Meet the Manager
How to integrate new colleagues

1571 INVITED

How to integrate new colleagues: an experience with the nurses occupied with the occupational support of new employees

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How to integrate new colleagues is a challenge: it's meaning we want to develope the skills necessary to the new graduates to do easier the transition from student to practitioner.
In the hospital "Institute Bordet", in central Brussels, belonging to a multi-institutional system (public network), we are working with two co-operators (mentor nurses) with at least 15 years occupational experience. Each of them is working half time and we started our program from November 1th 2000, according our federal law of June 2000 demanding one full time engagement by hospital in the integration for the new graduates.
Their main occupation exists on the guiding of new employees into the ward itself. They are doing together the normal daily activity at the patients's bedside.
Their principal object is teaching and explaining the specific techniques used in an oncology hospital. They have also an interactive working evaluation to permit the evaluation and the possible reorientation of the new graduate. In a second time we can propose her (or him) to go in another general hospital of the network. Finally, the period of support in the ward is estimated by the mentor nurse and the new graduate.
This recent function in the hospital is an important link between the nursing's direction department, the infection control team and the nursing staff in the wards. The function has not only created a new conception to realise nursing's procedures but also helped the nursing managers in the organisation of nursing into the wards.

1572 INVITED

How to integrate new colleagues: the specificity of radiotherapy technicians (RT's)

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Radiotherapy Technicians (RT's) are the group of professionals with direct responsibility for the administration of radiation therapy to cancer patients. This encompasses the technical delivery of the radiation dose, the clinical care and the psychosocial care of the patient on a daily basis throughout all treatment phases. The RT is a member of the multidisciplinary team comprising essentially the clinician, physicist and RT. They liaise with all the other associated professionals in ensuring the needs of the patient are met.
In France, the education is the same for technicians working in Radiology, Nuclear Medicine and Radiotherapy.
That is not the case everywhere in Europe where education systems are very different in duration (from 2 to 5 years) and in selection (nurses, technicians in radiology or exclusively in radiotherapy). In 2002, the Radiation therapy Technologists Committee of ESTRO revised the European Core Curriculum for Radiation therapy Technology to set standards which are recognisable across all member states and so facilitate and support the aspiration of freedom of movement within Europe. In context of national lack of paramedical professionals, we therefore have to integrate new french colleagues but also foreign colleagues with very different training.
Specific programs for integration of new colleagues have been developed locally and nationally (French Federation of Cancer Centers).
The aspects of the european regulation and training, as well as national and local issues on integration will be developed during our presentation.

1573 INVITED

New Graduates – preparing our future workforce

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The transfer of nursing education into the higher education sector means that new graduates require a highly supportive environment to make the transition from student to registered nurse. It has been previously assumed that specialist healthcare environments, such as cancer centres, are less suitable than generalist hospitals as a first destination for employment after graduation. Peter MacCallum Cancer Centre has offered new graduate placements for several years and is now a highly sought first placement for such graduates. This presentation will provide an overview of the new graduate program at Peter Mac focusing on:

- Marketing a cancer centre as a desirable first employer for new graduates
- Graduate selection
- Graduate support and preceptorship
- Outcomes of the new graduate program

The conclusions of our work with new graduates show that a supportive environment that welcomes new graduates and assists them to attain essential skills provides positive rewards for both the graduate and the organisation. The perception that specialist cancer environments do not offer sufficient skill development scope for new graduates should be abandoned.

Special Lecture

1574 INVITED

Genetics: the growing role of nurses in the provision of care

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Genetic services seek to address the needs of families at risk of or affected by a genetic condition. As well as providing information about the scientific and medical aspects of the condition, the practitioner aims to support the client to integrate the information into their own lay understanding of the condition and to use the information in a way that benefits him or her. Initially, genetic healthcare was provided almost solely by medical practitioners with input from laboratory scientists. However, in some European countries, increasing demand for services during the 1980s prompted practitioners to adopt a multi-professional team approach. Nurses became an integral part of the clinical genetics team and began to undertake autonomous practice within that team (Skirton *et al.* 1997). Nurses often work closely with families over the long-term, and are therefore well-placed to help individuals through periods of adjustment and decision-making connected with the genetic condition.
During the 1990s there was an explosion in demand for services to deal with families at risk of inherited forms of cancer. Responses to a survey of genetics nurses and doctors indicated that there was the potential for genetics nurses to take autonomous responsibility for a caseload in familial cancer (Skirton *et al.* 1997). This has subsequently occurred, with many services utilising the experience and skill of nurses in providing a service to those families who have concerns about the risk of familiar cancer. Nurses working in genetic centres, oncology or surgical teams accept referrals, gather the necessary family medical information, confirm cancer diagnoses in family members, ascertain risks and communicate with the family to discuss options for prophylaxis or screening. Research indicates care by nurses in this setting is very acceptable to clients (Skirton 2001) and that the use of nurses over medical specialists is cost-effective (Wilson *et al.* 2005). However, there are serious concerns about the competence of nurses to undertake genetic healthcare in mainstream settings (Kirk 2000) and genetics education is therefore essential to equip nurses to carry out these roles. A common European route to equip practitioners in cancer genetics nursing, including a code of ethics, and competency framework, is suggested.

Teaching Lecture

1575 INVITED

Sexuality and cancer: still a taboo?

I.D. White. *University of Surrey, European Instutite of Health and Medical Sciences, Guildford, United Kingdom*

There is often debate in clinical practice about the timing of discussions regarding sexual concerns associated with cancer therapy, particularly when patient's priorities appear focused, understandably, on coping with the immediate impact of a serious illness and its treatment. When the priority is survival and coping with the complex and multi-faceted demands of contemporary cancer treatment it is difficult to envisage how sexual concerns can be sensitively and appropriately addressed.
The dominant focus for cancer nursing practice is frequently the management of acute treatment side effects or in providing supportive care at the end of life. Relatively few practitioners, educationalists or researchers in Europe systematically study and record the experiences and needs of patients in the rehabilitation phase of their illness or of those living with cancer as a chronic illness.
Sexual concerns often emerge only once initial therapy is concluded, a time when typically the level of specialist health care contact is reduced as patients and their partners adjust to life post-treatment. Hence the apparent

dilemma is that during periods of high symptom intensity and prevalence, sexual desire and its expression may not be regarded as important by patients and healthcare professionals alike.
So can we be confident that we have the appropriate care pathways, documentation systems and personnel in place to enable us to address late treatment effects such as dyspareunia, erectile dysfunction or loss of sexual interest within the context of busy and often under resourced outpatient, departmental or day care settings?
Inadequate assessment and documentation, communication barriers and excessive reliance on biomedical reductionism remain some of the reasons why cancer services fail to consistently recognize and thus meet the sexual health needs of individuals and couples affected by cancer.
This paper offers a synthesis of published research and opinion papers, selected findings from unpublished studies and research in progress and exemplars from clinical practice to illustrate the individual, organizational and social mechanisms by which the reality of sexuality in cancer care is that it is still an aspect of practice often considered "taboo".

EONS symposium
Raising awareness in cancer in old people

1576 INVITED

Cancer in older people: a challenge for the future

N. Kearney. *Cancer Care Research Centre, Department of Nursing and Midwifery, University of Stirling, Stirling, Scotland*

Worldwide more than 11 million people are diagnosed with cancer every year and in developed countries more than 55% of these individuals are over 65 years. It is anticipated that by the year 2020, 60% of all malignancies will affect this age group. Given the rising number of older adults in society the management of cancer in older people will be an increasingly common aspect of oncology practice. It is well documented that compared to their younger counterparts older people are likely to receive inadequate treatment and care and this situation varies internationally. A number of factors contribute to this situation including the lack of adequate knowledge in relation to management of older people generally including the management of multiple co-morbid conditions. Inadequacies in the care and treatment received by older people with cancer as opposed to their younger counterparts is well documented. These include under diagnosis, ineffective symptom management and lower survival rates. This situation reflects the ageism within society generally but is particularly concerning within cancer care given the demographics of our patients. Despite the significant population of older people with cancer, there is limited research on older peoples' perspectives regarding their cancer diagnosis and treatment further compounding the lack of awareness of the needs of this patient group. This paper will consider emerging information on the needs of older people with cancer and consider the challenges for professionals in providing care for older people with cancer.

1577 INVITED

Can we prepare a future workforce for nurses working with older people?

D. Sturdy. *Department of Health, London, United Kingdom*

Globally many nations are facing the rise in the challenges of an ageing society and the expected demands, which, will be placed on their healthcare systems. Imperative to the ability to deliver care will be the need for skilled, educated and prepared healthcare workers. Without question to meet such an expansion in health needs will be the need for a significant growth in the workforce, new ways of working, changes in skill sets and knowledge by a range of specialists who have as yet failed to recognise their contribution to a diverse range of needs within their older populations. It is expected, that the majority of care giving is and will continue to be delivered by nurses.
This session will explore the need for planning for the delivery a range of practitioners who have the core skills and competencies, which will ensure nurses from a range of non specialist Older People services to have the requisite skills from which they can build excellence within their clinical practice setting.

1578 INVITED

Communication with older persons with cancer: a challenge for oncology nurses and geriatric nurses

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Older people represent a diverse section of society. Stereotypes about aging and older people lead patients and nurses alike to dismiss or minimize problems as an inevitable part of aging. The care for older persons is complex and nurses play an active role in meeting the needs in a variety of settings. In the past decennia nursing older people has developed from ritualized, routinized care to patient-centred care. The role of the nurse is to be *there*, offering personal support and technical expertise, while enabling the patient to follow the path of their own choosing and in their own way (McCormack, 2004). An important function of gerontological nursing is to enable and support people to take more control of their own health in old age (Grijpdonck, 2002). This means that the promotion of dignity, choice and autonomy are important concepts in nursing care for older persons.
Contemporary nursing practice with older people emphasises the importance of the nurse/patient relationship. Communication skills are crucial within this relationship. Effective communication techniques may improve the relationship with the older patients and lead to better outcomes of nursing care.
When talking about frail older people a crucial question is: what are effective ways to interact with older people, particularly with those facing multiple ilnesses, hearing and vision impairments or cognitive problems ?
In this presentation suggestions will be offered for effective communication with frail older people from a patient-centred perspective.

1579 INVITED

The EONS curriculum approach: translation of objectives into competentencies

S. Faithfull. *University of Surrey, European Institute of Health & Medical Science, Guildford, United Kingdom*

The European Oncology Nursing Society was set up in 1984 as "the Fellowship of European Oncology Nursing Societies". One of the Society's most important educational activities is the accreditation of continuing education courses. The ultimate aim of accreditation is to improve the quality of continuing education courses offered to cancer nurses throughout Europe. In 1991 the core curriculum in oncology nursing was developed to provide a framework to enable the development of cancer courses within Europe which would prepare nurses to care for patients with cancer and their families across a range of different settings. This was revised in 1998 and again in 2005. This framework outlined the minimum standards for a post-registration course in cancer nursing. It was not intended for use in the development of courses in cancer nursing at an advanced level, but to provide an initial training for the specialty. A recent review of annual cancer course programmes accredited with EONS highlights that assessment of practice is uncommon and that competencies are not routinely assessed as part of professional courses in many countries. Part of the initial brief for the older people curriculum was to facilitate the development of cancer nursing professional programmes to influence practice.
Future developments in curriculum redesign are being driven through a variety of social and political forces with concern about the quality, transferability and effectiveness of education. The push for greater accountability in health care has led to an emphasis on the baseline standards of acceptable performance for a cancer nurse. Competencies have been developed as a way of setting these standards. Translation of knowledge into practice is crucial to develop cancer nursing skills and how these correspond as learning outcomes. This paper considers how nursing outcomes are defined as practice based skills in cancer care, knowledge transfer achieved, the advantages and disadvantages of using competencies in education curriculum and the assessment of competencies in practice. The critical thinking ability in the use of this knowledge underpins the profession. Translation of objectives into competencies is what clinicians need and what managers want.