trained, in caring for patients and families. CS includes the use of open questions, active listening, clarification, encouraging patients to express concerns and emotions, screening for problem areas. Professionals also benefit from it giving them greater confidence and less burnout. Improving and training these competences is thus crucial and have been recommended to be part of routine education for health professionals in cancer settings. Nevertheless there is an enormous lack of formal training. To overcome this gap the Southern European Psycho-Oncology Study (SEPOS) has developed a training model designed to improve health staff communication skills and their ability to recognize psychosocial morbidity ("Improving health staff's communication and assessment skills of psychosocial morbidity and quality of life in cancer patients: a study in Southern European countries", Grassi L et al., 2000, funded by the European Community). Data from this study conducted and pioneer in Italy, Portugal and Spain will be presented. Also excerpts from an audio-visual material in DVD format ("Communication and relationship skills for health professionals with an introduction to the delivering of bad news", Reis J and Travado L, 2006) created to facilitate individual and group training in CS and further data from workshops conducted in Portugal. These data demonstrate that CS can be significantly enhanced through an appropriate training model but also satisfaction with training is quite high. CS training should be implemented as regular training of health professionals in cancer care.

8091   INVITED
Uncertainty, optimism and psychological distress: conceptual and communication issues

D. Razavi. *ULB, Faculté des Sciences Psycho. & Education, Bruxelles, Belgium*

Level of uncertainty, optimism and psychological distress are very diverse among cancer patients. A 27 years old woman reports a high level of optimism despite a poor prognosis. 30 years old highly distressed woman with metastatic breast cancer worriedly schedules a meeting with a psychologist. A 37 years old woman mother of two young children with an early breast cancer is starting a "mind-body therapy" because "uncertainty is stressful and it will thus promote cancer growth and dissemination". There are numerous conceptual frameworks designed to understand optimism and distress roles and functions in the context of uncertainty. It should be recalled that living is underlined by instinctual wishes such as a "wish to stay alive". "Doing everything possible to survive" should be thus considered to understand how patient cope with the disease. Fears – such as fear of dying and suffering – generate different types of motivations. It may be for example to gain meaning. Finding and maintaining hope is another motivation. Moreover search for meanings may be a marker for emotional distress: individuals with transient emotional distress may seek meanings to be relieved from distress. Finally it should be mentioned that individuals with some psychiatric illness (adjustment disorders, anxiety and affective disorders) are also likely to search meanings. The here above complex concepts will be discussed and clarified. Related communication issues will be presented.

8092   INVITED
Clinical practice guidelines for the psychosocial care of adults with cancer

S. Aranda[1], C. Pigott[1], A. Pollard[2], P. Schofield[1]. *[1]Peter MacCallum Cancer Institute, Nursing and Supportive Care Research, Melbourne, Australia; [2]Peter MacCallum Cancer Institute, Clinical Psychology, Melbourne, Australia*

Background: In 2003 the National Health and Medical Research Council published Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer. The evidence reviewed for these guidelines demonstrates that up to 30% of people with cancer experience psychosocial distress, with the proportion increasing in advanced disease. The evidence also suggests that attention to routine practices such as general interaction skills, communication skills and information provision can significantly improve psychosocial outcomes.
Materials: We have conducted several organisational projects aimed at implementing various aspects of these guidelines, including screening for psychosocial needs, training for nurses in psychosocial assessments, team based psychosocial care and development of organisational approaches to communication skills training.
Results: The implementation of best evidence psychosocial care has proven challenging in our organisation and in several other organisations involved in some of the projects. As with other evidence implementation projects significant barriers to practice change have been experienced. These include:
– Overcoming potential resistance to practice change

– Developing cross-disciplinary approaches to provision of psychosocial care
– Implementing routine screening to identify psychosocial needs
– Developing the nursing role in psychosocial assessment and referral
– Implementing an organizational approach to communication skills training
– Involving consumers in systems redesign to improve psychosocial care
Conclusions: We have identified that establishment of an organisational mandate for practice improvement that includes change champions and implementation of strategies to overcome specific barriers to change can enhance success.

Discussion Forum (Thu, 27 Sep, 09.00−11.00)
Respiratory problems: are they well-managed?

8093   INVITED
Respiratory problems: are they well-managed?

P. Fernandez-Ortega. *Institut Catala d'Oncologia, Nursing Research department 6−2, Barcelona, Spain*

Respiratory symptoms in general and dyspnea or breathlessness in particular, are complex and difficult to manage in cancer patients.
Often, is not a lonely symptom but accompanied by other problems and co-morbidities with high prevalence in our patients and significant waste in resources.
Patients, family members and health professionals fears in front of the experience increase difficulty on control, because of the emotional component in responses.
Some of the topics that will be discussed at the session are:
● Assessment tools and systems existing in nursing practice
● Nursing interventions, are they effective?
● Evidence-based interventions today in literature
● Strategies and experiences in supportive care
● nursing learning skills on respiratory
● Complementary therapies
We would like to invite you to this interactive discussion and bring some ideas to share with colleagues in this challenging topic.

Meet the Manager (Thu, 27 Sep, 09.00−11.00)
Nurse migration

8094   INVITED
Nurse migration

P. Fernandez-Ortega. *Institut Catala d'Oncologia, Nursing Research department 6−2, Barcelona, Spain*

This session would discuss on the new situation that Europe is facing on nursing migration. Migration is a symptom of the deteriorating health systems in many countries who have failed to plan for, and retain, sufficient nurses from their own sources. It has some negative effects both in the destination countries as in the poor countries.
Several reasons has been associated to migration: low wages, poor working conditions, no leadership and few incentives on one side, not always has been considerate as a problem when it was done with a clear intention for promoting in the professional context or to experience a different culture. In the past some countries were traditionally "exporters" and was common nurses move from south countries to northern in Europe to have new study opportunities and other languages experiences. All this situation is changing rapidly.
– What would happen as many countries those with high and low resources are reporting shortage of nurses?
– Which problems are associated to nurse migration?
– Which are the country to country policies to manage flows?
– Would this situation affect the inequity of Health?
We are facing a much controversial point on global mobility and shortage of health professionals, speakers will discuss on their own experience in different countries and would try to give some contributions or solutions to "keep their own".