

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This paper offers a synthesis of published research and opinion papers, selected findings from unpublished studies and research in progress and exemplars from clinical practice to illustrate the individual, organizational and social mechanisms by which the reality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

H.P.J.M. Habets^{1,2}. ¹Maaslandziekenhuis, Geriatric Medicine, Sittard, The Netherlands; ²European Nursing Academy for Care of Older Persons (ENACO), ...

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 illnesses, 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 competencies

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.