

Special Lecture (Thu, 27 Sep, 11.15–12.15) Innovative methods to support patients' management in health problems

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INVITED

Innovative methods to support patients' management in health problems

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Rapid and wide-ranging changes are taking place in social and health care systems across Europe. One of the most important changes has been caused by the development of health technology. Scientific discoveries have transformed cancer from a usually fatal disease to a curable illness for many people. Primary care providers, specialists, other health care providers, patients, and families still all have an important role in symptom management throughout the course of cancer. Effective support and collaborative relationships with health care providers help patients and families better handle their self-care tasks. However, day-to-day care responsibilities fall most heavily on patients and their families.

There is a growing optimism about the future, but also an increasing appreciation for the human costs of cancer care and questions of how patients can manage their daily health problems in the long run. As patients live longer with cancer, concern is growing about both the health-related quality of life of those diagnosed with cancer and the quality of care they receive. Increasing health care costs and a serious lack of health care personnel in many countries has also raised a question to what extent health care systems can respond to the increasing needs of patients and their families.

Despite advances in early detection and effective treatment, cancer remains one of the most feared diseases. Among the most common symptoms of cancer and treatments for cancer are pain, depression, and fatigue. The challenge is to increase awareness about the importance of recognizing and actively addressing cancer-related symptoms. We need to be able to identify who is at risk for cancer-related pain, depression, and/or fatigue, what treatments work best to address these symptoms when they occur and how best to deliver interventions.

Web-based interventions for self-management care and health promotion may offer promising opportunities. Use of the Internet, for example, has shown promise as a method for different patient groups to support their health management problems on a daily basis. On the other hand, patient marginalisation from the information society is a real problem. Patients and their families can easily be excluded from the information society because of a lack of ability to use computers, low income, poverty, educational status or unemployment. Critical evaluation of barriers and supporting factors for implementation and using these tools in health care environment is still lacking.

The purpose of this presentation is to describe what type of needs patients with cancer have related to the management of health problems, what has already done to satisfy patients' needs, what are the effective methods to support patients' management in their health problems, and what these methods should be in the future.

Poster Session

Advanced nursing roles

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POSTER

Recognizing advanced nursing practice: the role of the research nurse in Italy. The experience at European Institute of Oncology

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Background: the Research Nurse, a new role in Italy, provides a holistic approach to care, and can enhance safety and effectiveness of conducting clinical trials as well-described by literature. At the present time in Italy, there are essentially 3 roles in clinical nursing: staff nurse, department manager and nursing officer. In the past staff nurses worked with patients in clinical trials without specific formal training.

A group of such nurses developed skills and competencies in clinical research, and self-directed study, but this was not formally recognised. This

piece describes the experience of this group, wanting to share knowledge, skills and professional development in order to work towards recognition of this advanced nursing role within clinical trials.

Materials and Methods: in the last year at European Institute of Oncology (EIO), the research nurses started the "Research Nurse Working Group" with the goals:

- role recognition
 - group standardization and formalization
- The group developed a questionnaire to identify different approaches to:
- education and training
 - experience in clinical research
 - responsibilities and job

A literature review looking for the evidence of job description in national and international context, was compared with the "skills and competences model" (Job Family) adopted by EIO.

Results: today research nurse is a recognized role. The Research Nurse Working Group has regular formalized meetings, providing a forum for idea and practice exchange. The nursing officer attends monthly, with the aim to involve members in nursing staff education and evaluate all new and ongoing projects. Based of the questionnaire results and literature review, the group defined the "Research Nurse Job Description" approved by institutional Human Resources Office. This model defines six areas of responsibility: Nursing Research, Clinical research activities, Education, Data collection, Patient Information, Nursing staff development.

Conclusions: research nurses now have a formalized advanced nursing role with specific skills and competences and a defined career pathway. These new developments give a great motivating force to the unflagging group in terms of internal and external support, professional development strategies, role recognition and of new nursing projects. Can this experience direct the future for the role of the 'Research Nurse' in Italy? What will its impact be? As Gandhi said "We must become the change we want to see".

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POSTER

Advanced nursing guideline for fever management in patients with solid tumours participating in phase I research

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Background: Improvement of cancer treatment is achieved by clinical trials (CT). This implies that treatment is given in accordance with medical research protocols and the requirements of Good Clinical Practice. The department of medical oncology at the Erasmus MC Rotterdam introduces nurse practitioners (NP) to manage nursing and medical care to patients with solid tumors that due to lack of standard treatment options are targeted to CT, testing novel treatment modalities. These consist of chemotherapy with or without new-targeted therapies. The NP will participate in education, follow-up and toxicity management of patients who take part in phase I research. One of the most severe toxicities is neutropenic fever (NF). NF can be a life threatening complication. To be able to prevent and/or manage this toxicity a guideline was developed to manage NF in cancer patients participating in clinical trials by the NP.

Methods: A Literature search for a guideline for the NP was negative. Therefore literature was searched for the following information: International definition of NF, incidence, aetiology and predisposing circumstances, prevention and prophylactic treatment, medical history and physical examination taking guidelines for patients with NF, diagnostic tools and medical and nursing treatment guidelines. Using this information, a diagnostic flow chart and guideline to manage fever was developed. This guideline is based on multiple hospital guidelines and evidence based, where possible.

Result: Due to a better understanding of NF the NP can have a role in preventing and managing fever and/or NF in patients participating in CT. In the screening period the NP gives expert advice and educates patients about clinical research, NF and other complications. This is individualized when possible. For instance, patients participating in CT have either received prior anticancer therapy and already know about possible complications or are treated for the first time. Both groups need advice and education adjusted to their prior knowledge and experience. In the follow-up the NP plays a key role in the diagnostics of NF. Where needed the medical oncologist is called in for advice and/or treatment.

Conclusion: The fever management guideline provides a tool defining both the responsibilities of the NP and the medical oncologist.