foundation group of the European Association for Cancer Education (EACE), served as President in 1988 and as Executive Director from 1989 – 1994. Dr. Haagedoorn has been chairman of several scientific programme committees for the EACE annual meetings, and has organized the annual meetings of EACE in 1995 in Groningen (together with the educationist Dr. Wim Bender), the 2001 meeting in Antwerp and the 2002 meeting in Nijmegen.

Dr. Haagedoorn has been a member of the Editorial Board of the Journal of Cancer Education, the official Journal of the AACE and the EACE.

In 1997 Dr. Haagedoorn was invited by the Board of the EACE to give her name to an annual EACE Lecture. Milly accepted the honour under the following conditions:

- It should always be – according to superiors and peers of the “lecturer to be” – a yet unknown health professional, or someone related to the health professions – who is doing excellent work in cancer education, or in a multicultural environment related to cancer education; but definitely a person who has not yet been “in the picture”.
- Being a multiprofessional Association, the Milly Haagedoorn Lecturer should be recruited from the variety of health professionals of different disciplines working in cancer education.

EACE 2014 Milly Haagedoorn lecture

Looking with hope into the future: Undergraduate cancer education improves clinical outcomes

Authors:

Radoslaw Tarkowski
Department of Oncology,
Division of Surgical Oncology
Wroclaw Medical Univeristy
pl. Hirszfelda 12, 53-413
Wroclaw, Poland
radoslaw.tarkowski@umed.wroc.pl

Dr Tarkowkski is a surgical oncologist working at the Wroclaw Medical University and the Lower Silesian Cancer Centre in Poland. He is involved in both undergraduate and postgraduate training in oncology, works as a consultant treating patients with breast cancer and is the tutor of a Student's Scientific Society. He is an active surgeon with interests in oncoplastic and reconstructive breast surgery.

The incidence of cancer continues to rise, and despite the development of prevention and treatment strategies, tumour burden still remains a major problem. Unfortunately, there are a large proportion of medical students who consider oncology as palliative care a depressive branch of medicine, which gives no hope and causes burn out syndrome rather quickly. Should we endeavour to change their point of view while studying at the medical universities? Of course, yes. Many countries either risk or have a shortage of oncologists and this may be due, in part, to the negative view of oncology that is formed early on in medical school or past experience of losing a loved one to cancer. On the other hand, there are also students interested in the field of oncology but not yet convinced if they should pursue a career in this discipline.

Undergraduate education in the context of a Student's Scientific Society provides an opportunity for medical students to learn more about oncology. It enables them to create and develops skills crucial in their future career, like proper diagnosis and treatment of patients with cancer, but also trains students in the field of scientific activity (i.e. studies design, preparing scientific posters and manuscripts, presenting topics on public). There is another important part of our activity: the social one. Students meet each other, prepare presentations and learn how to work together in a team as an introduction to a multidisciplinary model of care. Meetings in a less formal atmosphere enable good contact with the lecturer, facilitates feedback and helps to improve cancer education.

Participation in the society is voluntary—they are not obliged to take part in activities of the society due to study regulations. Students of medicine are often brilliant, intelligent and also busy people. If they come, it means it is worthy to join this particular activity. Meeting oncologists, who were once students of the Scientific Society is the best confirmation of the effectiveness of such an activity and one that is extremely gratifying.