

Meet the Manager

How to integrate new colleagues

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INVITED

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

G. De Jonghe. *Institut J. Bordet, Nursing Direction, Brussels, Belgium*

How to integrate new colleagues is a challenge: it's meaning we want to develop 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 1st 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.

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INVITED

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

V. Cheval, A. Missy, M. Blondel. *Centre Oscar Lambret, Lille, France*

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.

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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

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INVITED

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

H. Skirton. *University of Plymouth, Faculty of Health and Social Work, Taunton, Somerset, United Kingdom*

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 familial 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

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INVITED

Sexuality and cancer: still a taboo?

I.D. White. *University of Surrey, European Institute 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