

MONDAY 13 SEPTEMBER 1997

## Proffered Papers

### The challenge: Moving cancer nursing forward

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#### Developing European standards of nursing care

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**Background:** Although nursing represents 40–60% of health care budgets across Europe its impact on patient outcomes is rarely evaluated. Increasing pressure is being exerted on nursing to develop 'standards of care' against which to measure nursing practice. The nursing profession requires outcome measures to demonstrate the value of care delivered and define the unique contribution nurses make and establish the value of this contribution.

**Purpose:** The WISECARE (Workflow Information Systems for European Nursing Care) Project aims to harmonise cancer-nursing care across Europe.

**Method:** The specific areas of care identified by nurses of the clinical sites were pain, oral care, fatigue and nausea and vomiting. This project allows 5 European clinical sites the opportunity to compare and measure their performance against the best practice of other institutions and most recent literature via state-of-the-art information technology (I.T.) systems.

**Results:** These have illustrated the importance of identifying appropriate clinical assessment criteria and the selection of relevant measurement tools for use in clinical practice. The I.T. is operational and utilised in all clinical sites. Consequently, a network of European cancer nurses has been established. The knowledge transfer and development of nursing practice that ensues should foster inductive experience-based knowledge development driven by clinical practice and patient requirements. The establishment and provision of best nursing practice will facilitate improved patient outcomes across Europe. More results will be available by September.

**Conclusion:** Greater dissemination of information and equitable access to technical and clinical expertise across the continent would mean fewer deaths from cancer (McVie 1996). This comment is equally applicable to nursing care. Utilising clinical information, presenting best practice guidelines and incorporating research findings in nursing practice could improve the baseline knowledge and clinical skills of cancer nurses, consequently enhancing the patient outcomes of cancer-nursing care.

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#### Post-graduate cancer nursing education. From inservice to certification

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About 350 registered nurses have participated in a postgraduate oncology nursing education program.

Basic nursing education in Israel is mainly a four-year academic program. In this program the mandatory minimal requirement for cancer nursing is 30 hours, with optional clinical experience. This short encounter with the topic does not prepare the nurse to deliver quality modern nursing care and emotional support as is expected by cancer patients and their families.

During the last 20 years efforts have been made to promote the knowledge, attitudes and skills of nurses working in Oncology. 80 hours long in-service education provided by The Israel Cancer Association, developed into a postgraduate course in Cancer Nursing recognized by the Nursing Division of the Ministry of Health.

The current educational program consist of 635 hours (345 theory and 290 clinical). The curriculum includes Basic Sciences, prevention and early detection, principles of diagnosis and treatment, symptom management, psychosocial aspects, communication skills, ethics and management skills.

Expert nurses in hospitals, community clinics and hospices and in the patient's homes supervise the clinical component.

The evaluation of the students is through written exercises, preparation of care plans, assessment of clinical skills and written examinations.

In the last year a Certification Examination has been introduced, taken by 65 nurses, providing them with further recognition.

The evaluation of the program shows that graduates fulfill more independent professional roles, are more motivated to continue learning in advanced academic programs and are much better prepared for the challenge of moving cancer nursing forward.

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#### Nursing problems in surgical oncology, can we predict them?

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There are many ways that leads to the use of nursing diagnoses in clinical practice. In the Netherlands we decided not to use diagnosis yet, and started with problem oriented nursing as a step forward to implement the nursing process in practice. In the two hospitals we choose different ways to implement the nursing process on the surgical oncology wards. In one hospital patients' pathways and potential problems were made by a group of nurses, based on their experiences. In the other hospital data of experienced nursing problems were collected during a period of six months. Both hospital use the Functional Health Patterns which makes a comparison possible. It's interesting to see the differences and similarities between the two methods.

Guiding you through the Functional Health Patterns we will present you the results of both methods and we would like to share the highlights with you.

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#### A new treatment for the head and neck cancer patient. Radplat: A nursing challenge

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The majority of head and neck cancer patients who present with stage III or IV tumor usually undergo major operative procedures. The quality of life following surgery is a major concern. The disease, as well as present treatment options often have a negative impact on the patient's quality of life. The majority of this patient group undergoes a permanent change in facial structure and function including, loss of speech and the ability to eat and drink.

New treatments which offer better results for patients are continually being developed to minimize these deficits. One such approach is the Radplat treatment. This therapy was developed in America and is being researched further in our institute. This combination therapy includes weekly intra-arterial infusions of supradose Cisplatin (150 mg/m<sup>2</sup> weekly × 4) and conventional external radiation (seven weeks, 70 Gy).

The purpose of this presentation will be to share the challenges we faced with implementing the Radplat treatment as well as the progress we have made in identifying the problems associated with this new multidisciplinary option for head and neck cancer patients.