

Discussion Forum (Mon, 24 Sep, 11:30–12:30)

Wound management – do we do a good job?

8005

INVITED

Wound management – do we do a good job?

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Background: Any clinician who has cared for a patient with a fungating malignant wound will know that this is a challenging aspect of the care we give to patients with advanced cancer. The key areas addressed in this session will include some background on the aetiology of malignant wounds, the physical and psychosocial impact of an uncontrolled fungating tumour. Malignant wounds can be regarded as 'hard to heal' and 'never to heal' wounds. They fall within the remit of cancer palliative care, with an emphasis on local wound management and symptom control, when curative treatments are not effective. This is an under researched area of clinical care and the literature that guides malignant wound care is drawn from disciplines such as oncology, chronic wound care and palliative care. Content of the seminar: The speakers will draw on their clinical and research experience to explore aspects of treatment, symptom management and local wound management related to a case study of a patient with an advanced fungating malignant wound. The session will be structured around the following core principles of good skin care and palliative wound care, in a framework of supportive care to patients and families:

- Treatment of the underlying tumour, including palliative treatment options
 - Symptom management, including odour, pain, irritation and stinging, and bleeding
 - Local wound management, including exudate and peri-wound skin care
- The prevailing theory in main stream wound care, moist wound healing theory, will be critically appraised in terms of its application and relevance to palliative wound care. Components of wound bed preparation, a conceptual framework for the management of chronic wounds, will also be critically appraised.

Assessment, documentation and evaluation of palliative wound care will be addressed. An assessment tool, based on the TELER® system of treatment evaluation, will be introduced. TELER is a system of clinical note-making with indicators that measure the components of palliative wound care: dressing performance, optimal wound management and symptom control. The indicators define patient-centered goals of care in relation to a malignant wound and measure the outcomes numerically.

Conclusions: The seminar will illustrate a number of key factors related to the care of patients with malignant wounds. Without successful treatment of the underlying tumour the mainstays of management comprise symptom control and local wound management. Both are crucial to the physical and psychological care of the patients and families. The case study will illustrate limitations in the design of dressings for malignant wounds, which need to be addressed in collaboration with the manufacturers. Overall the seminar will demonstrate that wound management is an interdisciplinary responsibility.

Joint EONS/Spanish Oncology Nursing Society symposium (Mon, 24 Sep, 13:45–15:45)

Developing the advancing cancer nursing practices

8006

INVITED

Specialist nursing in Europe – issues and concerns

W. De Graaf. ESNO, European federation of Critical Care Nursing associations, Blaricum, The Netherlands

The European Specialist Nurses Organisations (ESNO) is a collective group of specialist nursing organisations within Europe. ESNO aims to facilitate and provide an effective framework for communication, co-operation and co-ordination between both specialist nursing organisations and specialist nurses interest groups within Europe. ESNO consists of 12 European federations with a variety of nurse specialties representing more than 100,000 members from all countries within the greater European Union. ESNO represents the mutual interests and strengthen collaborative working and partnership amongst specialist nursing organizations. A primary goal of ESNO is to strengthen the recognition of specialist nurses and demonstrate their unique contribution in providing quality patient care.

Nursing education varies from one country to another. So how is ESNO going to bring these differences together, harmonize them and prove that a recognised education level for nurse specialists will improve the quality of care; for example the additional value of a nurse specialist regarding patient safety, the specific role of a nurse specialist in the prevention of illness or their position in the care chain for those who need long term care.

The presentation will contain an overview of activities, achieved objectives and ESNO's strategy to achieve a recognised position of the nurse specialist in the EU political landscape. So please feel invited for discussion and take the opportunity to let us know what you think ESNO should do the next years and share your ideas about how we can achieve our aims. The organisations which are a member of ESNO are representing the nurse anesthetist; operating room nurses; critical care nurses; oncology nurses; occupational health nurses; dialysis and transplant nurses; nurses in diabetes; psychiatric nurses; neurosurgical nurses; nurse directors; nurse educators and the Association for Common European Nursing Diagnoses, Interventions and Outcomes.

8007

INVITED

Challenges and current situation in cancer nursing

T. Ferro. Spain

Abstract not received.

8008

INVITED

Educational changes on cancer nursing

A. Zabalegui. Universidad Internacional de Cataluña, Nursing School, Barcelona, Spain

The delivery of cancer care services is changing dramatically. The increasingly complex oncology care is related to population longevity, shortening of hospital stays, scientific advances, new technologies, patient participation in decision making and mobility. Cancer nursing education must keep pace with these changes which require specific professional competencies for addressing healthcare needs of actual or potential cancer patients and their families.

Besides, nursing education in Europe is also changing rapidly in accordance with the framework of the Bologna Declaration signed by the European Union Ministers of Education and within the trend towards globalization. The purpose of this presentation is to provide an overview of cancer nursing education. A brief review of the development of the European Higher Education Area will be presented together with its recent reforms and a view of future developments. Educational issues in oncology nursing will be presented such as licensure and certification. Finally, educational recommendations will be presented.

These changes promote cancer nursing education based on accredited official master and doctoral programs that will enhance cancer nursing academic recognition and professionalism and continuing education in a wide variety of oncology topics.

8009

INVITED

The role of the specialist nurse in the team

P. Lagergren. Karolinska Institutet Karolinska University Hospital, Unit of Esophageal and Gastric Research (ESOGAR) Department of Molecular Medicine and Surgery, Stockholm, Sweden

Background: The care pathway of patients with esophageal and other upper gastrointestinal cancers is particularly important due to the need for multidisciplinary approach, complex diagnostic procedures, extensive treatment, increasing volume of patients at fewer centres, and the poor prognosis.

Methods: To facilitate the continuity of the care pathway for patients with upper gastrointestinal cancers, a specialist nurse was employed at the Department of Surgery at Karolinska University Hospital, Sweden. This nurse coordinated all relevant diagnostic examinations and therapeutic options, multidisciplinary team meetings, programmes for follow-up, and rehabilitation. She was the primary contact person for the patients and gave and organised supportive care in a timely way throughout the entire pathway. In a retrospective study we evaluated the patients' opinion of the support and supportive care given by a specialist nurse throughout the care pathway. A study-specific questionnaire addressed the support before, during, and after the treatment given by the specialist nurse, other professionals in the team, and family. A second study-specific questionnaire assessed the supportive care. Finally, all documented contacts between the specialist nurse and patients with esophageal or gastric cancer were reviewed.

Results: Virtually all 73 responders to the first questionnaire considered the specialist nurse support "most important" or "important" (87–94% of