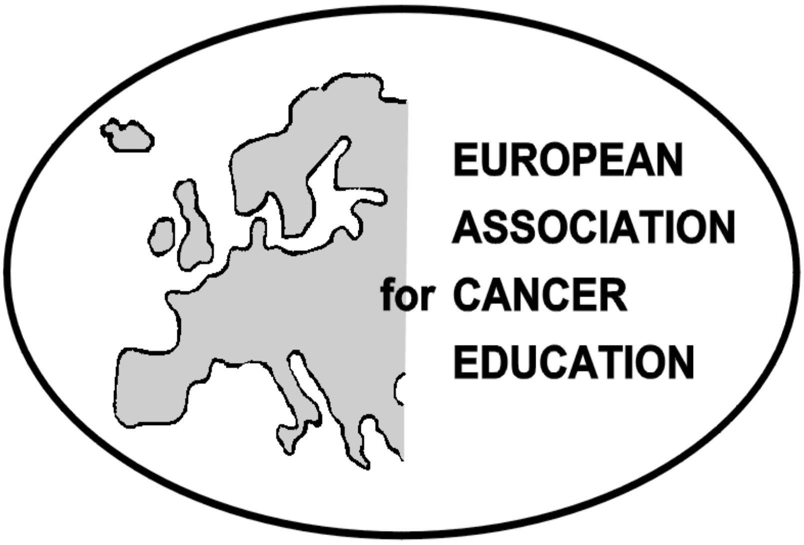
European Association for Cancer Education



Programme and Abstract Booklet

19th Annual Scientific Meeting

Enschede 6th-9th June 2006

In collaboration with

Editor: Prof. Dr Joy Notter

Printer: Saxion Hogescholen

Conference Theme

Cancer education:

partnerships in treatment and care

Enschede

Words of Welcome

Presidential welcome

Friends and colleagues it is my privilege to welcome you all here to the city of Enschede and the 19th Annual Scientific Meeting of the European Association for Cancer Education.

The theme of this Scientific meeting is Cancer education: partnerships in treatment and care, I am certain that the calibre of the papers focussing on all aspects of partnership together with the networking opportunities provided by this meeting will be of benefit not only to us but also for the patients and students we seek to support.

American colleagues from our sister organisation The American Association for Cancer Education (AACE), and delegates from other continents, have assured that this meeting will have a truly international flavour.

Planning for this Scientific Meeting began last year and has involved Saxion Hogescholen together with the IKST and support from Macmillan Cancer Care and the Virtual medical centre in Australia. All have committed themselves to fully hosting this meeting, and their commitment, enthusiasm, energy and professionalism have much appreciated by the Board, and a special thank you is due to Darren Starmer who has created and supported the web page.

The theme of this year is apposite with the move to multi professional cancer education and patient and user involvement, and I know we will have an exciting and very interesting three days.

The Board of EACE looks forward to welcoming old and new members at the 19th *Annual General Meeting* of the Association on Thursday afternoon 8th June 2006.

Heather Mercer President, EACE

Welcome from WHO-CCCE

Due to the ageing of the European population, cancer incidence will increase in the next decades.Timely recognition and treatment, but also prevention and palliative care will be a major challenge respecting the needs and preferences of the individual patient.

I am sure that this 19th EACE meeting will help to prepare the coming generation of medical professionals to fulfil this difficult task. I would like to express a special word of welcome to this target group which is hopefully well represented in this scientific meeting. As a famous Dutch proverb says ‘those who have the youth have the future’.

I hope this meeting will stimulate them to join the EACE and strengthen our task force against cancer.

Jakob de Vries Director WHO-CCCE

Welcome from AACE

As president of AACE, it is my pleasure to welcome you to the, the 19th scientific meeting of EACE, the sister organisation to AACE. This is my first year as President of AACE, and I am looking forward to meeting friends and Colleagues from EACE.

The theme for this conference, partnerships in treatment and care supports the recognition that cancer care is complex and multi-dimensional, and that for care to be effective we need to work in partnership, not only with our colleagues, but also with those receiving care. The presentations for this conference are diverse, and highlight the multidiciplinary nature that cancer education must demonstrate if it is to achieve the aim of improved care and increased acceptance and take up of services..

I am sure that this will prove to be an enjoyable and memorable meeting, and on behalf of all your friends and colleagues in AACE wish you all a successful conference.

Charles van Gunten, President AACE

Welcome from the Scientific Committee

On behalf of the organising committee I have the pleasure and privilege to welcome you to Enschede for the 19th scientific meeting of EACE. Cancer education has a key role to play in supporting practitioners at all levels and from all disciplines. The changes that are occurring in practice impact on the ways in which healthcare professionals and patients interact. The emphasis on partnerships as a theme for this conference reflects the move towards shared decision making and user involvement in care planning. However, such changes have major implications for the education needs of health professionals and we need to develop new ways to impart knowledge and stimulate learning. I hope that this conference will provide the opportunity for us all to share ideas and develop links that will support new initiatives and developments in education and ultimately cancer care.

Joy Notter Saxion Hogescholen, Enschede
University of Central England in Birmingham

Members of the Scientific Committee

- Ilora Finlay, United Kingdom
- Mart van de Laar, The Netherlands
- Jane Latham, United Kingdom
- Brian Nyatanga, United Kingdom
- Truus Spijker, The Netherlands
- Hetty van Veluw, The Netherlands
- Wilma Voorhorst, The Netherlands
- Hilde de Vocht, The Netherlands
- Bernardina Wanrooij, The Netherlands
- Henk-Jan de Winter, The Netherlands

The European Association For Cancer Education (EACE)

Founded in 1987

Aims

To optimise cancer education across all settings. This is achieved by providing a forum in which individuals, institutions, societies and organisations, with an interest in any aspect of cancer education can share ideas, materials, experience or plan collaborative activities that may be externally funded.

Target Group

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 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

Sister Organisation

The American Association for Cancer Education: the AACE

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 for Cancer Education
- 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.

Selected articles from Journal of Cancer Education

- Breast self examination amongst Swedish women. A survey of frequency, knowledge and attitudes.
- Topic selection in undergraduate medical cancer education and the relevancy to general practice.
- Problem based learning in Dentistry.
- Psychosocial effects of level of information and severity of disease and head and neck patients.
- A cancer prevention intervention for disadvantaged women: design and implementation.
- Racial/ethnic factors in skin cancer detection
- The UICC/WHO-CCCE cancer education project for medical schools. A different approach.
- Using the hypertext software to develop computer assisted instruction for medical students.
- Cancer education and school teachers in England and Wales.
- Continuing medical Education through the vodeotex system in italy.

Scientific Meetings

The EACE holds 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.

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The Netherlands

Enschede

With 154.000 inhabitants Enschede is the biggest city in the East of The Netherlands. Excellent shopping, culture, sport and education and a totally new build city centre, make this University City the centre of the Dutch-German “Euregio”. University Twente and the hospital in Enschede are known for leading the field in medical technology. In 2003 the city of Enschede won a price as the “Greenest city of the Netherlands”. Discover Enschede on www.kleurdestad.nl
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Conference Programme

Enschede: The Main Square

Tuesday June 6th 2006

16.00 -18.00 **Registration opens**

access for posters

Venue:
Best Western Dish Hotel
Boulevard 1945 no 2
7511 AE Enschede
Nederland
Tel: + 31 53 850 6600
Fax: + 31 53 850 6610
www.dish.nl

18.00 **Diner Sam Sam**

Oude Markt 17

Enschede

19.30 **Visit Coffee Shop Mix**

Wednesday June 7th morning session

08.00am	**Registration opens**	
	access for posters	
09.00	**Opening and welcome**	**Chair Heather Mercer & Charles von Gunten**
09.10	**Welcome by:**	
	Director Faculty of Health	**Frans Pol**
	Director IKST Enschede	**Alex Wit**
09.30-10.00	**Keynote**	
	New partnerships: new roles for cancer patients and their organisations	**Els Borst-Eilers**
10.00-10.30	**Keynote**	
	Hope and fear in oncology	**Leo M. Gualthérie van Weezel**
10.30-10.45	**Coffee/tea and poster viewing**	
10.45-12.25	**Session 1**	**Chairs**
	Partnerships: Developing education and training	**Regina Nobis**
	submitted papers	**Darren Starmer**
10.45-11.05	*Educating the public: a partnership response to two linked cases of acute myeloid leukaemia in childeren*	**Alex Stewart**
11.05-11.25	*Training or quality through pedagogical engineering*	**Lucile Debonnaire**
11.25-11.45	*UICC/WHO-OCCE pilot project 2000-2006: did it meet its goal?*	**Jakob de Vries**
11.45-12.05	*Unlocking dutch e-learning for the female cancer program indonesia*	**Sylvia Eggermont**
12.05-12.25	*Lessons from a web-based Msc*	**Graham Dark**
12.25-13.05	**Poster presentations**	
13.05-14.15	**Lunch and poster viewing**	

Wednesday June 7th afternoon session

14.15-14.45	**Session 2 Round table** ***Patients as Partners: Lessons learned*** **Chairs Alex Stewart, Henk Jan de Winter,**	**Sabine Fromm, Jean-Francois Heron, Charles von Gunten, Wilma Voorhorst, Pat Webb**
14.45-15.45	**Session 3: workshops**	
	The resilient relationship	**Rosemary Burch/ Melanie Lockett**
	The Science of e-Learning	**Graham Dark**
	Making the best use of software for presentations: Tips and ideas	**Darren Starmer**
	Self-help approaches: Bristol Cancer Help Centre	**Ruth Sewell**
15.55-16.10	**Coffee/tea poster viewing**	
16.10-16.40	**Keynote Address** ***'The role of consultation teams in palliative care education in the Netherlands'***	***Rob Krol***
16.40-17.40	**Session 4 Patients and professionals submitted papers**	**Chairs** **Charles Kelly** **Sabine Fromm**
16.40-17.00	*The development of a cancer family history public health compaign in the Colombus, Ohio metropolitan area*	**Amy Sturm**
17.00-17.20	*Oncoline: an online database for cancer clinical practice guidelines*	**Joke van den Bogert**
17.20-17.40	*Teaching nurses techniques that support patients*	**Pat Turton**
17.40-18.00	**Session 5 poster viewing and judging sandwiches**	
19.30	**Welcome Reception** **Gemeente Enschede** **Mozaïkzaal**	**Myra Koomen** **wethouder**

Thursday June 8th morning session

09.00-09.30	**Keynote** *'Patient empowerment: what is the use of information?'*	***Cora Honing***
09.30-10.50	**Session 6 Evaluation and Research submitted papers**	**Chairs** **Hilde de Vocht** **Bob Chamberlain**
09.30-09.50	*Real men don't ask for help*	**Regina Nobis**
09.50-10.10	*Epidemiology and treatment of extra-mammary paget's disease in the Netherlands*	**Sabine Siesling**
09.50-10.10	*Cancer Patients Perspective on Treatment Information and later Decision Regret*	**Alex Nath/Charles Kelly**
10.10-10.30	*Levels of death anxiety and burnout syndrome among nurses working in cancer and palliative care settings*	**Brian Nyatanga**
10.30-10.50	*Differences in treatment and survival of cervial cancer in two regions in the Netherlands 1989-2002*	**Maaike van der Aa**
10.50-11.05	**Coffee/ tea**	
11.05-11.40	**E. Milly L. Haagedoorn lecture** *Developing Oncology nurse education and training across Europe* **Sara Faithful**	**Chair** **Heather Mercer** **Pat Webb**
11.40-13.00	**Session 7 Developing Education and Training submitted papers**	**Chairs** **Dick Gallagher** **Truus Spijker**
11.40-12.00	*Another way of testing knowledge: the snakes and ladder's game in palliative care confirmation*	**Marie-Christine Grach**
12.00-12.20	*Partnerships in developing a cancer risk education e-tool: the jameslink-osucap*	**Kimberly Kelly**
12.20-12.40	*Oncology courses for medical students in Europe – where to go?*	**Sabine Fromm**
12.40-13.00	*Developing high quility learning materials – the role of a medical writer*	**Rebecca Perrett**
13.00-14.15	**Lunch and poster viewing**	

Thursday June 8th afternoon

14.15-16.15	**Session 8 workshop presentations**	
	The resilient relationship	**Rosemary Burch**
	The Science of e-Learning	**Graham Dark**
	Making the best use of software for presentations: Tips and ideas	**Darren Starmer**
	Self-help approaches: Bristol Cancer Help Centre	**Ruth Sewell**
16.15-16.30	**Coffee and tea/ poster viewing and judging**	
16.30-17.30	**Session 9 Patients and professionals**	
	The Patient's Perspective	
16.30-16.50	*Surviving cancer, new models of care*	**Patricia Webb**
16.50-17.10	*How good news becomes bad news*	**Neantske Adema**
17.10-17.40	*Uitzicht*	**Michael Brongers**
17.40-18.15	**EACE Annual General Meeting**	
19.30	**EACE dinner**	

Friday June 9th 2006

09.00-09.30	**Keynote** ***From information supply to shared decision making: a long road with the same obstacles in the care for cancer patients***	***Adriaan Visser***
09.30-10.30	**Session 10: Evaluation and Research submitted papers**	**Chairs** **Jean-Francois Heron** **Kathryn Harvard**
09.30-09.50	*A required hospice rotation for 3rd year medical students*	**Charles von Gunten**
09.50-10.10	*An exploration of the possibilities, wishes and limits of cancer care in a regional hospital*	**Ellie Halink-Balast**
10.10-10.30	*Advances in cancer management: at what cost to medical student education?*	**Darren Starmer**
10.30-10.50	*Addressing Inequality in U.S. Cancer Health Through Community Network Programs*	**Richard Gallagher**
10.50-11.10	**Coffee and tea**	
11.10-12.10	**Session 11: Education and training**	**Chairs** **Jakob de Vries** **Heather Mercer**
11.10-11.30	*Collaboration between education, clinical practice and research in cancer nursing*	**Helena Levealahti**
11.30-11.50	*The development of a care program for lung cancer patients in the region of the comprehensive cancer centre Stedendriehoek Twente*	**Chantal Holtkamp**
11.50-12.10	*The impact of new technologies on cancer patient education: windmills of energy*	**Carolyn Messner**
12.10-12.30	*Why is dying at home, despite patiets expressed wishes, so rarely achieved?*	**Heather Mercer**
12.30 –13.00	**Closing keynote** ***Partnerships the future***	***Gill Oliver***
13.00-14.00	**Lunch**	
14.15	**Leaving for Amsterdam** **Rear Best Western Dish Hotel**	

Awards Presented at 19th Scientific meeting

Saxion Hogescholen

Annie Bosch Memorial Poster Prize

This award has been founded in memory of Annie Bosch, (1946-2002) 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 multi-media 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.

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.

Biographies of keynote Speakers

Amsterdam

Els Borst-Eilers MD, PhD:

‘New partnerships: new roles for cancer patients and their organisations’

After her medical training Else Borst specialized in blood transfusion medicine. In 1972 she published her thesis, on the cause and prevention of Rh immunization.
She was medical director of the Utrecht University Hospital (1976-1986), vice-president of the Dutch Health Council (1986-1994) and professor of Evaluation of Clinical Practice at the University of Amsterdam(1992-1994).
From 1994 to 2002 she was Cabinet Minister of Health, Welfare and Sport.
At the moment she fulfills several functions within and outside the health care sector. One of these is the presidency of the Dutch Federation of Cancer Patients Organizations.She is also Chair of the Board of NIVEL(the Netherlands Institute for Health Services Research) and Chair of the International Partnership for Microbicides.

Leo. M.Gualthérie van Weezel:

‘Hope and Fear in Oncology’

Report of Systematic therapy in a Hospital

Nederlands Cancer Institute / Antoni van Leeuwenhoek Hospital (NKI-AVL)
Amsterdam Institute for Family and relationship Therapy (AIGR)

Since 1983 Leo Gualthérie van Weezel (born 1950) has worked part time as psychiatrist in the Antoni van Leeuwenhoekziekenhuis (NKI-AVL) in Amsterdam. He works in a department with social work, mental health care and psychology. As a consultant he also works with the Comprehensive Cancer Centre, Amsterdam (IKCA) where he is involved with education, training and the supervision of care. As an active member of the Netherlands Association for Psycho-Social Oncology he has responsibility for the development and advancement of professional expertise.

In his role as a psychotherapist he works with the Amsterdam Institute for Family and Relationship Therapy, an institute for systematic therapy, supervision and education.

Rob Krol:

‘The role of consultation teams in palliative care education in the Netherlands’

Rob Krol started his career in nursing in 1987 at the Radboud University Nijmegen Medical Centre.
After completing his education in nursing in 1991, he followed a specialised course in oncology nursing in 1994.
Working in a clinical ward for Endocrinology, Oncology, Radiotherapy and Nuclear Medicine he gathered experience with oncology and palliative care and became involved in quality of care projects in the Radboud University Nijmegen Medical Centre.
In 2002 he started as a “home care technology nurse” for the Centre for Development of Palliative Care (COPZ) Nijmegen, leading a regionwide project designed to promote and facilitate the use of syringe-drivers for treating symptoms in the homecare situation.
In the same period he completed a bachelor course in health care innovation at the HAN University which made him qualified for his current job.
Rob Krol is now working as a consultant in palliative care, since january 2004, at the Comprehensive Cancer Centre East (IKO) in Nijmegen in the Netherlands.
As a consultant at the IKO, he is involved in supporting and coordinating the five palliative care consultation teams in the IKO region -including an “out of hours service”- and in several palliative care networks and projects.
Rob Krol is also co-author of the latest set of Dutch palliative care guidelines: “Palliative Care; guidelines for practice”, published in january 2006 by the Association of Comprehensive Cancer Centres (VIKC).

Cora Honing MA:

‘Patient empowerment: what is the use of information?’

Director of Prevention and Patient Support, *Dutch Cancer Society*

Cora Honing,MA, has been the Director of Prevention and Patient Support for the Dutch Cancer Society since 2000. In her current capacity she is responsible for the national cancer information services for patients and relatives, e.g., the cancer help-line, information via the internet and print, and for cancer prevention programmes. As a member of the management team of the Dutch Cancer Society she is involved in the overall policy-making of the organization.

Cora Honing started her career as a radio technician at the Dutch Cancer Institute/Antoni van Leeuwenhoekziekenhuis, worked for several years for the University of Utrecht, Department of Epidemiology, and has been working for the Dutch Cancer Society since1984 at the Department of Information and PR.
Cora Honing is a registered social worker and holds a MA of psychology from the University of Amsterdam.
She has been a member of the Board of Directors of the Association of European Cancer Leagues since 2003.

Adriaan Visser:

‘From information supply to shared decision making: a long road with the same obstacles in the care for cancer patients’

Adriaan Visser, Helen Dowling Institute: Center for Psycho-oncology, Utrecht, the Netherlands

Adriaan Visser (1941) educated as social psychologist, but in fact a health psychologist avant la letter, I started with my first studies about satisfaction of hospital patients (1975). I found that more than half of the patients did complain about insufficiencies in the information supply and the supportive care. Since then I devoted my research to several studies, interventions and trainings in the field of education and counseling for chronicle ill patients, elderly, nurses, physicians, and later also for cancer patients. About every ten years we change the name of the topic to analyze the fundamental problem of the medical/nursing approach to the instrumental relationship with patients and their need to be seen as person, and not a collection of organs. To bridge that gap we stressed the importance of patient education, therapeutic environment, patient-centered care, psychosocial support, communication, quality of care, palliative care, integrated medicine, and lately shared decision making. We say in the Netherlands: new wine in old sacks. As European editor of Patient Education and Counseling I see a lot of efforts for new solutions, but finding the same obstacles. What are the basic obstacles and is there hope for the future to bridge the gap between instrumental oriented care and the psychosocial support that patients need? The last years I found inspiration and evidence in complementary care approaches for cancer patients (e.g. massage, aromatherapy). I am curious also to hear your view and solutions.

Dame Gill Oliver

Gill Oliver trained as a nurse at the Middlesex Hospital in London, and has worked both as a night sister and ward sister in a regional oncology centre in the North West of England.

In 1987 Gill was seconded to the Royal College of Nursing where she held a national role as Acting Advisor in Oncology Nursing and in 1989 she returned to a Macmillan funded post at the Mersey Regional Health Authority with a cancer and palliative care remit. When Clatterbridge Centre for Oncology became a National Health Service Trust in 1992 she joined the Trust Board, becoming Director of Patient Services.

Gill has been involved with planning and strategy groups at local and national level and was a member of the Department of Health group that produced *"A Policy Framework for Commissioning Cancer Services for England and Wales".*

Gill joined Macmillan Cancer Relief, one of UK's two largest cancer care charities, in April 2000 in the new position of Director of Service Development and was responsible for expanding and developing Macmillan services for people affected by cancer. She continued to contribute to policy and strategy development both within Macmillan and in partnership with the Department of Health. In October 2004 Gill retired from her full time post but continues to work for Macmillan Cancer Relief in a part time consultancy capacity as *Advisor for Nursing and Allied Health Professionals*.

The Milly Haagedoorn Lecture

Dr E. Milly L. Haagedoorn MD after working as a GP and a surgical resident, has been a full time cancer educator for over 20 years, first at Leiden University, the at the Netherlands Cancer Institute in Amsterdam. She presented her PhD thesis about the ‘Aspects of Cancer Education for Professionals’ at Groningen University Faculty of Medical Sciences. She then moved on to be assistant professor for cancer education at the department of Surgical Oncology of Groningen University until her retirement in 1997. She is still, however, very active in the UICC/WHO-CCCE project, with Dr Jakob de Vries and remains the heart and sole of the EACE. She is the author of many articles, and several books about cancer education, both in Dutch and English.

In 1987 Dr Haagedoorn was one of the founders of the European Association for Cancer Education (EACE). In 1997, in consideration for her tremendous work for cancer education, she was invited by the Board of this Association to give her name to an Annual EACE lecture. The condition was that the speaker could be from any health profession, and should be a young professional who is doing outstanding work in cancer education.

Sara Faithfull, PhD, MSc, RN, Onc. cert

Position: Director of Studies Advanced Practice Masters and Doctorate of Clinical Practice
Sara first trained as a cancer nurse in 1986 at the Royal Marsden Hospital and then worked clinically within Oncology in several fields, including neuro-oncology, radiotherapy and urology. In recognition of her work, she was the recipient of the Smith and Nephew Nursing fellowship in 1991 and a CRC Nursing Research fellowship in 1994. Her research interests are in relation to supportive care of the individual undergoing radiotherapy, transitions in care and in advancing practice in the management of symptoms experienced by cancer patients.

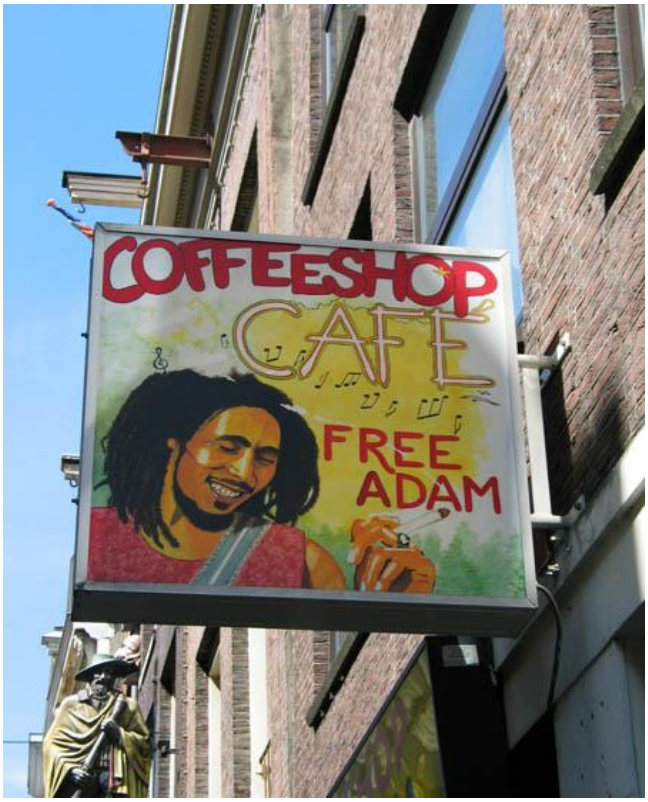
Sara’s Ph.D. study was exploring supportive care in radiotherapy and in evaluating the potential contribution of nurses. She is interested in the concept of advanced practice and how this is recognised in practice and education.

Sara currently facilitates a postgraduate M level multidisciplinary course in advanced practice across a range of health professional groups and a new taught doctoral programme for clinicians at the University of Surrey. She is an active member of the European Oncology Nursing Society (EONS), having worked tirelessly on the development of the European Cancer Nursing Curriculum EONS has developed, and chaired their accreditation panel, she is at present president elect for EONS

Abstracts

For Podium Presentations

Wednesday 7th June



Coffee Shop

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Oral 1

EDUCATING THE PUBLIC: A PARTNERSHIP RESPONSE TO TWO LINKED CASES OF ACUTE MYELOID LEUKAEMIA IN CHILDREN

Keywords :AML; acute myeloid leukaemia; partnership; teaching; learning; public health education; community education;

Content :Two cases of a rare subtype of acute myeloid leukaemia were noted in children who died a year apart but lived in neighbouring houses. The resulting investigation into possible causes involved a multi-disciplinary team for several months a wide range of situations. However, the most exciting and demanding part was the continuous involvement and education of the residents throughout the whole process.

Regular residents' meetings were held with a three-fold aim: [a] information about the team's response and findings; [b] teaching about relevant science at an appropriate level; [c] learning from residents' interest, local knowledge and understanding of the situation.

Over time the residents' meetings became less confrontational; all ideas submitted by the residents were treated seriously and investigated. The residents participated in decision making, particularly with regard to the choice of environmental consultant to undertake an intrusive ground survey for toxic material.

The philosophy was full participation of all involved parties. The aims were [a] to investigate any potential cause and [b] to confirm or produce a safe environment for the community to live in. Objectives included informed resident choice of consultant, detailed understanding of the ground under the houses and the local epidemiology of acute myeloid leukaemia and related disorders. Public meetings with talks and open discussion were held 6-weekly, with leaflet drops and personal meetings with officials as needed.
The process is still ongoing so a final assessment of the process and the educational content has yet to be undertaken.

TRAINING OR QUALITY THROUGH PEDAGOGICAL ENGINEERING

Keywords :pedagogical engineering quality training centre moderator professionalisation

Content :Education is one of the main missions of the French Comprehensive Cancer Centres, together with offering cancer care and research. At the Centre François Baclesse, some 400 to 500 hours of lectures are given per year to a wide range of health professionals (in particular physicians, nurses, auxiliaries,…) and the same number of health professionals are consequently given specific training in oncology and palliative care.

In 2003, a new impetus was given to guarantee the activity’s development and teaching excellence, the idea being to add to the simple transmission of knowledge and practical exchanges, the numerous advantages offered by pedagogical engineering.

This commitment to quality is materialised via three main strategic themes:

1. The redeployment of our training product to ensure that it is specifically adapted to meet the needs of the different health professional categories involved, but also to take into account the budgetary and planning constraints of personnel from client establishments
2. The professionalisation of the training activity: from teacher to « trainer-moderator
3. The opening of a Training Centre, clearly identified as such internally, and with a communication policy stretching to health professionals and the general public.

The final aim was to enter into a quality certification and standardisation process similar to existing evaluation approaches in clinical and medico-technical units.

Preliminary results are very encouraging, both from a trainee satisfaction point of view and from the motivation and further commitment on the part of trainers and logistics personnel

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Oral 3

UICC/WHO-OCCE PILOT PROJECT 2000-2006: DID IT MEET ITS GOAL?

Keywords : Cancer Education Undergraduate WHOCCCE

Content : Background
The UICC and WHO-CCCE acknowledged in 1998 the problems that medical schools meet in the process of curricular change. The main question was: can we design individual tailor made cancer education guidelines for individual medical schools in different cultures. An international pilot project was developed to offer assistance to medical schools willing to implement a multidisciplinary cancer course.

Aims
Making medical schools more aware that cancer care in general health care needed better preparation for practice of all future medical doctors, in particular those not-specializing in oncology.
Method
It is impossible to design a similar course for medical schools in different cultures, therefore a questionnaire was developed providing educational logistics and opinions of faculty about the current situation. Based on these data a draft course was made for an individual medical school.

Results
Twenty-five medical schools from all five continents requested to participate. These provided a variety of experiences, from ‘no follow-up responses’ to completed courses, in one country even leading to other schools collaborating with the first school. More details will be given during the presentation.
Was the goal met?
It was demonstrated that assistance can be provided to individual medical schools in good collaboration with a cancer educator of that particular medical school.

Articles
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* N. Kapoor, EML. Haagedoorn, J de Vries. The UICC/WHO-CCCE Cancer Education Project: An Indian experience. Accepted J Cancer Educ 2006.

UNLOCKING DUTCH E-LEARNING FOR THE FEMALE CANCER PROGRAM INDONESIA

Keywords :E-Learning, Distance-learning, Learning Content Management System, Cervical cancer, train the trainer

Content :

For more than a decade, the Female cancer Program (FcP) of the Leiden University Medical Centre (LUMC) has the objective to reduce the incidence of cervical cancer worldwide. The FcP recently received a grant from the European Union (through the so-called Asia-Link program) to improve the knowledge about cervical cancer and enhance the surgical skills for treatment on all levels of health service in Indonesia. This subprogram of the FcP is a cooperative initiative of the LUMC, the Netherlands, Leuven University, Belgium and Universitas Indonesia, Padjadjaran and Udayana, Indonesia.

The program is based on a 'train-the-trainer' teaching principle, supported by an e-learning environment that enables exchange of knowledge, provides access to scientific resources and e-learning modules.
The e-learning environment is essential for the distance learning process, that reduces the costs of oversees face-to-face teaching.

The LUMC is developing computer based dynamic patient simulations on female cancer as a joined effort for the residents at the local department of gynaecology as well as the FcP. Each simulation will be available in Dutch and English. The LUMC is providing its existing Lesson Registration System (LRS.Net) on the Internet (http://cbt.lumc.nl) as distribution medium for these e-learning modules. The administration of the FcP e-learning environment and the LRS.Net will be linked to provide a single log-in structure for users in Indonesia. This simplifies access to the simulations in LRS.Net and it also unlocks all the other 150 English e-learning modules that are currently available in LRS.Net.

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LESSONS FROM A WEB-BASED MSc - RETHINKING STUDENT SUPPORT

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Keywords :e-learning student support web-based

Content :
Students that participate in web-based learning are geographically and temporally isolated from their tutors and other students. This provides a barrier that must be overcome for the course to be successful. Students have not been good at identifying their own educational needs, nor have they been accurate in determining the level of their computer skills. In the development of an entirely web-based MSc course, we have improved student support by addressing the most common issues that students encounter during their study. Furthermore, the use of a Learning Environment provides student tracking data that can influence the provision of student support. The peak time of student interaction with the learning system is not always the expected weekends and evenings. The utility of student tracking data will be presented.

The potential for e-learning to scale the student numbers requires a robust support service that can respond to the increasing demands of students. Not only do students require course specific support but also the development of their generic study skills. There are a number of internal and external drivers and barriers to this change, including the requirement for better business planning of courses. The recent introduction of student top-up fees will encourage students to become more critical of the support provision and they will look for added value from registration to graduation. Although the introduction of new technologies into the educational process provides more support requirements, it also provides a method for the delivery of the support and this will be discussed.

Oral 5

THE DEVELOPMENT OF A CANCER FAMILY HISTORY PUBLIC HEALTH COMPAIGN IN THE COLUMBUS, OHIO METROPOLITAN AREA

Keywords: cancer, family history, public health campaign, genetics

Content: The overall purpose of this project is to conduct an educational public health campaign in underserved communities to increase awareness of the association between family history and cancer. Members of The Ohio State University's (OSU) Primary Care Research Institute Genetics Team, which includes a unique combination of expertise in Genetics, Behavioural Science/Communication, Medicine, and Methodology, received funding through an internal endowment. Specifically, this particular abstract relates the experience of the team in the development of campaign messages and identification of community stakeholders. Test messages were developed based on the attitude-change/persuasive communication literature. Groups who aided in the development of these test messages included members of the Marketing Department and Diversity Enhancement Program of the OSU James Cancer Hospital and a Professor of Communication within OSU's College of Social & Behavioural Sciences, whose past research has focused on media effects on beliefs, behaviour, and persuasion processes in public health. The messages used in the actual campaign will be developed based on the results of a pre-campaign survey, which includes biographical data, psychosocial scales, and the test messages. This instrument will be administered by telephone by an external interviewing agency on a random sample of 100 individuals within 5 target communities which have a large proportion of individuals of low socio-economic status. Several channels will be used to disseminate campaign messages, including five local libraries, one in each of the five target communities. Preliminary data regarding the test campaign messages will be available at the time of presentation.

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ONCOLINE: AN ONLINE DATABASE FOR CANCER CLINICAL PRACTICE GUIDELINES

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Keywords :online database clinical practice guidelines oncology care PDAs student professionals

Content :Objectives: Oncoline is developed to provide health professionals in cancer care with an easy-to-use online database of up-to-date cancer clinical practice guidelines and care practice guidelines. The database is extensively being used by medical and nursing students,

Presentation: Health professionals working in cancer care are able to consult cancer practice guidelines through the online database Oncoline (www.oncoline.nl). The database is developed by the Dutch Association of Comprehensive Cancer Centres (ACCC). Presently, it contains both up-to-date clinical practice guidelines for the diagnosis and treatment of cancer, and practice guidelines for palliative care, nursing care and dietary care. Oncoline is equipped with an easy-to-use navigation system and search engine. References in the guidelines in Oncoline are directly linked to the online articles or to the summary of the article in Medline. Cross-links allow professionals to switch between clinical practice guidelines and care practice guidelines. Also, guidelines are linked to available patient information material of the Dutch Cancer Society. All cancer guidelines can be printed, saved, or directly sent by e-mail. Moreover, all guidelines may be downloaded for consultation through Personal Digital Assistants (PDAs). This gives professionals the possibility to consult diagnostic and treatment information anywhere, at all times, free of costs.

Results: Oncoline provides access to more than one hundred guidelines. In 2005 the database has been consulted nearly 200.000 times (an average of 500 visitors per day).
Conclusions: Oncoline proves to be valuable in facilitating health professionals and students up-to-date cancer clinical practice guidelines and care practice guidelines.

Oral 7

TEACHING NURSES TECHNIQUES THAT SUPPORT PATIENTS

There is an emerging evidence base for the benefits of the use of self-help techniques such as relaxation and guided imagery to assist people with cancer who are undergoing invasive treatments such as chemotherapy and/or radiotherapy. Currently these relatively simple techniques are not routinely taught to nurses, who are often unaware of the help they can provide, and generally feel unconfident to advise patients appropriately. This presentation describes an educational initiative, developed by the Bristol Cancer Help Centre (BCHC), the UK's first and leading integrative cancer care charity, to teach nurses simple relaxation and massage techniques for use within their daily nursing practice. It explored the research and value of offering these skills and knowledge in order to enhance an promote an integrated approach to care. The presentation outlines the initiative and discussion focuses on the barriers that prevent nurses from integrating these techniques in to their work, the issues of nursing culture and suggets educational and other strategies to address these issues.

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Abstracts

For Podium Presentations

Thursday 8th June

Enschede, The Square

REAL MEN DON'T ASK FOR HELP

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Keywords :Body Genital Health Manliness Self-Care

Content :
Previous research has revealed that there is a gap in the literature relating to the specific trajectories of men's illnesses. An interview study of eleven healthy men aged 19 to 34 was performed. The aim was twofold. Firstly, to describe how young men relate to health, manliness and their bodies and secondly to investigate their abilities of self-care. Interviews were conducted using semi-structured questions based on an interview guide with the following domains: to feel good, physically, psychologically, socio-culturally, genitally.
Two idioms were used in the interviews Real men don't ask for help and Real men don't cry to elucidate whether a stereotypical attitude to men existed among the men themselves. The findings were analysed by means of content analysis. The idiom Real men don't ask for help was acknowledged by seven of the eleven men, although only two of the men agreed that it was true that men were not supposed to cry. The appearance of the body was central for the men's opinion of their health. The physical status of the body was strongly connected to feeling healthy. Self-care ability was focused on the care of the body, and seven of the men had sought information and help with genital problems from primary care providers. It can be concluded that the assumptions that men are ignorant of their bodies and have a low ability of self-care require modification and that it is thus important for health care providers to meet the new health demands of younger men.

Oral 9

EPIDEMIOLOGY AND TREATMENT OF EXTRA-MAMMARY PAGET'S DISEASE IN THE NETHERLANDS

Keywords :Extra-Mammary Paget's Disease - incidence - treatment - survival - association with other malignancies

Content :Background. Extra-Mammary Paget’s Disease (EMPD) is a rare cancer. It occurs in skin that is full with apocrine sweat glands. An association with internal malignancies is assumed. Aim of this study is to determine the incidence in the Netherlands and to describe characteristics, frequency and type of associated malignancies, and treatment and survival of patients with EMPD.
Methods. All EMPD cancers, diagnosed between 1989 and 2001, were selected from the Netherlands Cancer Registration. (Relative) survival was determined by Cox regression analysis.
Results. 178 cases of invasive and 48 cases of in situ EMPD had been registered. Of the invasive cancers 28 were localized in male genital skin, 59 in female genital skin, 86 in extragenital skin and 5 in digestive tract. Mean age at diagnosis was 74 years. The overall relative 5 year survival was 76%.
Of the 48 in situ cancers, 2 were localized in the male genital skin, 32 in the female genital skin, and 14 in the extragenital skin. Mean age at diagnosis was 72 years.
In both invasive and in situ cancers most patients were treated surgically. The percentage of associated internal malignancies was 29%, most often located in the colorectum, the prostate, the breast, and the extragenital skin.

Conclusion. EMPD is a rare disease in the Netherlands for which no clear diagnostic and treatment guidelines are available. The prognosis is rather well. Thorough search for internal cancers is recommended for these patients, requiring good collaboration between involved medical specialists.

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CANCER PATIENTS PERSPECTIVE ON TREATMENT INFORMATION AND LATER DECISION REGRET

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In this pilot study, a cohort of patients, who had experienced treatment for head and neck cancer , with surgery, radiotherapy, chemo-radiotherapy or a combination of treatment modalities, at least one year before, were interviewed to assess retrospectively, their perspective of the quality and quantity of information given to them before their treatment.

Using the University of Ottawa, Decision Regret Scale for each modality of treatment, forty five patients who had completed treatment at least nine months before, were asked if they regretted, undergoing any particular treatment modality, and if this regret was associated with the quantity or quality of the information given to them at time of treatment. This regret measure was also analysed in relation to quality of life score.

The results showed minimal regret with patients previous treatment choice but also, interestingly, that patients generally felt that they did not have an authentic choice and that their only choice was to accept or decline treatment. This obviously has implications for the use and value of treatment information for patients, and the perception of the value of this information as perceived by health professionals.

Oral 11

LEVELS OF DEATH ANXIETY AND BURN OUT SYNDROME AMONG NURSES WORKING IN CANCER AND PALLIATIVE CARE SETTINGS

Introduction
Nurses working in cancer and palliative care are constantly exposed to death and dying experiences of terminally ill patients more frequently than any other group of health care professionals (HCP). What is not yet clear is the impact of such exposure on, firstly, the HCPs' own perception of their mortality, and secondly, the impact on their ability to continue to deliver high quality care.
Aim
The current study aims to understand the relationship between three variables, and determine whether there is any significant difference in levels of death anxiety between age groups and gender.
Research design
A correlational research design using a cross-sectional survey.
Method
Data on levels of death anxiety and burnout is being collected using the Templer's revised death anxiety scale (Thorson and Powell 1994), and the Maslach Burnout Inventory) Maslach and Jackson 1981) respectively. Biographical data and elements of caring are collected using a separate questionnaire developed for this study
Results
This paper presents a summary of the pilot.

Conclusion
Death and dying remain part of our human existence and also the only certainty, employers, managers and educators have a duty to ensure that there is a fit and healthy (ie physically and psychologically) workforce to continue delivering the best care possible. Effective support mechanisms should be in place for all to access.

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Oral 12

DIFFERENCES IN TREATMENT AND SURVIVAL OF CERVICAL CANCER IN TWO REGIONS IN THE NETHERLANDS 1989-2002

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Keywords :cervical-cancer national-guidelines treatment survival hysterectomy chemoradiotherapy

Content :Background. Over the last decades, for low-stage cervical cancer less surgery and for high-stage cervical cancer radiotherapy+hyperthermia or chemoradiotherapy was recommended in the national guidelines.

Objectives. To describe changes and variation in treatment and survival in cervical cancer in the regions of the Comprehensive Cancer Centre Stedendriehoek Twente (CCCST) and South (CCCS) in The Netherlands.

Design and methods. 1736 newly diagnosed cervical cancer cases were selected from both cancer registries in the period 1989-2002. Patient characteristics, tumour characteristics, treatment and follow-up data were collected from the medical records.

Results. In FIGO-stages IB-IIA the percentage hysterectomy decreased from 80% in 1989-1993 to 72% in 1999-2002 ($p>0.05$), no differences in survival were found between years of diagnosis. 73% of the patients with positive lymph nodes were treated with radical hysterectomy followed by radiotherapy. FIGO-stages IIB-IVA had mostly received radiotherapy only; 66% in the period 1989-1993 and 48% in the period 1999-2002 ($p<0.05$). No differences in survival between years of diagnosis were found. In the CCCST-region more radiotherapy was given in these stages; 71% versus 55% in the CCCS-region in the whole period ($p<0.05$).

Conclusion and discussion. The national guidelines for treatment of cervical carcinoma are better implemented for the treatment of FIGO-stages IB-IIA than for FIGO-stages IIB-IVA. In the CCCS-region more patients are treated with hysterectomy followed by adjuvant radiotherapy. This is in contradiction with the national guidelines.

ANOTHER WAY OF TESTING KNOWLEDGE, THE SNAKES AND LADDERS' GAME IN PALLIATIVE CARE

Keywords :auxiliary nurses testing knowledge palliative care pedagogical game play set

Content :Trainees : a group of auxiliary nurses of Lower Normandy who has been trained in palliative care during a main course a few months earlier.

Educational goals : to test the auxiliary nurses about their acquired knowledge during the main course whilst

- Verifying that the trainees have acquired a good feeling for palliative care,
- Revising of the essential goals of the course in an amusing manner,
- Giving possible clarifications
- Showing to the trainees that they have improved their knowledge in spite of being checked in their daily practice,
- Avoiding the impression of schoolwise control

Means : Another day of training is organised some tame later after the main course and includes a sequence of educational games:

- 42-square set with 42 various questions about palliative care,
- 3 teams with 3 or 4 players,
- a dice, a coin,
- a moderator (member of the mobile palliative care team) who asks some of the questions, approves the answers and also stimulates the group
- each team plays in turns,
- the player can ask the team for help by using a joker,
- if the team cannot answer, the question goes to the next team

Conclusion : the evaluation of the exercise by the players has been so positive that we consider going on and developing this training tool.

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PARTNERSHIPS IN DEVELOPING A CANCER RISK EDUCATION E-TOOL: THE JAMESLINK-OSUCAP

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Keywords :cancer risk assessment e-tools partnerships

Content :

The goal of the Jameslink-Ohio State University Cancer Assessment Program (OSUCAP) has been to provide comprehensive familial cancer risk assessment. The tool was automated to provide immediate risk assessment and made available to the public via the internet in 2005.

Efforts are underway to revise this e-tool for use in lower literacy and underserved populations. Individuals (n=96) were surveyed at an urban health fair for their responses to the Jameslink-OSUCAP, and suggestions were made for improvement. With this information and our understanding of the target populations, a series of discussions with our university's Web Accessibility Center, Information Technology, and Visual Communication Design were initiated to refine the tool. Through a participant observation methodology, themes from our discussions emerged. First, the challenge of finding a common language among different specialists (i.e., clinical geneticists, behavioral scientists, designers, and programmers) to communicate goals of the e-tool was a recurring theme. Secondly, the appearance and function of the tool was of critical importance for use by underserved populations. Also, the physical location of the Jameslink-OSUCAP, disposition of internet-collected data, text language, time until launch, and algorithmic content emerged as themes. In summary, the post-modern trend toward increasing specialization of knowledge has presented communication barriers to producing cancer education e-tools; however, technology, particularly the internet, has provided unique opportunities for the dispersion of cancer risk information. One such opportunity is incorporation of the Jameslink into the OSU Electronic Health Record, which, in addition to the previous partnership, includes the Information Warehouse, a data repository.

Oral 15

ONCOLOGY COURSES FOR MEDICAL STUDENTS IN EUROPE- WHERE TO GO?

Keywords : summer schools, courses on medical oncology, medical students, teaching

Content :
Background: The first summer school (SS) on oncology for medical students was held 1996 in Groningen, The Netherlands, followed in 1999 by Vienna, Austria and since last year, two additional courses are available in Ioannina, Greece and Antwerp, Belgium. The WHO Collaborating Centre for Cancer Education raised the question about competition and collaboration between those initiatives and how many SS on oncology we need in Europe? To discuss this issue, a meeting between the organisers of the different courses was held last year during ECCO 13 in Paris.

Courses: A short overview of the courses will be given. Although all four SS deal with oncology and the multidisciplinary approach in cancer treatment there are differences in the course programs. They also differ in the number of participants and teachers, the methods of teaching and the duration. The SS of Groningen and Vienna are organised by University hospitals in collaboration with WHOCCCE under auspices of UICC, whereas the Greek course is sponsored by the ESO and the project in Antwerpen is supported by FECS.

Discussion: As the SS differ and address medical students at different levels of training there is no real competition. Regularly meetings between the organisers are necessary to discuss possible co-operations and exchange experiences. Future aspects could be an accredited, coherent Summer School program for different levels of medical students. Plans exist to develop a homepage outlining the different goals of the courses and the selection criteria to facilitate interested students the selection of an appropriate Summer School Program.

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Oral 16

DEVELOPING HIGH QUILITY LEARNING MATERIALS -THE ROLE OF A MEDICAL WRITER

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Oral 17

Keywords :writer e-learning web-based instructional design

Content :

The forms and methods of education and training in use today are little changed from those of 200 years ago. The introduction of technological developments has been seen by many as providing the potential for a quantum leap in improving the education of learners. In reality, the technology represents the method of delivery of the teaching materials and introduces additional barriers as well as some solutions. There is a requirement for better pedagogy and the new teaching is more about guiding students through their individual learning than the delivery of facts, especially as the Internet provides access to a wealth of information. Moreover, the approach to learning is to help students find the knowledge that is relevant to their study and to develop the required skills to decide how valid or reliable that knowledge is, and how to incorporate their findings into their practice, especially for the improved outcome of their patients.

The role of academics in traditional teaching is to develop and deliver the content and knowledge. The role of an academic in the development and delivery of e-learning is becoming less clear as the materials or learning system deliver the teaching not the tutor. This has allowed the creation of writing teams that allow experienced medical writers and instructional designers to provide input that improves the finished product delivered to the student. Writing quality learning materials requires more consideration and preparation than is possible by academic staff that are between producing teaching and research activities for the University.

LYMPH TAPING FOR SECONDARY LYMPHOEDEMA

EUROPEAN
ASSOCIATION
for CANCER
EDUCATION

Author

Josya Sijmonsma

Oral18

SURVIVING CANCER, NEW MODELS OF CARE

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Keywords :cancer, survival, models of care, cancer education

Content :For many cancers there is a real change in emphasis from the treatment for cure phase to the survival phase - learning to live each day with cancer or the potential for its return. There is a significant and growing literature on cancer survival (Petticrew et al 2002; Little and Sayers 2004;Persson and Hallberg 2004; Beaver and Luker 2005). The '5 year survival' as a measure of cure has now become the cut off point for no further follow up in many centres throughout the world.People who have had cancer then have to pick up the threads of their life that they left before cancer changed everything.

Health and social care professionals need to learn new skills, undertake new research and develop new models of care to provide help for these individuals and families. This paper will explore psychosocial coping models, including fear or terror management. Then, family dynamics to support people restructuring their lives will be explored. It will also begin to address needs of different people across the lifespan. Partnerships with seldom-used agencies need to be established,in the voluntary, statutory and private health care sectors.Utilising existing skills in a different way will be required - for example, more Clinical Nurse Specialists or Consultant Nurses running clinics or counselling services. Engaging more help from mental health teams, psychologists and social workers will also be addressed

HOW GOOD NEWS BECOMES BAD NEWS

Keywords :patients, communication, informed choice

Content :I am a breast cancer patient. Nine years after my first tumour, I developed a second primary cancer in the other breast. This time I was an expert patient, not only regarding investigations and treatment possibilities, but also how a patient perceives and experiences the whole process. For years I had been in contact with other ‘fellow travellers’ on the cancer journey, and learned much from them. So I had an idea of what I could expect from healthcare professionals, from myself and for my future.

However, I found it extremely challenging to find the strength to make choices for myself. When I found the new lump it was clear to me that I was stronger than the first time around. Then the diagnosis was to me a shock and a death sentence, however, I learned that there is a life after cancer and with cancer

With the second tumour, I was the opposite of a passive victim. I wanted to know all possibilities, to think things through and to make my own choices. I was sure I was a full partner. To my dismay and disappointment this proved not to be the case, I wasn’t allowed to make informed choices, nor was I given shared responsibility in my own treatment. I want to show how miscommunication started and continued to my detriment. I hope by sharing this that the problems arising from two different languages (professional and patient), can be addressed for the benefit of all.

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Abstracts

For Podium Presentations

Friday 9th June

Deventer

A REQUIRED HOSPICE ROTATION FOR 3RD YEAR MEDICAL STUDENTS

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Oral 21

Keywords :palliative medicine, medical education

Content :
The Liaison Committee for Medical Education requires accredited medical schools to teach end-of-life care. Beginning in July 2001, we have studied a required 4-day (36 hour) curriculum for 3rd year medical students as part of an ambulatory month in the 12-week medicine core clerkship. Students spend week 1/day 1 in the classroom learning core concepts regarding hospice, palliative care and symptom management. A 2-hour session with a standardized patient to break bad news is included. Students spend week 2/day 2 and week 3/day 3 making home visits or participating in inpatient care. Week 4/day 4 is spent in the classroom reviewing cases they have seen with interdisciplinary faculty, making presentations on assigned topics, and discussing professional self-care. Students complete a self-awareness project. Analysis of 241 paired evaluations using the paired t-test from students rotating between July 1, 2002 and June 30, 2004 shows significant improvements in 3 instruments: 46 % improvement in a 26-item self-reported competence instrument ($p<0.0001$), 20 % improvement in a 20 item self-report of concern ($p<0.0001$), and 30 % improvement in a 36-question test of knowledge ($p<0.0001$). There is no difference from the 2001-2002 pilot year. More than 20 different physicians have taught in the course. Fellows practice teaching in the course. We conclude that this 36-hour required curriculum in hospice & palliative medicine for 3rd year medical students improves knowledge in a stable way despite many different teachers with different teaching abilities. Supported by NCI R25 CA098389

AN EXPLORATION OF THE POSSIBILITIES, WISHES AND LIMITS OF CANCER CARE IN A REGIONAL HOSPITAL

Keywords :hopitals reconsider their position regarding the treatment of cancer patients: concentration or treatment in every hospital/ how do you make these choices, what factors influence the choice

Content :
Everyone when confronted with cancer hopes to get the best results from their treatment. S/he counts on the team of doctors, nurses and others, to advise and support them through decisions regarding the possibilities of treatment.
In the rapidly changing world of healthcare does not only the patient weigh up the pros and cons of the various options, but the hospital staff themselves must constantly check and update themselves. In addition in the Netherlands the hospitals have to reconsider their position regarding the treatment of cancer patients. Should they work together in each region; how should they implement the latest quality requirements etc. Discussions are focussing on whether to concentrate the cancer care in special clinics or carry out treatment in every hospital.

This paper presents the findings from an action research approach which has taken place in a regional hospital during these discussions. The study utilised documentary data analysis, in combination with individual- and focus group interviews. It focussed on exploring the factors that influence choices when planning cancer care. The findings revealed that objectivity is not possible from involved partners (staff and patients). For many it seemed almost impossible to make the right choices using existing hospital policies. Therefore the action research process has been used to develop in our hospital a policy document cancer care 2006-2010. Thus the hospital staff can develop and treat patients through policies that support their vision for cancer care.

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Oral 23

ADVANCES IN CANCER MANAGEMENT: AT WHAT COST TO MEDICAL STUDENT EDUCATION?

Keywords :undergraduate medical education, cancer education, patient exposure

Content :
The past 15 years has seen a significant reduction in the number of graduating doctors in Australia that have reported examining cancer patients during their medical training. (1, 2) This trend exists despite an increasing numbers of cancer patients (3, 4) and more curricular time dedicated to clinical cancer teaching in Australian medical schools. (1, 2, 5)
Advances in cancer management could offer an explanation as to why students are seeing fewer patients during their medical education than their predecessors did. Treatment has predominately shifted from inpatient care to outpatient clinics and hospital bed occupancy kept at a minimum. Patients requiring surgery are now having investigations and assessments done outside of the hospital (or in outpatient clinics), with the patient being admitted on the day of their surgery. Often investigations and treatments are done in the private sector or in smaller metropolitan hospitals, which further removes them from medical students. Whilst these changes have benefited the patients, they have almost certainly resulted in fewer opportunities for medical students. Outpatient clinics are busy and often overcrowded, with no facilities or time for medical students to talk with or even examine patients. Increasing numbers of medical students are only going to compound the problem further in the years to come.

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ADDRESSING INEQUALITY IN U.S. CANCER HEALTH THROUGH COMMUNITY NETWORK PROGRAMS

Wayne State University and the Barbara Ann Karmanos Cancer Institute, Detroit, Michigan. USA

This presentation describes a major national cancer control program initiated by the National Cancer Institute (NCI) of the United States to address excess burdens of cancer borne by several clearly identified but underserved populations.

The national program has established twenty-five national centers called Community Network Programs (CNP). Each CNP addresses the pattern of excess cancers found in one five population groups identified by the NCI as underserved. These groups include Asian, Hispanic/Latino, African-Americans, American Indian/Alaskan and Native Hawaiian/Pacific Islander.

The program can be characterized as a public health approach to cancer control. All twenty-five programs are organized using a community network, participatory involvement approach involving university resources, grass-root community organizations, and local community leaders. Program leadership is shared among all program members. Interventions sponsored by the local programs include cancer screening, cancer prevention (education), sponsored research on issues emerging from the served population, as well as the training of cancer control researchers with the necessary skills to work with special underserved populations. Program personnel strive to utilize evidence-based interventions.

Details on the organization and functioning of the individual CNPs will be illustrated through a brief examination of the Detroit Community Network Program which has initiated, with community partners, a comprehensive program to address the disproportionately higher rates of breast, lung, colon, and prostate cancers experienced by older, underserved African American Adults in the greater Detroit, Michigan, U.S.A. area.

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COLLABORATION BETWEEN EDUCATION, CLINICAL PRACTICE ANS RESEARCH IN CANCER NURING

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Keywords :edcation, clinical practice, collaboaration

Content :

The gap between nursing research and practice is acknowledged in literature. A variety of strategies have been suggested for reducing this gap. This presentation is a description of activities in the Elvira project, which is a collaboration between Karolinska Institutet's Department of Nursing and the Oncology Department at Karolinska University Hospital at Södersjukhuset. ELVIRA aims to create an infrastructure for academic cancer nursing including clinical practice, research and education. Through this project we have organised joint activities held at the hospital, including lunch meetings held regularly to address clinical nursing problems, seminars with cancer nursing researchers, journal club's, etc. The participants in these activities are both nursing staff and nursing students on undergraduate and post-graduate levels.

We are also making efforts to improve the trajectory for cancer patients through initiation of a new week long orientation course in oncology, with both theoretical and clinical components, for graduate students in community nursing. We also are exploring strategies to strengthen the influence of practitioners on research agendas through more collaborative relationships. Clinical problems have generated research questions which have been addressed by undergraduates in literature studies for academic credit.

Based on our experiences to date, we are convinced that this kind of collaboration has synergetic effects to all stakeholders. From an educational perspective, this project has led to an updating of content. Our ongoing evaluation indicates that the project is highly valued by clinicians, and has also contributed to dissemination of research results

Oral 25

THE DEVELOPMENT OF A CARE PROGRAM FOR LUNG CANCER PATIENTS IN THE REGION OF THE COMPREHENSIVE CANCER CENTRE STEDENDRIEHOEK TWENTE

Keywords :Care Program, Change Management, Care Process,

Content: Background: In 2005 the National Program for Cancer Control came out in the Netherlands as the program to fight cancer on a national level.

Aim: To anticipate on this program this region started a project to develop care programs for specific cancer sites. These cancer care programs describe the routing of patients from the suspect of cancer to treatment in order to create a routing with regional consensus and low costs.

Method: Using the method of Business Re-engineering targets to goal the ideal care process were described. Within this design, indicators as time to first hospital appointment and time needed to diagnose the patients were established. Production costs of diagnosis, care and treatment were calculated.

Results:
The actions and changes in the care should be implemented from April 2006:

- start of a regional multidisciplinary lung cancer patient consultation
- installation of an oncology nurse for coordination of the care process and support of patients
- pre-planning of diagnostic examinations to decrease delay in the diagnostic phase
- start registration of indicators to measure effects of the implementation

Conclusion:
Development of care program for lung cancer gave new insights into opportunities to improve care and is a promising method to increase the regional consensus about treatment of cancer patients

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Oral 26

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THE IMPACT OF NEW TECHNOLOGIES ON CANCER PATIENT EDUCATION: WINDMILLS OF ENERGY

Keywords :Telephone education workshops New technologies

Targeted oncology treatments e-learning MP3 players
Patient education Telecommunications industry partnership

Content :

This oral presentation will describe the impact of new technologies on Cancer Care’s telephone education workshops for cancer patients, their caregivers and healthcare professionals. Last year, Cancer Care’s free, one-hour interactive, global telephone education workshops disseminated cancer education to over 45,000 people. Two technologic advances, one in oncology and the other in communications, have revolutionized cancer patient education. The need for cancer education has never been greater with the advent of targeted treatments. The telephone enables easy access for most patients to high tech learning about their treatment options. However, the rise in popularity of cell phones, the internet, iPod and MP3 players has accelerated the potential for e-learning and distance learning. The author will describe innovative archiving of telephone education workshops on the internet and the details of making these archives accessible to iPod and MP3 player users. Historically, iPod and MP3 players have been used to download music files. The author will highlight the efficacy of promoting the downloading of audio patient education files onto iPod and MP3 players to create new opportunities to educate the oncology community about the standard of care as well as novel research and clinical trial outcomes. This innovative partnership with the telecommunications industry will enable patients to access this dynamic, mobile, voice-activated information anywhere and anytime. Quantitative and qualitative data elucidating these programs and the meaning they have for patients, caregivers and healthcare professionals will be discussed

Oral 27

WHY IS DYING AT HOME, DESPITE PATIENTS EXPRESSED WISHES, SO RARELY ACHIEVED?

Keywords :Patient choice, Dying at home, Professional pressures

Content :
Many patients express a heartfelt wish to die at home and the UK government has focussed on a patient led service and yet very few patients actually die at home. Many die on trolleys in busy Accident and Emergency Departments because they develop acute symptoms during the night when their own General Practitioner is not working. The 'Doctors on Call' service simply call for an ambulance to reduce the stress felt by the family. After the death the family are often acutely stressed because they failed to meet their loved one's last wish.
This paper seeks to address the drivers that prevent a good death at home from occurring more often.

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Oral 28

Abstracts

For Workshop Presentations

THE RESILIENT RELATIONSHIP

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Workshop 1

Keywords :Quality of Life, Supportive - expressive, psychological support group, Relationship, Risk, Resilience

Over the past 10 years the Richard Dimbleby Cancer Information and Support Service at St Thomas' National Health Service Trust, London, has funded a weekly support group for women with metastatic breast cancer. The overall aim of this group is to help patients learn how to maximise the quality of life remaining to them.

This will describe the outcomes from an evaluation study and discuss the 'supportive-expressive' (1) model of psychological support used by the two therapists who facilitate this group of women. It will also identify ways in which healthcare professionals may be able to improve the quality of their communication with cancer patients.

In an evaluation of the work done by the support group, members said they felt:
- less isolated and fearful
- more in control
- better informed
- able to establish and maintain helpful relationships with healthcare professionals.

In the absence of such facilitated groups the responsibility for support lies with the healthcare professionals, who often feel ill-equipped to cope, thus the above identified needs of the patient are not met.
The workshop will present key messages derived from the sessions with the St Thomas' group and will explore:

- The training required by healthcare professionals to enable them to build meaningful, supportive relationships with cancer patients.
- The risks in building such relationships.
- How to be resilient in this demanding field

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THE SCIENCE OF E-LEARNING – WORKSHOP

This workshop is about learning and more specifically about what works in e-learning. The fundamental principle of successful e-learning is that the design of courses should be based upon a cognitive theory of how people learn and on scientifically valid research studies. What is the best way to incorporate technology into learning activities? What are the best ways to use text, graphics and audio to maximize learning? What is the role of collaborative tools in e-learning?

This workshop will review some of the fundamental research that should influence the creation of e-learning courses. In addition to presenting guidelines and the research evidence for what works in e-learning, there will be constant reference to the underlying psychopedagogy of learning. The aim of the workshop is to improve your incorporation of an evidence-based practice of education into your own learning provision, in addition to deciding if computer delivery of training is appropriate to meet your goals. We will review some of the technical factors that constrain e-learning design, delivery and how instructors need to adapt their skills to this method of delivery.

Starting from some fundamental theory of learning, the workshop will cover the use of media, consideration of the best placement of media within textual content, the impact of creative writing, psychological basis for modality, redundancy, coherence, personalization and collaboration. Modern learning is moving away from event-based or ‘just-in-case’ learning as data and tools integrate into the workflow of the modern business, such that learning is constantly available at the moment of need. As the efficiency requirements of modern business are driving a knowledge economy, the provision of learning must follow suit and will not match the demand if the provision is based on guesswork rather than a sound foundation of evidence that proves what does and does not work.

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Workshop 3

MAKING THE BEST USE OF SOFTWARE FOR PRESENTATIONS: TIPS AND IDEAS

A key aspect of both education and research is the dissemination of information. However, although courses focus on gathering data, analyzing it and then (sometimes) writing reports, little attention is paid to preparing for presentations at conferences and seminars. Indeed very few courses have sessions dedicated to using packages such as powerpoint.

Researchers and educators freqeuntly have limited understanding of how software can be used to maximize the outcomes from the presentation, and develop presentations using a 'trial and error' approach. In consequence, many presentations utilize only the bare essentials of the software package, with the focus on having information in a standard format, much as it used to be with overhead projector transparencies. This workshop has been designed to enable participants to widen their usage of software, to increase their understanding of how presentations can be made more interactive and therefore increase the attention and interest of delegates

SELF HELP APPROACHES: BRISTOL CANCER HELP CENTRE

Bristol Cancer Help Centre is the UK's leading holistic cancer charity that pioneered the Bristol Approach to cancer care, for people with cancer and those close to them.

This Approach works hand-in-hand with medical treatment, providing a unique combination of physical, emotional and spiritual support, using complementary therapies and self-help techniques, including practical advice on nutrition.

This workshop will detail the self-help approaches that are integral to the Bristol Approach programmes. Approaches such as relaxation, guided imagery and meditation with be presented along with current theories of the mind body connection, i.e Psycho-neuro-immunology.

Workshop participants will also be invited to experience simple guided exercises of relaxation, imagery and meditation. The workshop will conclude with exploring the ways that practitioners and educators can support the integration of complementary therapies into mainstream cancer care.

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Workshop 4

Abstracts

For Poster Presentations

Saxion Hogescholen

Alphabetical List of Posters

1. Briët J., Mourits M., Bock de G., Arts H., (University Medical Center Groningen, NL)
   Objective structured assessment of technical skills (OSATS) to evaluate the competence of gynecologists in learning a total laparoscopic hysterectomy

2. Gallagher R., (The Barbara Ann Karmanos Cancer Institute, USA)
   Organzing and evaluating community-based programs to reduce cancer disparities.

3. Grach M.C., Jenvrin-Breton J., Le Jamtel C., Houel D., Debonnarie L, Mathos G., (Centre Francois Baclesse, Fr)
   To build an action plan in palliative care: a training result

4. Houel D., Heron JF., Genot JY., (Centre Francois Baclesse, Fr)
   Programme of cancer diagnosis announcement

5. Charles K., Paleri V., (Nothern Centre for Cancer Treatment, UK)
   Cancer patients perspective on treatment information an later decision regret

6. Nogossek J., Mulders P., (Integraal Kankercentrum Zuid, NL)
   Patient-education and psychosocial care in the Dutch guideline renalcellcarcinoma

7. Meen I. (De Zorgschakel, NL)
   Chain of care breast cancer

8. Siesling S., Poll van de-Franse L., Jobsen J., Repelaer van Driel O., Voogd A., (Comprehensive Cancer Centre Stedendriehoek Twente,NL)
   The use of breast conserving surgery and radiotherapy in the Netherlands, 1990-2001*.*

9. Starmer D., Underwood R., Giandzi S., (Virtual Medical Centre, AUS)
   Virtualnursingeducation.com

10. Vries de J., (UMCG and WHOCCCE, NL)
    A new oncology curriculum and textbook for medical students

OBJECTIVE STRUCTURED ASSESSMENT OF TECHNICAL SKILLS (OSATS) TO EVALUATE THE COMPETENCE OF GYNECOLOGISTS IN LEARNING A TOTAL LAPAROSCOPIC HYSTERECTOMY

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Keywords: Surgical-skills, Assessment, Laparoscopy,

Content: Purpose:
To describe our experience with the objective structured assessment of technical skills (OSATS) form to evaluate the competence of gynaecologists while learning a new laparoscopic technique.

Description:
OSATS has been proven a reliable and valid method of assessing surgical competency in residency programs. Experience in new techniques is usually measured by numbers (quantity control) instead of competence (quality control). A total laparoscopic hysterectomy (TLH) is an advanced laparoscopic technique of which most complications occur during the learning curve. In a pilot study, OSATS was introduced to evaluate the competence of gynaecologists while learning a TLH from an experienced laparoscopist.

Materials and methods
Each TLH is performed according to a strict protocol. A visiting experienced laparoscopist assists and supervises the gynaecologist while performing a TLH. Technical skills are assessed after each procedure using OSATS. A minimum score of 4 on every item (total of 7 items) was considered a 'pass grade', evaluated at two independent procedures.

Summary:
Currently eight gynaecologists, in six hospitals, are assessed using OSATS. Four gynaecologists are considered to be 'competent' to perform a TLH according to an OSATS score of at least 28 points. Since then three of them have performed a total of 6 TLH's independently, without complications.

Conclusion:
The use of OSATS, to evaluate the competence of established gynaecologists when implementing an advanced laparoscopic technique seems feasible. Instead of quantity control, OSATS can be used as a quality instrument to assess a surgeon's competence in the process of learning a new procedure

ORGANIZING AND EVALUATING COMMUNITY-BASED PROGRAMS TO REDUCE CANCER DISPARITIES

Content :

The Barbara Ann Karmanos Cancer Institute and Wayne State University, Detroit, Michigan, U.S.A., are initiating with community partners a comprehensive program to address the disproportionately higher rates of breast, lung, colon, and prostate cancers experienced by older, underserved African American Adults. Cancer Registry data (SEER) for the Detroit area demonstrate that older African Americans are first diagnosed at later stage disease, and suggest higher mortality rates. Building upon a strong track record for health disparities research, the goal is to catalyze and sustain a strong community-based movement to improve access to and participation in interventions to increase cancer screening and early stage detection, diagnosis and treatment. In Phase I of this project (2005-2006) a network of community leaders, researchers and health care providers has been identified and organized to address issues related to disparities. A formal structured interview is being utilized to determine the resources and needs of each partner as well as to fix baseline measures of selected program outcome assessments. Phase II (2007-2008) research, training and service will target individual, community, and policy level factors. Phase III (2008-2010) will accelerate efforts to establish a sustained community-based network of partners representing education, research and training programs.

This presentation will describe the mobilization effort to build a cohesive network to address these disparities through education, research and training programs. This presentation will describe the program and the use of program evaluation methodology to facilitate the achievement of program goals as well as to assess program outcomes.

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Poster 2

EUROPEAN
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EDUCATION

TO BUILD AN ACTION PLAN IN PALLIATIVE CARE : A TRAINING RESULT

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Keywords :palliative care team project schedule action plan

Content :
Trainees: Group of auxiliary nurses of Lower Normandy who have been trained in palliative care during a main course a few months earlier.

Educational goals:
To allow everyone to build a project in palliative care (either personally or within the care team)
To be able to use training acquisitions in professional practice (acquisitions in knowledge and abilities)
To incite everyone to think collectively about a “team project”
To share with the other carers new knowledge (a benefit for the trained auxiliary nurses)

Means:
To divide the auxiliary nurses into four groups of eight persons.
To choose a main subject, out of several defined by the training team (ex : how to manage the patient’s or his family’s aggressiveness ; how to take care of a non-communicating patient, …)
To construct a schedule: secondary objectives, necessary actions to achieve them, with whom?, by which means ?

Conclusion: Training auxiliary nurses to build up an action plan make them resourceful people for their own institutions, particularly to take part in palliative care projects.

Poster 3

PROGRAMME OF CANCER DIAGNOSIS ANNOUNCEMENT

Keywords :announcement of cancer diagnosis consultation therapeutic proposal

Content :
The governmental programme, adopted in 2002 in order to improve the fight against cancer, plans that, by 2007, all French cancer hospitals will have set up specific organisational methods for the announcement to patients of cancer diagnosis and treatment.
Indeed, many patient reports denounce the often-brutal conditions of the announcement of cancer which is, in itself, already an alarming disease. They demonstrate that physicians are still insufficiently trained in patient communication and that traditional consultation organisation is unsuitable for the confirmation of cancer diagnosis and therapeutic proposals.

This ambitious programme aims at:

- **supporting patients' rights such as taking part in the medical choices concerning their treatment and benefiting from global care;**
- **repositioning the individual at the centre of care which is becoming more and more technical and expeditious**
- **educating the patient on his/her treatment and its side effects**
- **improving the communication between hospital health professionals and those working in urban and rural surgeries.**

Each hospital has been given relative freedom to adopt the most compatible system with its medical organization.

This poster will also present the main principles of this new type of consultation.

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Poster 4

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Poster 5

CANCER PATIENTS PERSPECTIVE ON TREATMENT INFORMATION AND LATER DECISION REGRET

Keywords :Cancer, Patient Information, Decision Regret

Content :

In this pilot study, a cohort of patients, who had experienced treatment for head and neck cancer , with surgery, radiotherapy, chemo-radiotherapy or a combination of treatment modalities, at least one year before, were interviewed to assess retrospectively, their perspective of the quality and quantity of information given to them before their treatment.
Using the University of Ottawa, Decision Regret Scale for each modality of treatment, patients were asked if they regretted, undergoing any particular treatment modality, and if this regret was associated with the quantity or quality of the information given to them at time of treatment. This regret measure was also analysed in relation to quality of life score.

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CHAIN OF CARE BREAST CANCER

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Poster 6

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PATIENT-EDUCATION AND PSYCHOSOCIAL CARE IN THE DUTCH GUIDELINE RENALCELLCARCINOMA

Keywords :
patient-education, psychosocial care, tumour-specific guidelines, renalcellcarcinoma

Content:
Patient-education and psychosocial care is a crucial component of cancer care and is an important task of the medical specialist. It therefore deserves attention in tumour-specific guidelines. This was the starting–point for members of the Dutch society of psychosocial oncology (NVPO) while participating in the development of the evidence-based guideline for renalcellcarcinoma. The guideline was developed by a multidisciplinary group of professionals on urological cancer in co-operation with VIKC, CBO and scientific societies, all united in the EBRO-platform.

A literature search was performed with keywords on doctor-patient communication in all the phases of disease and on needs, preferences and distress in cancer patients in general and with renalcellcarcinoma. No tumour-specific literature was found on these subjects. Patients needs for information, for involvement in decision-making and emotional support vary by person.

Evidence of the importance of patient-education and psychosocial care for cancer patients is convincing and thus relevant for tumour-specific guidelines. The dialogue with patients is essential for quality of care. Communication with the patient on health complaints, caused by cancer and cancer treatment, is a condition for acceptance of offered care, for treatment compliance and has major impact on experience and coping.

It is necessary and useful to review the evidence from the literature in a brief and concise manor and to integrate this in tumour-specific guidelines. Patient-education and support leads to more competence on self-care, a greater self-esteem, better coping with side-effects and symptoms, reduced fear and to a lower impact of disease and treatment on daily life.

THE USE OF BREAST CONSERVING SURGERY AND RADIOTHERAPY IN THE NETHERLANDS, 1990-2001.

Keywords : breast conserving therapy radiotherapy

Content :
Background: Breast-conserving surgery (BCS) followed by radiotherapy (BCS-RT) is a safe treatment option for the large majority of patients with tumours less than 5 cm.

Aim:
The use of BCS and BCS-RT in pT1 (2 cm) and pT2-tumours (2-5 cm) was investigated in the Netherlands in the period 1990 and 2001.
Methods: From the Netherlands Cancer Registry patients were selected with invasive pT1 (2.0 cm) or pT2 (2.1-5.0 cm) tumours, without metastasis at time of diagnosis. Trends in the use of BCS and RT after BCS were determined for different age groups and regions.

Results:
In the period 1990-2001 52,937 pT1-tumours and 36,285 pT2-tumours were diagnosed.
The % of BCS in the age group 50-69 years old increased from 66% in 1990 to 72% in 2001. In patients between 70-79 years old it increased from 42% to 57%. It remained lowest in patients 80 years and older (32% in 2001). In pT2-tumours a decrease was observed in patients 80 years and older (from 23% to 17% in 2001). In pT2-tumours a decrease was observed in patients 80 years and older (from 23% to 17% in 2001). In both pT1 and pT2-tumours the %BCS-RT increased in patients 80 years and older to respectively 59% and 44%. Between regions and hospitals large differences were seen in %BCS and %BCS-RT.

Conclusion:
Multidisciplinary treatment planning, based on specific guidelines, and patient education could increase the use of BCS combined with RT in all age groups and decrease differences between hospitals and regions

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Poster 8

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Keywords :e-learning, nursing, education, professional development

Content :

The provision of face-to-face professional development activities for nurses is becoming increasingly difficult. Traditionally, educators have had to cope with the fact that nursing involves shift work and many nurses work in rural and remote locations. Today, a growing number of nurses are able to choose working hours to best suit their lifestyle thus presenting additional logistical problems for the educational provider.

Virtualnursingeducation.com (VNE) is a web-based learning management system that has been developed to meet the continuing educational and professional development needs of nurses. VNE can be accessed from any Internet enabled computer, allowing nurses to learn at their own pace and convenience, with many preferring to undertake their education at home. Progression through each learning activity is tracked, allowing both the nurse and their educational manager to maintain a professional development portfolio. In addition to the modules undertaken through VNE, nurses may add other educational activities to their portfolio.

A variety of reporting and administration tools are included to streamline the management of educational activities and records. VNE has been designed to compliment traditional hands on training, through the delivery of theoretical knowledge, formative and summative assessments and case studies, allowing more time for clinical teaching.

VNE has been extensively trialled throughout Australia and overseas. The feedback received has been positive and supportive of VNE as a cost effective, flexible and easy to use adjunct to clinical education and continuing professional development.

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A NEW ONCOLOGY CURRICULUM AND TEXTBOOK FOR MEDICAL STUDENTS

Keywords :Curriculum development medical textbook

Content :

Introduction

Due to increasing numbers of medical students and the introduction of the Bachelor-Master structure in higher education, a new medical curriculum was started in Groningen, The Netherlands in 2003. This was one of the reasons to restructure the oncology curriculum.

Method

The author was involved in the plan for a new medical curriculum since 2001 and suggested to design an integral oncology course within the new structure focussing more on insight and understanding than on detailed knowledge of various tumor types. The program is based on the successful Summer School Oncology for Medical Students which is held in Groningen since 1996 (www.isoms.nl)

Themes of the four week oncology course are:

1. Detection
2. Treatment
3. Follow up
4. Consequences

Simultaneously a new edition of an oncology textbook was designed by a team of 25 authors from the UMCG.

Results

The book was presented on July 6 2005 and the new oncology course for 3rd yr med students was concluded with an exam (including an open book section) on November 22 2005. The exam was passed by 78% of 316 participants. Students and faculty were satisfied with the integrated approach in this course in combination with the new text book. More details of the program and evaluation results will be given during the presentation. Course and Book seem to be very suitable for other disciplines like nurse practitioners, physician assistants and (oncology) nurses.

Conclusion

Oncology is considered as a difficult part of medicine due to the large diversity in tumor types and treatment modalities. An integrated and thematic approach can however result in good insight and understanding of the large spectrum of oncological problems.

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Poster 10

Submit an Abstract DEADLINE EXTENDED to June 5, 2006
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October 12-14, 2006 join experts from the world's leading cancer education centers at the Catamaran Resort Hotel on Mission Bay in San Diego, California to:

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- Learn the latest developments in cancer education
- Earn continuing education credits, CME, Nursing CEU, CHES
- Tour the brand-new Rebecca and John Moores Cancer Center at UCSD
- Enjoy a great hotel, the best weather (October can be one of San Diego's best months), good food, including a reception at the Birch Aquarium at Scripps

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Rembrandt

Author