European Association for Cancer Education

EUROPEAN
ASSOCIATION
for CANCER
EDUCATION

24th Annual Scientific Meeting

9-11 March 2011

University of Nicosia
Cyprus

Programme and Abstract Booklet

In collaboration with

UNIVERSITY OF NICOSIA
ΠΑΝΕΠΙΣΤΗΜΙΟ ΛΕΥΚΩΣΙΑΣ

Mediterranean Center
for Cancer Research

Not every scholar can keep up with developments in his or her field, maintain an enthusiastic attitude toward learning and inspire others with that enthusiasm.

Those who can ….. teach. Mark Saul (1988)

Editors: Heather Mercer, Andry Protopapa
Printer: Unic

Conference Theme

International collaboration in Cancer and Palliative care:

Improving practice through education

Be clear about the outcomes you want to promote. If you don't know where you want to be, you will never know if you have arrived.

Diane Halpern (2003) *President, American Psychological Association*

Welcome Message

Local Organising Committee

It is our privilege to welcome you to The University of Nicosia, Cyprus and the 24th Annual Scientific Meeting of the European Association for Cancer Education.

The theme of this meeting is International collaboration in cancer and palliative care; improving practice through education. We are all increasingly working in collaboration with other health care professionals for the benefit of our patients and these forums are an important gathering for personal and professional development. Furthermore, the knowledge of cancer applies to all healthcare professionals irrespective of their discipline or profession. As a result, more educational activity is being delivered to a more diverse audience and this presents new challenges to the educators of the present and the future.

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. We are grateful for their participation and encourage all EACE members to attend the corresponding AACE meeting in the fall this year.

For those of you attending, that are not member of EACE, please do consider becoming a member and contributing your voice to the cause of cancer education.

Our thanks must go to Andry Protopapa who has contributed so much to the organisation of this meeting. Darren Starmer has continued to support the EACE website and abstract submission system, despite becoming a student himself. All have committed themselves to this meeting, and their contribution, enthusiasm, energy and professionalism are much appreciated.

We would like to thank the generous contributions from our sponsor for this meeting Dr Peristianis and the University of Nicosia.

Finally, the meeting would not be worthwhile if it were not for your contribution by attending and submitting such an array of fascinating abstracts for presentation. We all hope you enjoy the meeting, as we should have an exciting three days.

Programme Organisers:

Heather Mercer
Darren Starmer
Joy Notter
Graham Dark
Charles Kelly

The European Association For Cancer Education (EACE)

Founded in 1987

Mission Statement

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

Aims

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

Target Audience

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

Fields of Cancer Education

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

Statement of Purpose

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

Sister Organisation

The American Association for Cancer Education (AACE), which also arranges an annual scientific meeting.

Activities and Range of Services Available

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

Resources

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

Action Plans

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

Membership

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

The Journal of Cancer Education

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

The Journal

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

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

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Annie Bosch Memorial Prize

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

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

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

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

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Professor Ullabeth Sätterlund Larsson Memorial Prize

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

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

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

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

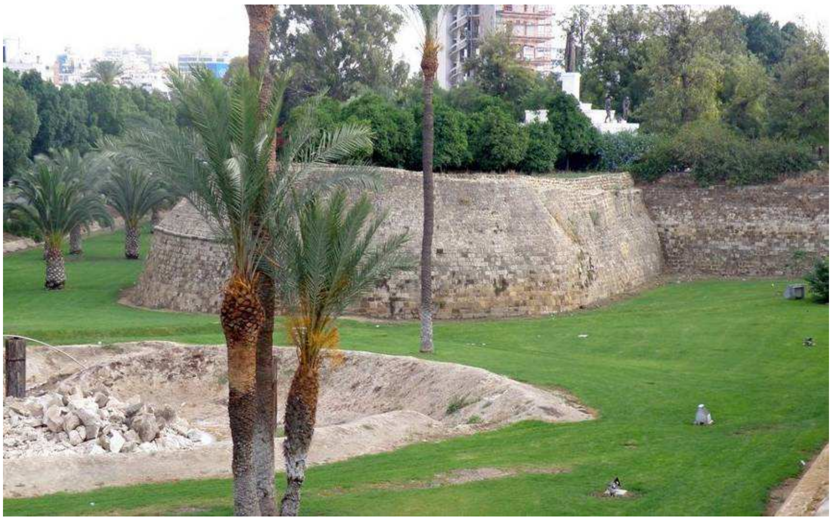
This award will be presented to the author, as a first-time presenter at EACE, that is judged as delivering the best overall presentation at the scientific meeting, as voted by the attending delegates.

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.

Nicosia



Nicosia is the capital of Cyprus, a status it has enjoyed for 1000 years since the 10th century, though its beginnings date back 5000 years to the Bronze Age. It lies roughly in the centre of the island in the Mesaoria Plain, flanked by the beautiful northern range of Kyrenia mountains with its distinctive 'Pentadaktylos" - the five finger mountain. There are various suggestions as to the origin of the name Nicosia - or 'Lefkosia' In Greek - but the most likely one is linked to the popular tree, the tall 'Lefki ' which once adorned the city.

Seat of Government, Diplomatic headquarters and cultural centre of Cyprus, the capital presents two distinct faces: the old, original part of the city, surrounded by sturdy Venetian walls over 400 years old, and a busy modern metropolis which has a population of 171.000 together with the suburbs. . .

Within the large area encircled by the strong bastion walls that served to protect the town for centuries are many places of great historic interest.

The central Eleftheria Square links old Nicosia with the elegant modern city that has grown up outside the walls, where hotels, offices restaurants and gardens blend happily with the fine old houses and colonial buildings of this cosmopolitan city.

http://www.visitcyprus.com/wps/portal

We've heard that a million monkeys at a million keyboards could produce the complete works of Shakespeare; now, thanks to the Internet, we know that is not true.

Robert Wilensky
Speech at a conference, 1996

Conference Programme

Wednesday 9th March 2011

08.00 – 9.45	Registration desk opens **Venue**: Unesco Amphitheatre University of Nicosia Nicosia Cyprus Tel: + 357 228415000 Coffee is available in the foyer	
09.45-10.00	**International collaboration in Cancer and Palliative care: Improving practice through education** *Chairs: Prof Joy Notter* *Dr Frank Ferris* Welcome from local organising committee Welcome from the Dean of Sciences Unic Welcome from the EACE President Welcome from the MCCR and the European commissioner for Education, Culture, Multilingualism and Youth Welcome from the AACE President, Julia White MD	 Heather Mercer George Gregoriou Joy Notter Evi Farazi / Androulla Vassilliou Frank Ferris
10.00 -11.00	**Milly Haagedoorn Lecture** *Chair: Dr Jakob de Vries* Cancer Education on a practical level: how can we influence the practice of our colleagues to improve patient care?	 Dr Haris Charalambous Consultant Oncologist, Bank Of Cyprus Oncology Centre, Nicosia Board member MCCR
11.00-11.30	Refreshment break	
11.30 -13.00	**Abstract presentations: Cancer and Palliative care -** *Chairs: Prof Heather Mercer* *Dr Pantelis Kountourakis*	Abstracts 2-7
11.30-11.45	Review and Analysis of Cancer Incidence in Cyprus: Lessons for Cancer Education and Prevention	Evi Farazi
11.45-12.00	Residents from 7 Programs Demonstrate Improvement in End-Of-Life Care Competence, Concern and Knowledge after a Hospice Rotation	Frank D. Ferris

12.00-12.15 12.15-12.30 12.30-12.45 12.45-13.00	Cancer Patients in Cyprus and their Quality of Life A tool development study: Targeted Education Inter-professional Learning in Palliative Care Multi-professional Palliative Care Education 10 Years On	Cristina Louizou Barbara Pitsillides Jane Berg Clair Sadler
13.00 -14.00	Lunch	
14.00 -15.30	**Abstract presentations: Cancer care** *Chairs: Darren Starmer* *Dr Yiola Marcou*	Abstracts 8-12
14.00 - 14.15	Effectiveness of the International Visiting Scholars Program in Palliative Medicine	Holly B Yang
14.15 -14.30	Teaching Oncology to Medical Students is a Must: The Egyptian NCI Step on the road	Emad Shash
14.30-14.45	National Cancer Survivorship Initiative (NCSI); a British government initiative	Heather Mercer
14.45 – 15.00	Palliative Care in Mental Health	Inge Geerink
15.00 – 15.15	Experiences of International Physicians Compared with U.S.-Trained Physicians after a Rotation in Palliative Medicine	Holly B Yang
15.30 – 16.00	Refreshment break	
16.00 – 16.45	**Abstract presentations: Evaluation and audit** *Chairs: Mrs Barbara Pitsillides* *Dr Marietta Bell- Scriber*	Abstracts 13-15
16.00 – 16.15	Effectiveness of a Pilot Skills-based Leadership Development Initiative for palliative Care Physicians	Frank Ferris
16.15 -16.30	Reviewing the Evidence Of Uptake of HPV Vaccine Internationally and its Implications for Cypriot Health Policy	Pamela Gridley
16.30 – 16.45	Psychosocial factors affecting Life after Stoma Formation	Joy Notter
17.00-18.00	**Annual General Meeting** All delegates welcome Coach will return participants to their hotel and return them for the reception	Joy Notter, President EACE
19.30 – 21.00	**Drinks and canapés reception at Unic** Coach will return participants to the reception and then return participants back to their hotels at the end of the evening.	

Conference Programme

Thursday 10th March 2011

08.00	Registration desk opens Coffee is available in the foyer	
9.00-10.45	**Workshops** Workshop 1 – High Fidelity Simulation Scenarios in cancer education Room A103 *Chair: Dr Edna Yamasaki* Workshop 2 – Will you walk into my parlour said the spider to the fly- Assisting patients to navigate the web *Chair: Dr Evdokia Kastanos* ***(these are repeated so that groups can swap over)***	Abstract 16 Jackie England Abstract 17 Darren Starmer
10.45-11.15	Refreshment break	
11.15 – 13.00	**Workshops** Workshop 1 – High Fidelity Simulation Scenarios in cancer education Room A103 *Chair: Dr Edna Yamasaki* Workshop 2 – Will you walk into my parlour said the spider to the fly- Assisting patients to navigate the web *Chair: Dr Evdokia Katanos* ***(these are repeated so that groups can swap over)***	Abstract 16 Jackie England Abstract 17 Darren Starmer
13.00 -14.00	Lunch	
14.00-15.30	**Abstract presentations: Issues in cancer care** *Chairs: Dr Jean-Francois Heron* *Dr Krzysztof Szewczyk*	Abstracts 18 - 23
14.00 - 14.15	Serving the underserved in Cancer Education: Opportunistic roles of the Third Sector in responding to UK Government initiatives	Heather Mercer
14.15 -14.30	The Increased Role of NGOs in Patient Education	Carolyn Messner
14.30-14.45	Managing symptoms in patients with cancer through complementary strategies: A randomized controlled trial of the use of progressive muscle relaxation and guided imagery	Andreas Charalambous

14.45 – 15.00	A systematic review examining the barriers to opioid delivery to palliative care cancer patients in the region covered by three member countries in the Middle East Cancer Consortium (MECC) – Cyprus, Egypt and Jordan	Angela Economakis
15.00 – 15.15	(Mis)communication of risk in oncology	Jakob de Vries
15.15-15.30	Basic education in palliative care aimed at Arabic speaking nurses in Egypt.	Dina Al Jawi
15.30 – 16.00	Refreshment break	
16.00- 17.00	**Abstract presentations: Issues in cancer care** *Chairs: Dr Charles Kelly* *Dr Robert Chamberlain*	Abstracts 24-27
16.00-16.15	Effectiveness of a Pilot Competency-based International Palliative Medicine Fellowship Program	Holly B Yang
16-15-16.30	English language publications: challenges for International Cancer researchers	Carrie Cameron
16.30-16.45	The early effectiveness of the breast cancer screening program in the region of Lower Silesia	Krzysztof Szewczyk
16.45-17.00	Cancer prevention activities Turkey with an emphasis on breast cancer	Nazli Goktepe
20.00-23.00	**Conference Dinner** Pais restaurant, Nicosia Coach will collect and return participants to their hotels for the gala dinner A typical Cyprus mezze will be served	

There's magic in the Web.
William Shakespeare (1564-1616) *Othello*

We all learn:
10% of what we read
20% of what we hear
30% of what we see
50% of what we see and hear
70% of what we say
90% of what we say as we are doing something
100% of what we teach to others
Montgomery (1993)

You see things and you say, "Why ?"

But I dream things that never were; and I say ‘Why not?”
Thomas Edison

Conference Programme

Friday March 11th 2011

08.30	Registration desk opens Coffee is available in the foyer	
09.15-09.45	**Keynote** *Chairs: Dr Sabine Fromm- Haidenberger* *Dr Evi Farazi*	Abstract 28 Patricia Mullen
09.45-10.45	**Workshop** *Chairs: Dr Heather Mercer* *Prof Joy Notter* Can we talk – to each other? A workshop format for improving cross-cultural and cross-disciplinary communication in cancer education, research, and prevention.	Abstract 29 Shine Chang
10.45 – 11.15	Refreshment break	
11.15-12.15	**Abstract presentations: Evaluation and audit** *Chairs: Dr Constantinos Phellas* *Mrs Jackie England*	Abstracts 30-33
11.15-11.30	End of Life Communication – The Austrian Way	Kathrin Kirchheiner
11.30-11.45	The recruitment methods of population-based breast cancer screening program in Lower Silesia	Krzysztof Szewczyk
11.45-12.00	E-learning in oncology – developments and disappointments	Charles Kelly
12.00-12.15	Lymphoedema – A Patients Pathway	Anita Hopkins
12.15	**Meeting Summary and Close**	Joy Notter Heather Mercer

Education is an admirable thing, but it is well to remember from time to time that nothing that is worth knowing can be taught.
Oscar Wilde

The only thing that interferes with my learning is my education.

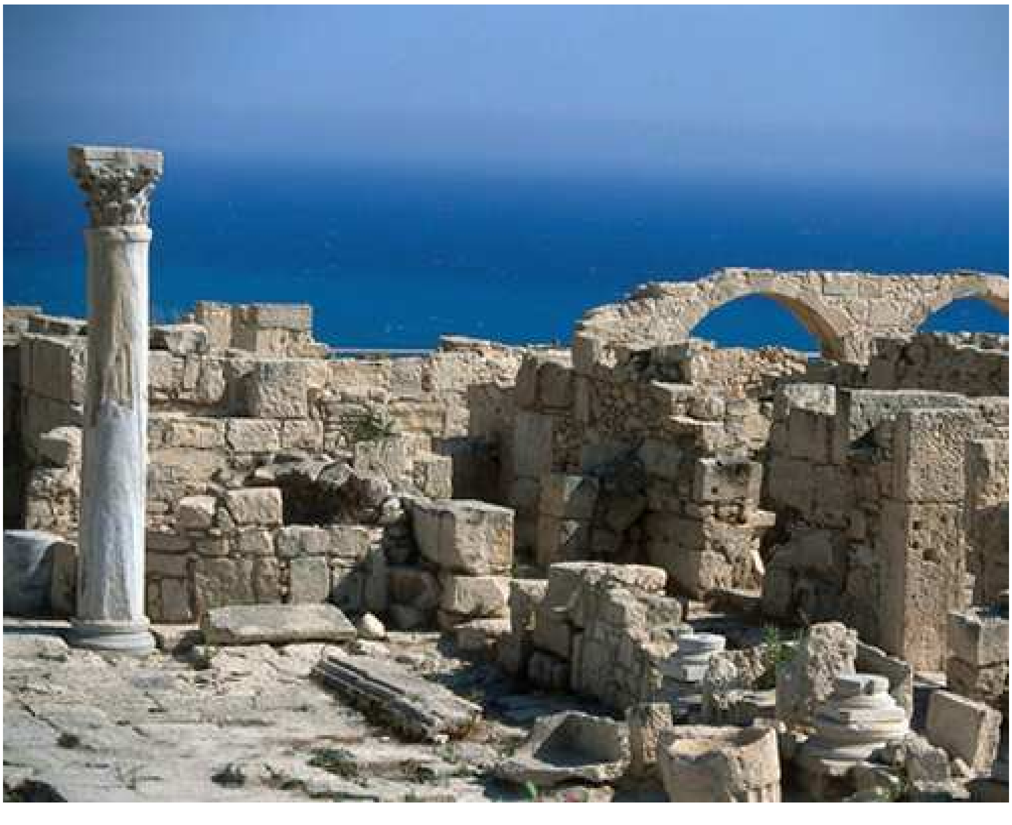
Albert Einstein (1879-1955)
Physicist

Wednesday 23 June

Presentations

&

Workshops



Paphos

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Abstract 1

The Milly Haagedoorn lecture

Education on a practical level: how can we influence the practice of our colleagues to improve patient care?

A major aim of cancer education for professionals working in this field should be that through the acquisition and dissemination of new knowledge, we are able to change our practice and influence the practice of our peers, so that this conforms to guidelines/ evidence based practice, with the ultimate aim that through this process, patient care is going to improve. This lecture from the perspective of a practicing oncologist rather than of an academic, is going to discuss how we can do this through multidisciplinary interaction, the undertaking of audits of our practice and dissemination of the results. These issues are going to be highlighted by examples from our practice in Cyprus especially in relation to the treatment of Lung Cancer

Abstract 2

Review and Analysis of Cancer Incidence in Cyprus: Lessons for Cancer Education and Prevention

Cancer is the second leading cause of death by disease in Cyprus with incidence rates increasing by 57% from 1998 to 2006. This work reviews the cancer relevant data (environmental carcinogenic factors, incidence of disease, screening programmes and registries) available in Cyprus in order to make recommendations for the development of educational programmes to improve awareness and prevention of cancer. Many cancer types(such as breast, colon and prostate cancer0 for which screening opportunities are available are still increasing in Cyprus, suggesting the need for educating the population in issues of cancer screening. For example, even though a breast cancer screening programme has been introduced in Cyprus in 2003, 5 years after its launch there was only a 51% response rate for the invitation to participate in the free screening programme and breast cancer incidence and mortality are not declining. Another cancer type that raises concerns is ling cancer, which is the second most common cancer in men. Recent statistics have shown high rates of smoking among young people (especially boys), suggesting that more efforts should be directed towards reducing tobacco use and consequently preventing a portion of lung cancer cases. Interestingly, despite the fact that Cyprus is an island in the Mediterranean with many opportunities for outdoor activities, the reported incidence rates of melanoma are relatively low (405 time lower rates in Cyprus compared to the United States and Israel. This observation needs to be investigated further to determine whether the results are true (and if so whether genetic or cultural factors might make the population resistant to melanoma development) or whether they reflect lack of data for melanoma (ie melanoma cases are not being reported back to the Ministry of Health and are only dealt with by private doctors.). The latter seems to be more likely, which would imply that need to introduce education programmes for medical doctors to become familiar with registering such cases back to the Ministry of Health. In conclusion, cancer data for Cyprus needs to be evaluated carefully to identify areas where educational; programmes need to be developed in order to reduce cancer incidence and mortality rates. Considering that cancer statistics are only available up to year 2006, improvements must be made to the cancer registry so that information is available up to the current year. Only then can the effectiveness of screening and prevention programmes be evaluated properly.

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Abstract 3

Residents from 7 Programs Demonstrate Improvement in End-Of-Life Care Competence, Concern and Knowledge after a Hospice Rotation

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Rick Nelesen, PhD,
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The Institute for Palliative Medicine at San Diego Hospice, San Diego, CA

Purpose: To establish the effectiveness of an educational experience in palliative medicine for medical residents.

Methods: The Institute for Palliative Medicine at San Diego Hospice teaches physician residents from 4 Internal Medicine, 3 Family Medicine training programs. Core education is provided by on-line completion of 4 EPEC modules. The residents follow inpatients and make home visits with physicians and other team members. There are noon conferences on Tuesdays that follow a journal club format and case conferences on Thursdays. Because of scheduling, some residents are not able to attend all conferences.

Results: Analysis of 285 paired samples (100 Family Medicine and 185 Internal Medicine) using the paired t-test from residents rotating between July 2005 and June 2010 shows significant improvements in 3 instruments: 27% improvement in a 26-item self-reported competence instrument (F6,278 = 26.7, $p < 0.001$), 14% improvement in a 20 item self-report of concern (F6,278 = 41.7, $p < 0.001$) and a 17% improvement in a 36 -question test of knowledge (F6,278 = 243.9, $p < 0.001$). There were no significant differences or interactions with program for the knowledge subscales. Pain assessment (F1,335 = 18.8, $p < .001$), pain management (F1,335 = 130.9, $p < .001$), assessment not pain related (F1,335 = 26.8, $p < .001$), management not pain related (F1,335 = 136.6, $p < .001$), side-effects (F1,335 = 28.8, $p < .001$) and communication (F1,335 = 110.1, $p < .001$) increased significantly. There were no significant effects for residency program nor were there significant interactions of program and testing time. Their performance on the knowledge test exceeds that of a sample of 10,000 residents and faculty from more than 400 internal medicine training programs in the U.S..

Conclusion: An educational experience at a hospice program by multiple resident training programs produces significant changes using standardized evaluation instruments.

Abstract 4

Cancer Patients in Cyprus and their Quality of Life

Aim of the study

The aim of the study was two-fold: Firstly, to measure the level of satisfaction regarding the health care provided by the Bank of Cyprus Oncology Center (BOCOC) and secondly to carry out a Needs Assessment exercise amongst a sample of patients attending the BOCOC.

Methodology

The data collection was carried out through the administration of postal self-completed (closed) questionnaires which included the following sections: a) The level of Satisfaction from the BOCOC health care and psychological support, b) The Psychological Screen for Cancer tool (PSCAN) and c) Demographics. The questionnaires were sent out to patients of the following types of cancer: breast, prostate, colon rectum, lung and lymphoma. The response rate was 33% (in total 2216 questionnaires were sent out).

Main findings

Patients' level of satisfaction regarding the health care provided by BOCOC: 69.3% of the patients reported a high level of satisfaction**.**

PSCAN: The highest levels of Social Support were reported by the Lymphoma patients. Higher levels of anxiety and depression and the lowest quality of life were reported by the younger age groups, women and Lung cancer patients

Conclusion

(a) The majority of the respondents are satisfied with their health care provided by BOCOC. (b) Younger patients and women reported the higher levels of anxiety and depression. (c) Lung Cancer patients reported the poorest quality of life.

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Abstract 5

Targeted Education

Key words: E health record Education Audit Statistics Evaluation Nursing

1997 the Cyprus Association of Cancer Patients and Friends (Pasykaf) started talking about an e health record DITIS that could be accessed from anywhere at any time It has taken many years with many difficulties both human and constant change in technologies. The system called DITIS has been operating since 2002 in Larnaca, but only since 2009 has it been used island wide by the multidisciplinary team and only now have the nurses become aware of the possibilities of research with an e health record. Also inbuilt in the system is an important area for targeted education. As an NGO with a full multidisciplinary team in all towns and a budget of in excess of 2 000 000, funds used for education especially travelling abroad have to be justified and used as efficiently and as effectively as possible, as well as the result audited. DITIS has given us the opportunity to do this. When a patient dies we gather the death statistics on a death certificate. It is information that we believe is important to audit our work. Part of the stats we collect are uncontrolled symptoms at the end of life. In this way we can monitor individual's management by tracking the primary carer or a team's management of particular symptom, as well as our nurses management of symptoms as an organisation. With DITIS we can then audit some months after the education to see if a change in the death statistics of symptoms uncontrolled has had any noticeable change. DITIS island wide is still in its infancy and thus proper stats and outcomes have not been gathered to audit our targeted education as yet. Due to the fact that our organisation offers care from diagnosis to bereavement we often focus on education for palliative symptoms while nurses may be doing more oncology nursing in the home and this is neglected. Thus on a daily basis we also collect nursing statistics through DITIS. Education can be targeted to the areas the nurses workload is in, ie how many pressure areas, how many fungating wounds, how many portocaths or syringe drivers we are caring for. In this way we can make sure that the education we are providing is in line with what the nurses are offering in their care. DITIS has offered us the opportunity to offer cost effective targeted and appropriate education to the nurses who require it, in the most appropriate way, for their particular needs in order to improve services and thus quality of life for our patients, families and health care professionals working for PASYKAF.

Abstract 6

Inter-professional Learning in Palliative Care

Key words:Education Inter-professional Palliative Care Hospice Teamwork

This presentation will describe the development of an inter-professional placement in a hospice setting, the history of inter-professional training will be described and the way the placement has been established to promote and enhance teamwork. The importance of teamwork has long been recognised in palliative care as a way of ensuring delivery of high quality holistic care to patients and their families' (Speck 2006). The education of future professionals, not only in the principles and practice of hospice care but also in the ability to work effectively with other professional disciplines is a high priority in Princess Alice Hospice. In 2008 in collaboration with St Georges Medical School, Kingston University and Brunel University the Princess Alice Inter-professional Placement was established. For a period of three weeks a cohort of twelve students from Medical, Nursing and Therapy undergraduate courses work together under close supervision of hospice staff. The placement recurs approximately three times per year. The placement begins with a two day introduction, facilitated by a member of the education team, the Medical lead and the Therapies lead. Students work in small teams of four placed within ward teams. Throughout the placement students become fully integrated into the ward team, assessing patient's needs, developing plans of treatment and participating in delivery of care. Daily tutorials and guided reflective sessions are facilitated by members of the wider hospice team. The placement concludes with the three student teams presenting a seminar to reflect on and share the learning experienced during the three week experience. What we have learned from the process of establishing the IPP; the effects on the hospice staff and student feedback will be discussed including ongoing research. Speck P: (2006) Teamwork in Palliative Care, Fulfilling or Frustrating? Oxford: Oxford University Press

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Abstract 7

Multi-professional Palliative Care Education 10 Years On

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Key words: Palliative Care Education Multi-professional Home Learning

2011 sees the 10 year anniversary of the first Certificate in Essential Palliative Care. This multi professional 8 week home based learning course has, under the guidance of Princess Alice Hospice Esher, Surrey, England has run twice yearly since its inception in 2001. With in excess of 1500 candidates completing the course in the UK alone this course has be come a valued part of post registration Palliative Care education . The course is now offered at 4 UK sites and has links with sites internationally for example Malta, India and Eire. The course continues to be centrally coordinated by Princess Alice Hospice. The course evolved out of the need for palliative care education for health care professionals who either worked with patients with palliative care needs in non specialist settings or were new to the field of palliative care amidst the backdrop of the NHS Cancer Plan (2000). It continues to attract a range of professional groups – doctors and nurses from community, hospital and hospice settings. In response to the specific needs of Allied Health Professionals attending the course a modified version has been developed for this professional group. Whilst there is core material and shared learning this course is able to address the specific needs of these staff. This presentation seeks to explore the experiences of running the courses to date and the lessons learnt from this multi professional programme. The presentation will then focus on the future plans for the course and how these mirror developments in cancer and palliative education for example innovative assessment strategies, distance versus face to face teaching and approaches to evaluation. References Department of Health (2000). The NHS Cancer Plan London DH Watson, M and Lucas, C (2006) Learning palliative care. European Journal of Palliative Care 13 (2) pages 72 – 75

Abstract 8

Effectiveness of the International Visiting Scholars Program in Palliative Medicine

Purpose: The International Visiting Scholars (IVS) Program at the Institute for Palliative Medicine at San Diego Hospice (IPMSDH) was a pilot project to determine whether a 4-week course in palliative medicine (PM) would improve knowledge and skills for doctors from countries around the world.

Methods: 21 physicians from 14 countries participated in 1 week of didactic and 3 weeks of bedside training in IPMSDH's inpatient, consultation, and home care settings. The content included sessions addressing: PM knowledge and skills; teaching and presentation skills, and effective feedback; population-based model of palliative care; goal setting; self-care/burnout avoidance.
The Wilcoxon Signed-Rank test was used to evaluate their objective pre- and post-course evaluations of attitudes, concern, and knowledge. Individual knowledge scores by group were analyzed by a 'repeated measures with grouping factor' analysis. Changes in competence were evaluated at 3 time points using the Friedman test.

Results: The IVS participants' level of concern related to PM decreased significantly (p=.001); knowledge improved significantly (p<.001) with a 24.5% change in score on a 34 item evaluation; self-rated competence also improved significantly (p<.001); there was no change in attitudes. One participant said, *"It was a great experience to spend a month… with Collagues from all over the world where we could share our own experience and all learn from the others. The program has very clear educational goals and they are very useful."* Another said, *"I will say, That it was great experience, full of inspiration. That this programs makes you able to see the best part of the end of life and how you can contribute to that."*

Conclusion: This 4-week IVS program in PM had a significant, positive impact on the participants.

Funding: National Cancer Institute Administrative Supplement 5R25 CA 104990

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Abstract 9

Teaching Oncology to Medical Students is a Must: The Egyptian NCI Step on the road

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Key words Oncology Education Undergraduate

Introduction: In Egypt; although cancer is now the second leading cause of death, oncology teaching in medical schools is fragmented and is studied within the core of other topics; such as surgery and pathology for example. This diversity leads to a non-unified approach; and medical students graduate knowing little about the management of cancer patients.

Methods: In collaboration with the Student Scientific Society (SSS) of the Kasr Al-Aini Medical School, Cairo University; we organized a 2 week integrated educational and clinical-oriented course that was repeated twice in July and August 2010. Selection of attendees (4th, 5th, or 6th academic year) was based on previous submission of C.V and a letter of motivation describing their goals and reasons for choosing a summer training course in oncology. A total of 23 students attended the course with a predominance of female students. The topics presented covered basic knowledge regarding cancer and its biology; world epidemiology of the disease with a focus on Egypt’s epidemiological data; principles of cancer management, and an overview of the most common malignancies. The clinical rounds focused on interaction of the students with patients; examining the various symptoms; side effects of treatment and highlighting the special care and health awareness issues surrounding cancer patients. At the end of the 2 week course; the students completed a “post-course evaluation questionnaire” evaluating the course outcome in terms of: how their goals were achieved, evaluation of the course’s instructors, course educational materials, institutional facilities and how they would improve the course.

Results: Out of the 23 students; 20 (≈ 86.86 %) felt that the course materials helped them to achieve their goals, 21 students (≈ 91.3 %) agreed that the course should be offered in the future and 22 students (≈ 95.65 %) would recommend our course to their colleagues and friends.

Conclusion: Although it is still too early to fully evaluate the impact of our course on the students; the students’ responses have been sufficiently encouraging to ensure that we intend to continue offering this course in the future.

Abstract 10

National Cancer Survivorship Initiative (NCSI); a British government initiative

Key words:Survivorship policy 3rd sector role

Survivorship In January 2009 the British government introduced the National Cancer Survivorship Initiative (NCSI) It would be nice to think that this was as a direct concern for people living with and beyond cancer. However, the epidemiological driver was that: • Over 1.6 million people in England have had a diagnosis of cancer • Increasing incidence of cancer and improved survival means cancer prevalence will continue to grow3% per annum • By 2030 over 3 million people living with or beyond cancer And the Policy driver was to ensure the sustainability of NHS, increase its productivity and provide a vision to achieve these aims. There are 7 key areas 1. Assessment, care planning and immediate post treatment approaches to care 2. Managing active and advanced disease 3. Late effects (now Consequences of treatment) 4. Children and young people 5. Self care and self management 6. Work and finance 7. Research The government also identified that most of the 'beyond cancer' role was not for the NHS but for the 'not for profit sector'. As the Director of Research for the major Elder Care charity I was invited to join this working party. This paper identifies the development and stages of the research and its implications for cancer education and support.

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Abstract 11
Palliative care in mental health

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Key words: palliative care, mental health, professionals dying, communication

Introduction: As a result of the ageing population and morbidity and mortality trends there is an increasing need for palliative care, and those with mental health problems are no exception. In recognition of this a national working party was established to explore the incidence and prevalence of cancer amongst mental health clients. In order to develop recommendations for policy and practice, a clear picture of the current situation was needed. Therefore the working group gathered together the results from an series of exploratory studies and reports from care providers to provide an overview of the situation in The Netherlands.

Methods Documentary data analysis was used to analyse the various reports, and from this the working group were able to make recommendations for further research to support the development of policy and practice.

Results The working party report includes evidence that the incidence of cancer is exacerbated by the lifestyle of some of the clients. Thus there needs to be a two pronged strategy. Firstly to care for those who have developed malignancy and secondly to implement preventive strategies. A second striking outcome related to those already in residential care. Transfer to specific terminal care settings such as hospices proved problematic for this group. Although their physical needs could be met, they found the unfamiliar settings difficult which in turn impacted on their mental health problems. , They were much less stressed if when they returned to the setting with which they were familiar. The result of this is that care givers, with little experience, or interest in physical illness have to deal regularly with residents who need terminal care. To date there have been few courses designed for this group although residents, families and management expect that care givers can deliver the specific care needed. The problems are compounded because there appears to be little knowledge amongst the professionals regarding the action and interactions between psychiatric drugs and pain relief such as morphine. Although care givers try to work in consultation with residents/family, to make arrangements about end of life care, the research revealed that the combination of poor social networks and limited knowledge and expertise are such that there the care given does not always meet the needs of the client. Care givers lack experience in the communication and coordination of physical care. The daily reports are not designed do not display such information, and in consequence lost information is an important underlying issue.

Conclusions and Recommendations There needs to more research into drug interactions for this group, there needs to be specific courses developed for the carers, particularly for those working with younger age groups. More knowledge needs to be available regarding the early recognition of the signs and symptoms of cancer as this group still tend to be diagnosed relatively late in the disease. The role of specialist practitioner sin palliative care in mental health also needs to be explored

Abstract 12

Experiences of International Physicians Compared with U.S.-Trained Physicians after a Rotation in Palliative Medicine

Purpose: International medical graduates (IMGs) make up a large portion of physicians entering U.S. residencies, yet IMGs do not have the same exposure to palliative medicine as U.S. students.
The International Visiting Scholars (IVS) Program at the Institute for Palliative Medicine at San Diego Hospice (IPMSDH) was a pilot project to determine whether a rotation in PM would lead to improvements in knowledge and perception of competence would improve to the level of U.S. trained physicians, and that the level of concern would decrease similarly.

Methods: 21 physicians from 14 countries participated in a 4-week program in PM with 1 week didactic and 3 weeks bedside training. The IVS participants' pre- and post-course evaluations were compared to U.S. resident and medical student data gathered pre- and post their rotation in PM. The Wilcoxon Signed-Rank test was used to evaluate concern and knowledge. A 'repeated measures with grouping factor' analysis was performed to evaluate the individual knowledge scores by group. Changes in competence were evaluated using the Friedman test.

Results: With this 4-week education intervention, the level of concern of IVS participants about PM topics, while starting higher (p<.001), dropped significantly (p<.001) to the same level as U.S. residents. The IVS knowledge of PM increased significantly (p<.001), similar to the change seen in U.S. medical students. Perception of competence also improved significantly (p<.001) after the education intervention, similar to both the U.S. medical students and residents.

Conclusion: IMGs can change significantly through a 4-week educational experience in PM to a level similar to U.S. medical trainees

Funding: National Cancer Institute Administrative Supplement to 5R25 CA 104990

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Abstract 13

Effectiveness of a Pilot Skills-based Leadership Development Initiative for palliative Care Physicians

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Purpose: The International Palliative Medicine (PM) Fellowship Program (IPMF) was a pilot education intervention at the Institute for Palliative Medicine at San Diego Hospice (IPMSDH) to develop effective specialists from countries outside North America

Methods: Starting in 2005, IPMSDH developed a unique pilot competency-based IPMF modeled after US PM fellowship training standards for physicians from outside North America. During a 2-3 year program, fellows had 4-7 one-month training visits to San Diego during which they were able to participate in palliative care (PC) ‘like fourth year medical students.’ They experienced acute inpatient, consult, home and long-term care services; most spent time with our pharmacy, bereavement and pediatric services. Each rotation, they completed the same 360^{0} evaluation as our US PM fellows. When home, all focused on providing PC, educating colleagues and building PC capacity.

Results: Seven fellows have graduated; four fellows are close to finishing. All demonstrated the competencies necessary to be certified as PM specialists; the graduates have been recognized as PM consultants by their peers. All fellows have developed PC services in the home organizations. Most are leading ≥ 12 bed inpatient PC units and/or ambulatory outpatient and home care services. All see > 400 new patients each year. Most are regularly educating medical students, residents, practicing physicians and other disciplines. In Jordan, morphine consumption quadrupled in four years. In Mongolia morphine consumption tripled in 3 years. Several fellows have facilitated policy changes. In Georgia, they helped change opioid prescribing policies and are teaching physicians to prescribe newly introduced oral morphine. In Georgia, Mongolia and Slovenia, PC is now paid for by the Ministry of Health.

Conclusion: This pilot IPMF is giving physicians the skills they need to provide specialist PM services and build PC capacity in their countries. We estimate they will directly care for more than 140,000 patients and families and change the lives of many more through their teaching and policy activities

Funding: US Cancer Pain Relief Committee; International Association for Hospice and Palliative Care

Abstract 14

Reviewing the Evidence Of Uptake of HPV Vaccine Internationally and its Implications for Cypriot Health Policy.

Key words: HPV vaccine cervical cancer Cyprus Health

Reviewing the Evidence Of Uptake of HPV Vaccine Internationally and its Implications for Cypriot Health Policy. Pamela Gridley Bsc. DipEd. RMN. RN. Abstract One in ten female cancers diagnosed worldwide are cancers of the cervix. (Cancer Research UK). This is caused by persistent infection with "high-risk" genotypes of human papillomaviruses (HPV).(Cutts et al 2007)   Two vaccines have been developed to help protect against two types of high-risk HPV. Both target cervical cancer HPV strains 16 and 18, Gardasil also targets two types of genital warts HPV strains 6 and 11.   Although warts represent a health care challenge, they are not usually life threatening, http://www.phac-aspc.gc.ca/publicat/cjhs/cjhs4-eng.php. Cervical cancer however does pose a serious threat to health and warrants public attention to help those at risk. According to the Cyprus Ministry of Health, there is no active programme for HPV vaccination although the vaccine is currently available; there is no coverage of the topic in the health education curriculum at schools. There are also no government information leaflets or posters to inform the public. This would suggest that only people with healthcare interests and training and those who have an updated gynaecologist would have access to the information and HPV vaccines. Cypriot gynaecologists questioned in the study, admitted patients are not told routinely of the HPV vaccine or offered cytology test for HPV unless asked.   The findings from the international literature review suggest that a vaccination programme of young women aged 11 to 26 would be an effective preventative measure in reducing the incidence of cervical cancer in Cyprus and also be cost effective in relation to the health care budget on cervical cancer treatment. This paper presents the findings of the research and makes recommendations for future practice in Cyprus

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Abstract 15

Psychosocial factors affecting Life after Stoma Formation

Key words: stoma quality of life professional knowledge

Introduction and method. This paper reports the findings from a survey of 245 colostomates with stomas formed as a result of malignancy. Designed to explore factors that impact on their quality of life, the survey revealed a wealth of information, into the lives of those living with a permanent colostomy. The survey was by postal questionnaire, with mainly closed questions, but some open-ended to allow expansion or qualification of responses**.**

Results This was an older group of respondents, and therefore faced some age specific issues. In addition they were coping not only with the stoma but also perceptions of life after cancer, yet few had been offered any counselling, although almost 30% reported emotional problems and/or some difficulty with intimacy and over 40% of men and 27% of women had experienced physical problems with sexual relations. The perceptions of care and support varied, with 30% reporting that healthcare professionals had insufficient knowledge to provide adequate support after discharge. Over 30% reported complications that necessitated further admissions and in many instances more surgery, with restrictions on activities of daily life present for 40% of the sample. Problems with appliance were frequently cited. Disposal of used appliances was reported to be a problem for 33%, Another issue was the lack of access to professional advice. In this day and age of financial constraints and patient autonomy that those who are well would not be in contact with professionals, but this means that it becomes trial and error when new products are found, and relevant improvements may be missed.

Conclusions Respondents had faced and overcome major surgery with expected and unexpected changes in their life and lifestyle. They reported the positive and negative aspects of their lives, with an amazing willingness to provide and share personal information.

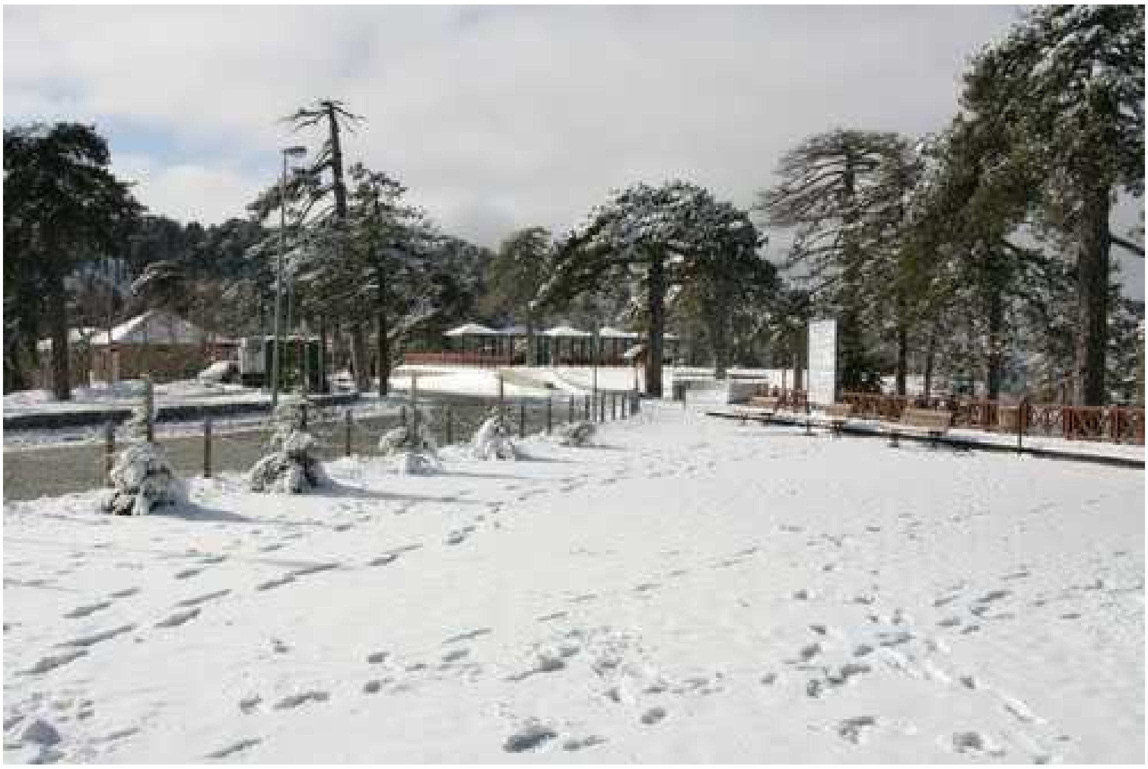
Funding : Clinimed UK

Thursday 10th March

Presentations

&

Workshops



Troodos Mountain

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

Abstract 16

High Fidelity Simulation Scenarios

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Key words: Simulation Inter-professional Communication Education

Simulation and role-play has been used throughout professional education in communication skills. Currently high-fidelity simulation has gained much credence in the collaboration of multi-disciplinary education (Dillon et al 2009; Leonard et al 2010; Reese et al 2010). Harder (2010) comments that this method can be used as a teaching and learning for clinical and inter-professional skills but there may be gaps in its evaluation. As an assessment tool for competencies it has many benefits and is much appreciated by those who are technologically minded. Feedback and debriefing are important in the use of simulation and this extends to the high-fidelity settings. A vision system that allows participants to review and re-visit their own recordings has major advantages in the process of fostering inter-professional team working. It can show the continuing development of the practitioners' skills and thus promote confidence in handling difficult interactions and reactions. It can therefore be suggested that using such high-fidelity simulation may further develop both inter-professional communication and inter-personal skills for all health care practitioners. This in turn will mean better outcomes for patients, clients and their families. To this end there will be a presentation of a clinical scenario, using high-fidelity simulation, with the assistance of volunteers from conference delegates. References: Dillon P M, Noble K A, and Kaplan L, 2009 Simulation as a Means to Foster Collaborative Interdisciplinary Education, Nursing Education Research Vol.10, No.2, pp 87-90 Harder B N, 2010 Use of Simulation in Teaching and Learning in Health Sciences: A Systematic Review, Journal of Nursing Education Vol. 49, No.1, pp 23-28 Leonard B, Shuhaibar E L H, and Chen R, 2010 Nursing Students Perceptions of Intraprofessional Team Education Using High-Fidelity Simulation, Journal of Nursing Education Vol. 49, No. 11, pp 628-631 Reese C E, Jeffries P R and Engum S A, 2010 Learning Together: Using Simulation to Develop Nursing and Medical Student Collaboration, Nursing Education Perspectives Vol. 11, No. 1, pp 33-37

Abstract 17

Will you walk into my parlour said the spider to the fly – Assisting patients to navigate the web

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Darren starmer

Key words: Internet, patient education, information, cancer, knowledge, quality control
.

The Internet provides easy access to a wealth of information and for many patients it can provide knowledge, comfort and empowerment. However, for some, it can fill them with false hope, persuade them to become non-compliant with treatments and become a source of emotional and financial encumbrance.

Information on the Internet can lack authority, quality control and editorial rigour. Published information within a book or journal requires a thorough review process. Conversely, the ubiquitous access to web technology allows the creation of an information web site, where individuals can post information, provide advice and sell so-called 'cures' without restriction or regulation. To complicate this further, the majority of peer-reviewed material requires a charge to access and this hinders patients viewing the material, notwithstanding that the content may be written at a level that is difficult for some patients to understand.

Following a cancer diagnosis, patients often retain little of the information they receive and more than 80% of patients cite information as the major component lacking in their treatment. Many patients visit their primary care physician within 48 hours of their cancer diagnosis, to seek guidance, reassurance and answers to their many questions. The expansion of the Internet has enabled trivial access to a wealth of information but patients often lack the required skills to determine which information is reliable, valid and accurate. For many, the World Wide Web can fast become a sticky trap; like that which the spider uses to trap the fly.

A number of tricks are used to pass off dubious information as being true, such as the use of pictures, audio and testimonials to evoke an emotional connection; linking information to passages from religious texts; drawing parallels with common knowledge; and conspiracy theories. Probably most alarming is the proliferation of web sites that advise patients to stop conventional treatments.

This workshop will highlight the required knowledge and skills to guide patients through the variable sources of information available on the Internet.

[1] Howitt M. The Spider and the Fly. 1829

Abstract 18

Serving the underserved in Cancer Education: Opportunistic roles of the Third Sector in responding to UK Government initiatives prisoners underserved government initiatives.

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As the Director of Research and Development at the largest elder care charity in England I was invited to join two major working groups of the government examining, end of life care and survivorship. Additionally, I was the Chair of the 'Older People in Prison Forum (OPIPF), which was attended by the Ministers of Health and Justice. The OPIPF proved to be a very dynamic group in pressurising Ministers to acknowledge key issues being 'missed' by Ministers as the prison population is 'hidden'. Additionally, prisoners aged over 50, are the fastest growing age group in prison. The increase in numbers has been attributed to longer sentences as well as improvements in policing technology. In August 2008, there were 6,897 men and 304 women aged over 50 in prison in England and Wales – a total of 7,201. This includes 493 people over the age of 70. Many prisoners have long term health conditions and age-related cancer diagnosis which is often missed by prison officers.

There was a need identified to produce an educational/information pack for prison officers so they could be more responsive to prisoners health needs. Prisoners, serving a life sentence, are being released into a very different world and are often unprepared for the 'outside'. Under the auspices of 'nacro', a Third Sector organisation, a small group of people joined together to write the pack, jointly funded by the Ministries of Health and Justice. This presentation will look at the section related to key cancers and some of the workshop activities introduced to 'train' prison officers.

Abstract 19

The Increased Role of NGOs in Patient Education

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Key words: Cancer Patient Education Palliative Care Advances in Telecommunications Webcasts & Teleconferences The Role of Oncology NGOs Tool Box Replication

The need for patient education is increasing with the advent of personalized medicine, methods to predict response to treatment and advances in palliative care. The health care team is overwhelmed by the volume of patients in addition to cutbacks in staffing and services due to the worldwide recession. They have limited time to address important questions posed by patients. This oral paper will describe the impact of technology in disseminating cancer patient education via one-hour multi-disciplinary teleconferences/web casts to patients, their caregivers and healthcare professionals. Technological advances in the communication industry have revolutionized cancer patient education, enabling easy access for many to high tech learning about their treatment options. The rise in popularity of cell phones, online broadcasting, MP3 players and iTunes has accelerated the potential for e-learning and distance learning. They offer new opportunities for NGOs to develop comprehensive cancer patient education programs to bring expert-led informational workshops to patients, filling a gap in the health care system. The author will describe creative ways to integrate proliferating communication systems with traditional one-hour teleconferences. The efficacy of adopting current communication advances in reaching out to larger populations of patients creates new opportunities to educate the oncology community about research findings, clinical trial outcomes and palliative care. This innovative partnership with the communication industry enables patients to access dynamic, interactive, mobile, voice-activated information, anytime and anywhere. The ethical integration of these technologies into NGO programming increases patient/caregiver access to state-of-the-art information. Quantitative and qualitative data elucidating these programs and the meaning they have for patients, their caregivers and healthcare professionals will be discussed. Handouts, literature review, clinical examples, nuts and bolts of program development and a tool box replication model will be provided.

Abstract 20

Managing symptoms in patients with cancer through complementary strategies: A randomized controlled trial of the use of progressive muscle relaxation and guided imagery

Key words: Symptom management Complementary and Alternative Medicine Fatigue Breast cancer Prostate cancer Quality of life

Introduction: This study aimed to determine whether relaxation and guided imagery techniques have an impact on the effective management of anxiety, depression, pain and fatigue in patients with prostate and breast cancer. The study also aimed at addressing the methodological weaknesses of the preceding studies.

Material-Method: Two-hundred patients with breast and prostate cancer were randomly allocated to either the study group (n=100) or the control group (n=100). Only patients in the study group received relaxation and guided imagery sessions based on a protocol. Each participant also received 4 supervised sessions of relaxation followed by guided imagery. Saliva was collected before and after the sessions and analyzed. Other measurements included assessment of Quality-of-Life (EORTC QLQ C30-Breast Module-BR23, Prostate Module-PR25), pain intensity (pain intensity rating scale), fatigue (Cancer Fatigue Scale), depression (Beck Depression Inventory) and anxiety (Self-Rating Anxiety Scale-SAS).

Results and discussion: Even though the study has not yet been completed initial results show that the amylase level was significantly decreased after the relaxation and guided imagery sessions to the study group compared to the control group. Quality-of-Life, anxiety, depression and pain ratings also show a positive response to the interventions.

Conclusion: Salivary α-amylase levels were significantly reduced and reacted more rapidly than cortisol levels to the interventions, suggesting that it is a better relaxation index. The use of Mind-Body techniques appears effective in reducing the levels of anxiety, depression and body discomfort in patients who have breast or prostate cancer. These simple and inexpensive interventions can enhance the psychological and physical wellness in these patients.

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Abstract 21

A systematic review examining the barriers to opioid delivery to palliative care cancer patients in the region covered by three member countries in the Middle East Cancer Consortium (MECC) – Cyprus, Egypt and Jordan

Key words: Opioids Barriers Palliative care Cyprus Egypt Jordan

Aim: A systematic review to identify, critically appraise and synthesize the evidence base regarding the barriers to opioid delivery to palliative care (PC) patients in Cyprus, Egypt and Jordan.

Objectives: To understand the role of barriers e.g. health-care professionals, the patient, carers, society, religion/spirituality, policy and other agents that act on the delivery of opioids to PC patients.

Methods: Ovid Medline, EMBASE, CINAHL, DARE, CDSR, PsychInfo, Social Policy and Practice, Books@Ovid, International Pharmaceutical Abstracts and Google were searched. International experts in the field provided grey and supplementary literature. Papers specifically referring to the barriers to opioid delivery in the adult advanced cancer and PC populations in the English language were considered for inclusion. A systematic review of the literature was conducted. As data was predominantly low-grade and qualitative in nature, it was thematically analyzed.

Results: 5325 references were retrieved from the literature search of which 20 papers met final inclusion criteria for analysis. These were critically appraised, graded and thematically analyzed. Common themes identified for each country were: ‘opioid related’ barriers, cancer pain management, law and policy and palliative care and policy. Country-specific subthemes were identified.

Conclusions: The principal limitation was the paucity of high-quality evidence. The need for further strategized, high quality primary research is desperately needed in these three countries. Despite difficulties in making valid conclusions due to limitations inherent in the data, thematic analysis identified, through robust and rigorous methodology, some country-specific barriers to opioid delivery that have formed the basis of tentative recommendations. Cyprus: licensing of methadone for PC patients, and the need for policies for PC integration within the health system, Egypt: reforming of the Egyptian Narcotics Control Law and support and training opportunities from international specialists, Jordan: the need for primary research as no valid conclusions could be drawn from the data.

Abstract 22

(Mis)communication of risk in oncology Risk Communication

Communication of risk is daily practice in medicine, especially in oncology. Patients and doctors have many tools for risk assessment, but they both need skills for the interpretation and communication of the results. The author wants to present problems encountered in daily practice and how to prevent miscommunication.

Ref Gerd Gigerenzer - Calculated Risks: how to know when numbers deceive you

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Abstract 23

Basic Education in Palliative Care Aimed at Arabic-Speaking Nurses in Egypt

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Key words: Palliative Care Nursing Education Arabic Language Egypt

Palliative care services in most countries in the Middle East region are severely limited. Contributing to the lack of services is a paucity of health care workers with knowledge of the basic principles and specific skills of palliative care delivery. An optimal situation would be for all health care workers to have basic knowledge and skills in palliative care, those treating cancer, AIDS, and geriatric patients to have more advanced skills, and those members of specialist palliative care teams to possess expert skills. Although there are several education resources available for health care workers in different disciplines (e.g., see "Education" at www.ipcrc.net), most of these address more advanced skills, and virtually all are in English. While these materials are quite useful in many venues, there are other locations where English language skills of nurses are limited and palliative care skills more rudimentary so as to render these educational materials of limited utility. As part of an effort to build capacity for a new palliative care unit in the city of Tanta, Egypt, a 16-hour course for Arabic-speaking nurses was created and conducted by Arabic-speaking nurse educators. This course targeted all nurses working in the Tanta Cancer Center and the clinics of the Gharbiah Cancer Society not only those working or aiming to work in the new palliative care unit. The course was designed to convey the basic knowledge and skills in palliative care that would be beneficial to all nurses. It is anticipated that subsequent to this basic training, a subset of nurses will be selected for more advanced training. The basic skills course for nurses may be employed elsewhere in Egypt and in other parts of the Arab world. In addition, such a course can be adapted to meet the needs of nurses who speak languages other than Arabic.

Abstract 24

Effectiveness of a Pilot Competency-based International Palliative Medicine Fellowship Program

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Purpose: The International Palliative Medicine (PM) Fellowship Program (IPMF) was a pilot education intervention at the Institute for Palliative Medicine at San Diego Hospice (IPMSDH) to develop effective specialists from countries outside North America

Methods: Starting in 2005, IPMSDH developed a unique pilot competency-based IPMF modeled after US PM fellowship training standards for physicians from outside North America. During a 2-3 year program, fellows had 4-7 one-month training visits to San Diego during which they were able to participate in palliative care (PC) 'like fourth year medical students.' They experienced acute inpatient, consult, home and long-term care services; most spent time with our pharmacy, bereavement and pediatric services. Each rotation, they completed the same 360^{0} evaluation as our US PM fellows. When home, all focused on providing PC, educating colleagues and building PC capacity.

Results: Seven fellows have graduated; four fellows are close to finishing. All demonstrated the competencies necessary to be certified as PM specialists; the graduates have been recognized as PM consultants by their peers. All fellows have developed PC services in the home organizations. Most are leading ≥ 12 bed inpatient PC units and/or ambulatory outpatient and home care services. All see > 400 new patients each year. Most are regularly educating medical students, residents, practicing physicians and other disciplines. In Jordan, morphine consumption quadrupled in four years. In Mongolia morphine consumption tripled in 3 years. Several fellows have facilitated policy changes. In Georgia, they helped change opioid prescribing policies and are teaching physicians to prescribe newly introduced oral morphine. In Georgia, Mongolia and Slovenia, PC is now paid for by the Ministry of Health.

Conclusion: This pilot IPMF is giving physicians the skills they need to provide specialist PM services and build PC capacity in their countries. We estimate they will directly care for more than 140,000 patients and families and change the lives of many more through their teaching and policy activities

Funding: US Cancer Pain Relief Committee; International Association for Hospice and Palliative Care

Abstract 25

English-language Publication Challenges and Strategies for International Cancer Researchers

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Key words: publication English as a Second Language Scientific English plagiarism international postdoctoral fellows

While publication of scientific research in top-tier journals, typically in English, is a critical component of career advancement for junior cancer researchers, those who are non-native speakers of English (L2s) face added linguistic and cultural challenges. Even L2 researchers who write fluently in academic English may spend dramatically more time and effort in producing manuscripts (as well as emails, reports, letters, lab talks and job talks) than do native speakers of English (L1s) (Cameron et al 2009; Cameron, Chang and Pagel 2009). Moreover, L2s' specialized needs and challenges in publication is poorly understood by English-speaking scientific gatekeepers, such as research mentors and journal editors, putting L2 speakers at further disadvantage for publishing in English (Swales and Feak, 1994, 2000; Kranov 2009). We will outline some of the issues, including understanding of English academic rhetorical style, avoiding unintentional plagiarism, when and how to work with an L1 editor, and how to move from general English fluency to fluency in the scientific register of English. A range of solutions which have been successfully implemented at The University of Texas MD Anderson Cancer Center, with over 70% international/L2 postdoctoral fellows, will be presented for discussion.

Abstract 26

The early effectiveness of the breast cancer screening program in the region of Lower Silesia

Key words: Breast cancer screening program mammography effectiveness

Background: The population-based breast cancer screening program was introduced in Poland on January 1, 2007. It's critical role in reducing mortality has been proved since many years. However, changes in mortality rates take a long time thus some early indicators are widely used to monitor the early effectiveness of the program.

Objectives: The aim of this study was to evaluate the effectiveness of breast cancer screening program in Lower Silesia region during the initial year of its operating.

Material and Methods: This nation-wide screening program targets women aged 50–69, excluding females with positive history of breast cancer. Two-view screen-film mammography performed every two years is used as a standard screening test. A significant reduction in breast cancer mortality requires long-term measurement. Some early performance indicators used in monitoring the effectiveness of a screening program were calculated and compared with those recommended by the European Union.

Results: In 2007, 79,143 women were mammographycally screened in the region of Lower Silesia giving the attendance rate (48%) significantly lower than the acceptable (>70%). Only 0.26% of them were re-examined for technical reasons. The recall for reassessment was 6.85%, short-term recall- 0.91% and invasive examination rate- 0.39%. Pathologically confirmed breast cancer was found in 460 women giving a detection rate 5.8/1000. The ratio of cancer detection rate to expected incidence was 3.54. There were only 17 (3.7%) ductal carcinoma in situ (DCIS) found among all the cancers. A non-operative biopsy rate for malignancy was as low as 29%.

Conclusions: The effectiveness during the early phase of the breast cancer screening program corresponds to the parameters specified by the European guidelines for quality assessment of initial screening examinations (fourth edition). The main disadvantages of the program are: low attendance rate, insufficient rate of minimal-invasive biopsy for malignancy and low incidence of DCI

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Abstract 27

Cancer Prevention Activties in Turkey with an Emphasis on Breast Cancer

Key words: 1. Cancer 2. Prevention 3. Turkey 4. Breast 5. Activities

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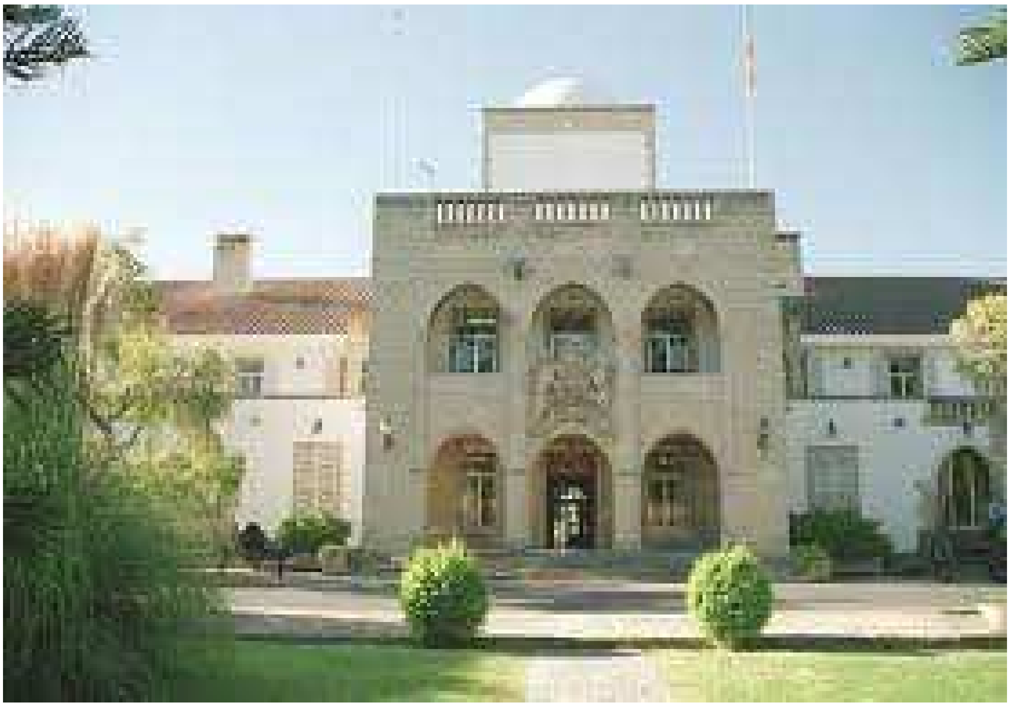
Breast cancer is the most common type of cancer among Turkish women and the rate of increase is steadily rising each year. Distribution of breast cancers varies among different regions of Turkey due to geographic, economic, social, and cultural factors. For example, Western Turkey has more than two times the number of breast cancer cases than Eastern Turkey due to the "westernization" of lifestyle. However, there aren't enough resources allocated towards improving breast health education programs such as KETEMs and not enough emphasis is placed on cancer prevention activities in Turkey. The goal for Turkey should be to draw attention to opportunities and activities directed towards the prevention of cancer, specifically to breast cancer. Dr. Vahit Ozmen, Professor of Surgery at the Istanbul Medical University, stated that KETEMs in cities across Turkey are a good start to implement breast health programs and national breast cancer health education courses are being conducted to educate physicians at KETEMs about screening, diagnosis, and treatment of breast cancer in order to lead to an early diagnosis and effective treatment. Screening programs would be most successful in urban regions like Istanbul among women who undergo periodic examinations, have high education levels, and have a strong family history of breast cancer. It is necessary to establish population-based screening programs and emphasis that education about breast health awareness is essential. The resources allocated toward screening programs should be increased through collaborations with international foundations as well as with the Cancer Control Department of Turkey. Continuing to develop an accurate and reliable cancer registry is important, but Turkey also needs to have more resources, ensure that women are educated and aware of breast health, have more health care providers, and have more time in order for the nationwide breast cancer screening programs to be successful.

Friday 11th March

Presentations



Presidential Palace

If you want to learn how to ride a bicycle, you have to ride a bicycle.

If you want to learn how to bake a cake, kiss a girl, understand thermodynamics, fly a kite, you have to do those things. Explanations from somebody who already knows can help.

But no matter how good the explanation, the best way to learn is when we are actively engaged.

Sotto (1994)
When Teaching Becomes Learning
A Theory and Practice of Teaching, Cassell, Londo

Abstract 28.

Career Development for Cancer Prevention and Control Research in International Settings: Empirical Needs Assessment of Trainees

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Key words: cancer education International research disparities career development cancer prevention and control health policy

The growing global incidence and prevalence of chronic diseases in general, and cancer in particular, makes more urgent the need for skilled researchers in cancer prevention and control. Our interest in promoting research in international settings reflects our understanding that this strategy may provide opportunities for insight into gene-environment interactions and greater potential for reducing disparities through prevention and control interventions. This study's objective was to determine the level of interest in a focused faculty development program, designed to augment postdoctoral trainees' knowledge and skills relevant to careers in cancer prevention and control research, including work in international settings. The study population consisted of postdoctoral trainees who had secured U.S. federal funding for cancer-related career development awards, which provide funding for partial salary, training, and research expenses. Our e-mail survey elicited participants' interest in defined program training skills and program structure. Table 1 summarizes responses from trainee groups representing National Cancer Institute K01, K07, and Department of Defense (DOD) Breast and Prostate Cancer Research Programs. Response rates from these trainee groups ranged from 66% to 69%. Table 1. K01 K07 DOD Response rate 66% 67% 69% Planning a career … In cancer research in international settings 43% 38% 62% Grant writing 80% 83% 95% Presentation skills 53% 62% 79% Manuscript writing 65% 63% 86% Conducting collaborative research 69% 84% 93% Modular courses of specific cancer prevention and control topics 65% 80% 86% Mentoring and being mentored 75% 74% 90% Career planning 78% 81% 95% A substantial proportion of trainees preparing for careers in cancer related research are interested in a career that would include research in international settings. This empirical needs assessment indicates that a majority of these trainees indicate they would be interested in participating in the proposed extramural training program that would augment skills available in their institution

Abstract 29

The recruitment methods of population-based breast cancer screening program in Lower Silesia

Key words: communication, cross-cultural, multi-disciplinary cultural competency

Sophisticated strategies for resolving or preventing complicated health issues often require more than single-disciplinary approaches. Instead, team approaches that benefit from input from multiple perspectives are thought to produce better richer solutions, explaining in part growing interest in team science and methods like community-based participatory research that integrate the values and interests of community members into interventions for their successful acceptance by communities. However, challenges to cross-disciplinary communication exist, including the unavailability of formal training in cross-disciplinary communication methods and skills. For this session, we will review challenges to good communication in general, discuss those specific to spanning cross-disciplinary and cross-cultural differences, describe some exercises designed to reveal barriers to communication, give examples of tools that can stimulate awareness of barriers and facilitate improved communication and team success. Originally developed to improve communication between faculty research mentors and their trainees, these tools and workshop format may have useful features that can be used to bridge and strengthen communication between disciplines and cultures common in health science and cancer prevention

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Abstract 30

End of Life Communication – The Austrian Way

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Open communication in cancer care has gained increasing importance lately and diagnostic disclosure is currently common practice. However, there is still a significant variability in the methodology of discussing prognostic information regarding end of life issues with patients. The differences are not only explained by patients´ individual preferences or physicians communication skills, but also strongly by the socio-cultural background.

In this context, the Austrian balancing act between truthful and realistic discussion and emotional restraint regarding end of life issues will be discussed. Both patients and physicians are facing uncertainties and communication barriers, how to address this difficult issue.

An often observed characteristic of the Austrian communication style is the development of an unspoken taboo between patient and physician regarding end of life issues. Therefore it is seldom discussed open and straightforward, but rather addressed in a vague and subtle manner, with a certain ambiguity or even avoidance.

Often patients prefer to leave disclosure of prognostic details up to the physician. On the other hand, these details are often censored in an attempt to protect patients from emotional harm.

This situation raise questions that are yet to be answered regarding Austrian patients´ preferences on the approach and the extent of end of life communication, as well as the impact on the psychological morbidity. Discovering a balance between realism and hope in the communication continues to be a challenging task in Austria.

Abstract 31

The recruitment methods of population-based breast cancer screening program in Lower Silesia

Key words: Breast cancer mammography screening invitation methods

Background: Breast cancer is the most common female malignancy in Poland, with approximately 15,000 new cases each year. In Lower Silesia, 3 million inhabitants region, there were about 1300 new breast cancer cases and 400 deaths registered in 2008. The prognosis has significantly improved since the 1990s, but the recent 76.3% five-year relative survival rate (2000-2004) still remains lower than the average European rate. The important role of periodic mammographic screening in reducing breast cancer mortality has been well established. The crucial factor to achieve this is a sufficient, cost-effective, carefully planned and well-organized invitation system resulting in a high attendance rate. Objectives: The aim of this study was to assess the effectiveness of invitation methods during the first round of mammographic screening (2007-2008) in Lower Silesia region. Material and Methods: Questionnaire data of 153,807 women aged 50-69 who were screened during 2007-2008 in Lower Silesia region were analyzed. Before mammography they were asked about the invitation method. The answers were prospectively collected in a computer data base. Results: During 2007-2008 in Lower Silesia region, a population of 327,249 women was eligible for breast cancer screening. Of them, 153,807 were examined, giving a coverage rate of 47%. Decision of 54% of the women was mostly influenced by the invitational letter (59% in 2007 vs. 47.6% in 2008), 11.5% by health professionals (9.8% vs. 14%), 11% by mass-media (10% vs. 12%), 2.5% by SMS (2.2% vs. 2.7), and 21% by other ways (19% vs. 23.7%), i.e. leaflet, advertising, telephone hot-line or web-site. Conclusions: The main disadvantage of the breast cancer screening program at its start was poor coverage rate (47%), significantly lower than both the acceptable (> 70%) and desirable (> 75%) level. This clearly indicates that special effort must be made to enhance the effectiveness of the invitation process.

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Abstract 32

E-learning in oncology – developments and disappointments

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E-Learning has much to offer in oncology education but its development has been eclectic and in the UK, suffered from severe setbacks affecting the "E-oncology" national plan. Different professional groups have different needs from e-learning in oncology and it does need to be recognised that some professional aims cannot be provided by e-learning formats.

The difference between provision of online oncology information and more formalised teaching and learning using e-learning tools also has to be made, and the interaction between student and teacher can be very different in the e-learning environment.

Resource costs have been a major impediment to further development of e-learning in oncology, as it is often perceived that e-learning courses require considerably more initial investment in setting up, than conventionally taught courses. This is not always true when total costs are calculated. The present world financial situation may slow down the development of e-learning generally unless its advocates can demonstrate the financial as well as educational benefits of e-learning systems.

This presentation attempts to describe the current e-learning and resource environments for oncology education, concentrating on recent developments in the UK, and show the educational and resource management benefits from using e-learning in this difficult financial era.

In the UK there have been recent disappointments with the withdrawal of national funding for the development of oncology e-learning and the presentation also examines alternatives to a national funding model and how some projects have managed to survive, and how these might be guides for future e-learning development.

Abstract 33

Lymphoedema – A Patients Pathway

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Lymphoedema is a chronic disfiguring, debilitating disease which historically has long been misunderstood, misdiagnosed and under resourced particularly in the United Kingdom.

The British Lymphology Society, Macmillan Lymphoedema Academy and the International Lymphoedema Framework are but three organisations working together to campaign to demonstrate need, improve existing services, promote minimum standards in service provision and education and reduce inequalities.

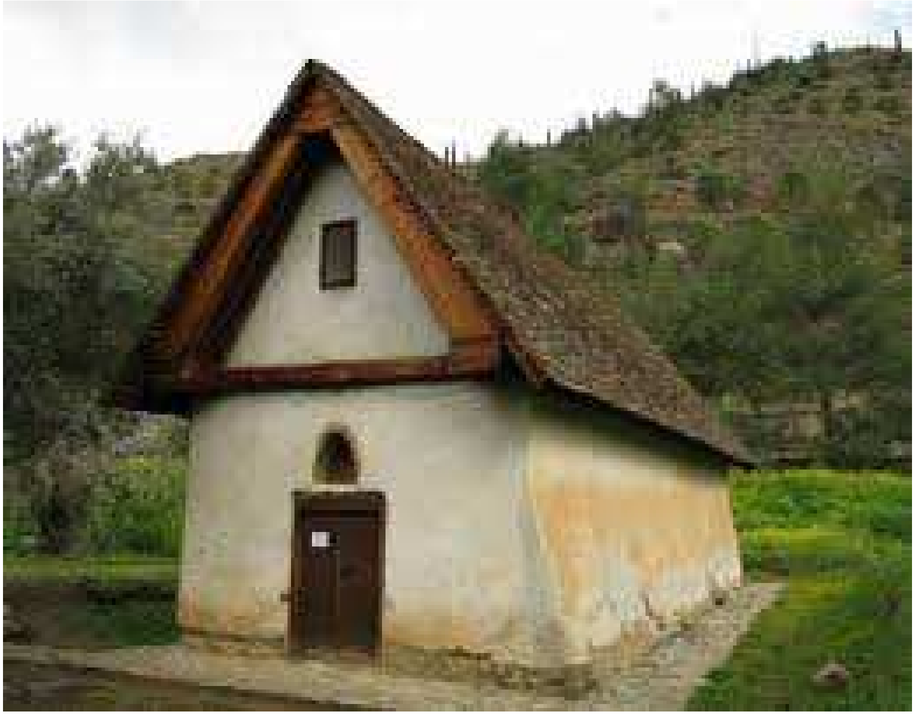
Purpose

This poster represented as an algorithm, outlines the stages of lymphoedema as a disease process. Mapping each stage with the suggested grade of health care professional (HCP) to undertake care, it demonstrates the level of education and training and therefore skill acquisition required by the given HCP to be able to deliver the appropriate care.

The HCP grade is expressed as a role described in terms of title, career level (or rank) and the level of education achieved.

The pathway can be adapted to represent services in a variety of health care sectors including statutory or voluntary organisations or indeed a mixture of the two. It can also be adapted to offer a framework for individual services to achieve an appropriate skill mix from medical practitioners to social care assistants.

Poster Presentations



When the flying was done, the students relaxed on the sand, and in time they listened more closely to Jonathan.

He had some crazy ideas that they couldn’t understand, but then he had some good ones that they could.

Richard Bach
Jonathan Livingston Seagull