Cancer Nursing in Europe
European Oncology Nursing Society in collaboration with
The Estonian Oncology Nursing Society
May 17-19, 2017, Tallinn, Estonia
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Thank you!
Welcome!

May 18, 2017 is a very important day!
It is the 1st European Cancer Nursing Day and EONS are extremely proud to be celebrating this in Estonia.

Over several years as EONS Board member, I have met many Estonian nurses at various EONS events including conferences, Master classes and Advisory meetings. I have always been struck by the strong commitment and compassion these nurses have for their work and how eager they are to improve the outcome of cancer care for both patients and their families. I’ve also seen how the Estonian nurses look out for each other. We have often discussed work force issues and the importance of good working conditions for nurses. Many of these discussions have had a great impact on me. I have learnt a lot about both the similarities and differences regarding roles and situations for cancer nurses between countries. I am therefore extremely happy and proud that EONS and The Estonian Oncology Nurses Society organized this important event, which potentially will have an impact on cancer nursing all over Europe.

I am sure that this Education Day will provide both useful and essential knowledge on cancer nursing including safety, seen from many different perspectives. I am looking forward to having interesting and important discussions both during and after the event. Discussions that will bear fruit and contribute to the recognition of cancer nursing in Europe.

Finally I would like to thank all the people that made this event possible. Kristiina Karp and Heleri Roosmäe, from the Estonian Oncology Nurses Society for their collaboration and friendship. Kristi Rannus, Head Nurse, North Estonia Medical Centre, Tallinn for translations and other valuable support regarding data collection. I wish to sincerely thank The Regional Cancer Centre Stockholm-Gotland, The Swedish Society of Nursing, The Swedish Association of Health Professionals, Pfizer, Codan and Paxxo that have supported this event and my colleagues on the EONS Board and Team, especially project manager Iveta Nohavova.

Thank you all for the hard work and for believing in my idea to bring EONS to Estonia!

Lena Sharp,
Cancer Nurse, PhD
President Elect, European Oncology Nurses Society (EONS)
Twitter: @sharp_lena
Dear Colleagues and Friends,

On behalf of Estonian Oncology Nursing Society (EOÜ), it is our pleasure to welcome you to the XXV Annual Spring Conference taking place on May 18-19 2017 in Tallinn, Estonia.

There are many challenges in the management of cancer patient, including treatment and long-term disease complications and individualization of care. Recent developments have made huge strides towards overcoming these difficulties, with cooperation between healthcare professionals from different disciplines. The Annual conference aims to further promote an integrated approach to delivering the best care in the lifetime of persons with oncological disease through the education of all members of the multidisciplinary team.

Cancer nurse roles have been introduced in many countries. EOÜ want to continue highlighting aspects of young cancer nurses as they also provide nursing care to meet the complex needs of patients and their families using a health-centered approach. Many young cancer nurses working at this advanced level of clinical practice are without the acknowledgement of the very important and responsible role that they play within the healthcare setting.

The rarity of Estonian Oncology Nursing Society XXV Annual Spring Conference is that a leading European cancer nursing platform, European Oncology Nursing Society (EONS), will offer its Cancer Nursing Education Day on May 18, 2017 in Tallinn. This conference will be simultaneously translated from English to Estonian. EONS wants to create a forum for networking and discussions with leading experts in management of cancer patients.

This 2-day meeting promises to be insightful and engaging. On May 19, 2017, we will review 25 years of scientific advances at the forefront of oncology treatment and also explore the practical applications for these developments in clinical setting. We will also discuss the challenges faced by the multidisciplinary team during the daily management of cancer patients.

The role of oncology nurses in each patient's life is priceless, we warmly thank you for your continuing friendship! Estonian Nursing Society board wishes you new stimulating ideas and memorable two education days in frame of our XXV Anniversary event.

On behalf of Estonian Oncology Nursing Society.

Sincerely,

Kristiina Karp
President

Heleri-Mall Roosmäe
Vice President
Day 1 - Wednesday May 17

EONS Clinical Visit to Tartu University Hospital Cancer Centre

In attendance:
Host: Mrs. Heleri M Roosmae
EONS: Prof Daniel Kelly, Dr. Lena Sharp, Prof. Theresa Wiseman, Mr. Patrick Crombez
Estonian ONS: Mrs. Marge Tensmann, Mrs. Ave Vaidla

08:00-10:30  Travel to Tartu
11:00-11:30  Welcome & Coffee/Snacks
             Mrs. Heleri M Roosmae
11:30-12:00  Visit to Department of hematology and bone marrow transplantation
12:00-12:30  Visit to Outpatient chemotherapy clinic & Radiotherapy unit
12:30-13:30  Focus group meeting with the Tartu University Hospital cancer nurses
             Chair: Professor Theresa Wiseman
13:30-14:00  Coffee break
14:00-15:00  Focus group meeting with the Tartu University Hospital management team
             Chair: Professor Theresa Wiseman
15:00-15:30  Visit to Department of surgical oncology
15:30-16:00  Visit to Department of radiotherapy and oncotherapy
16:15        Return to Tallinn
EONS Education Day - Cancer Nursing in Europe
In collaboration with The Estonian Oncology Nursing Society
St. Olav Hotel, Lai 5, Tallinn

Chair: Professor Theresa Wiseman, UK, EONS executive Board Member, Twitter: @gtwiseman

08:00-09:00  Registration & Exhibition opening
09:00-09:15  Welcome
             Prof. Daniel Kelly, EONS President, UK
             Mrs. Kristina Karp, Estonian ONS President, Estonia
09:15-09:45  Patient safety and team communication
             Dr. Lena Sharp, EONS President Elect, Sweden
09:45-10:15  Chemotherapy and extravasation
             Mrs. Cristina Lacerda, EONS Executive Board Member, Portugal
10:15-10:30  Safe handling and administration of hazardous drugs
             Cor Hoogers General Manager, CODAN Germany/Benelux
             Rebecca Kutrieb, Product Manager, CODAN Germany
10.30-10.45  Safe handling and chemotherapy waste management
             Ida Virtala, Paxxo
10:45-11:00  Coffee break
11:00-11:30  Education for supporting nurses
             Dr. Rebecca Verity, EONS Executive Board Member, UK
11:30-12:00  Safety culture in cancer settings
             Prof. Daniel Kelly, EONS President, UK
12:00-13:00  Lunch
13:00-13:30  Palliative care: Learning from the past with an eye on the future
             Dr. Andreas Charalambous, EONS Executive Board Member, Cyprus
13:30-14:00  Compassion fatigue and burnout
             Mr. Erik van Mulékom, EONS Past President, The Netherlands
14:00-14:15  Psychosocial aspects of patients with metastatic breast cancer
             Hanna Stomeus, Pfizer
14:15-14:30  Coffee break
14:30-15:00  Clinical Leadership
             Mr. Paul Trevatt, EONS Executive Board Member, UK
15:00-15:30  Cancer nursing advocacy
             Mr. Patrick Crombez, EONS Executive Board Member, Belgium
15:30-15:45  Discussion & Closing remarks
             Prof. Daniel Kelly, EONS President, UK
             Mrs. Kristina Karp, Estonian ONS President, Estonia

PLEASE NOTE: All sessions will be simultaneously translated to Estonian.
Team work and collaboration is often described as core competences for both nurses and physicians, even if we often have limited formal education in team communication. Different competences are needed and no cancer trajectory is stronger than the weakest link. Poor team communication often has negative consequences on safety, patient satisfaction, quality of care, working conditions and finances.

During this session, the complexity of communication in cancer care and the relationship between professional communication and patient safety will be discussed.

The importance of effective team work, key points and challenges will be addressed from a nursing perspective. Different approaches of shift handover will also be discussed and specific strategies to improve safety in relationship to cancer care.

The following three models for effective communication will be discussed; SBAR, Briefing/debriefing and The Closed Loop technique.

Cancer care is not a solo performance!

Lena Sharp
Cancer Nurse, PhD,
Regional Cancer Center Stockholm-Gotland
and Karolinska Institutet, Sweden,
EONS President Elect
Twitter: @sharp_lena
Recognising the Importance of Cancer Nursing

The theme of the inaugural European Cancer Nursing Day will be Advocacy, based on the EONS strategic CARE plan.

For further information please visit:
www.europeancancernursingday.eu or www.cancernurse.eu

CELEBRATE WITH US; YOU ARE ALL INVITED!!
Chemotherapy extravasation remains an accidental complication of chemotherapy administration with serious consequences for patients. In this presentation, we give you a review of the clinical aspects of chemotherapy extravasation and latest advances in definitions, classification, prevention, management and guidelines. How to do the assessment of the grading extravasation and how to evaluate tissue damage per various chemotherapeutic drugs.

We emphasize the importance of the education of all members of the health team with relevance to nurses’ work on the prevention and prompt pharmacological and non-pharmacological measures.

**Key words:**
Chemotherapy; Extravasation; Vesicant; Tissue damage; Dimethyl sulfoxide; Decarazer; Antidote; Hyaluronidase.

Pharmacies preparing chemotherapy follow set guidelines for the safe handling. We must see the whole chain when managing cytostatic and make the administration equally safe. It is also important to consider the patient in this chain.

To ensure a safe and complete administration, certain aspects should be realized in the products that are used for giving chemotherapies. We will talk about these aspects.

In the 1990ths Cor Hoogers was one of the persons coming up with the first closed systems for administration and preparation of Cytostatic drugs.

The main points to establish these kinds of products were to prevent contact contamination as well as drug interactions, to work needlefree, preclude the formation of aerosols and to work without rest volumes so that the patients would receive the whole medication.

Since more than 10 years Rebecca Kutrieb assists him in the efforts to further improve the working methods with the development and establishment of CODAN products and with being on the side of the people that have to work with those products. No conflicts of interests.

**Cor Hoogers,**
General Manager, CODAN Germany/Benelux

**Rebecca Kutrieb,**
Product Manager, CODAN Germany

Oncology nurses are at risk of getting exposed to Hazardous drugs during treatment and nursing cancer patients. To prevent occupational exposure it is important to have knowledge about where and when there is a risk and what to do to minimize the risk of exposure.

I have many years of experience as a Specialist Nurse within Oncology and 10 years focusing on education and training in safe handling of cytotoxic drugs for nurses in Sweden.

I will share my experience and give some good and easy examples of what to do to work in a safe way. I will also present the Waste sealing unit, Pactosafe. The machine is developed for safe disposal of cytotoxic waste.

**Ida Virtala,**
Cancer Nurse Paxxo
Education for supporting nurses

Over 150 years ago Florence Nightingale identified in her “Notes on Nursing” that nurses must endeavor to seek out better methods and environments for providing care to patients and their families. Nightingale recognized that the customary way of doing things was not always the safest nor most supportive.

Therefore, nurses needed to continue to learn, not just through observation and experience but also by expanding their knowledge through education. These concepts remain particularly important in present day cancer nursing. High quality care requires nurses to have both the knowledge and skills to be able to safely support patients and their families through increasingly complex cancer trajectories.

EONS, since its foundation in 1984, has promoted and developed cancer nursing in countries throughout Europe, with the aim of improving the quality of care delivered to patients. Education is key to meeting this aim.

One of EONS’ most important initiatives has been the development of a core cancer nursing curriculum. Providing guidance for curricula development, through a framework which outlines the fundamental knowledge and skills all cancer nurses should have.

Since its publication in 1991 the curriculum has been continually revised to reflect contemporary cancer care. It is currently being updated for the fourth time.

In this short presentation the key knowledge and skills European cancer nurses need to have now and for the future will be described. An overview of the 2013 and revised core curriculum will be presented. The key educational challenges for cancer nursing will also be discussed.

Rebecca Verity
PhD, MSc, BSc (Hons), RN, RNT, PGCAP,
Lecturer Cancer Nursing, Florence Nightingale Faculty of Nursing and Midwifery, King’s College London, EONS Executive Board – Education
Twitter: @rebeccaverity26

References
Florence Nightingale (1860) Notes on Nursing. What it is, and what it is not. Published by Dover Publications (1969) New York, USA.

Safety culture in cancer settings

Several public inquiries into patient safety failings across the NHS have described the difficulties experienced by employees who attempt to raise concerns about shortcomings in cancer patient care. Our research findings and others report that workplace culture is a significant barrier which suppresses employees voicing their concerns, whilst also explaining why employees concerns when raised are not effectively responded to.

There also needs to be acknowledgement of the complexity of workplace cultures that mitigate against speaking out against the norm. This requires research approaches that acknowledge local culture and organisational complexity.

In this presentation data will be presented from studies about safety and errors in oncology settings. These will be considered in relation to different contexts and cultures.

EONS offers a vehicle for nursing to examine the role it plays in advancing patients safety through practice innovation, education and research-mindedness.

Professor Daniel Kelly
PhD RN FRCN, Royal College of Nursing,
Chair of Nursing Research, EONS President,
School of Healthcare Sciences, Cardiff University
Twitter: @profdkelly

References
Palliative care: Learning from the past with an eye on the future

Palliative care and its place in health care delivery have evolved over the past several decades. Palliative care is the active, multidisciplinary and holistic care of people with advanced progressive illness, involving management of pain (and suffering) and other symptoms and the provision of psychological, social and spiritual support. It can be delivered alongside particular treatments, such as chemotherapy or radiotherapy.

A palliative care philosophy and approach can be of benefit throughout an individual’s journey with illness, and utilized across many settings of care by all members of the health care team. Palliative care aims to help people with advanced illnesses or at the end of their lives have the best possible quality of life. This also includes support for their families (i.e. significant others).

A major influence on the shape of palliative care nursing is the rapid growth in ageing populations, mainly western countries.

Compassion is a normal feeling that arises in witnessing another’s suffering that motivates a subsequent desire to help. Compassion fatigue (CF) has been defined as a combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.

Healthcare providers like nurses, social workers and physicians are at risk for CF, specially working in the field of oncology. Nurses closely identify themselves with patients/client and/or family, and ultimately absorb the trauma or suffering of those they help and become ‘overly empathic’ and therefore are at a higher risk of compassion fatigue.

Work related symptoms of CF are for example avoiding to work with certain patients, lack of joyfulness, reduced empathy toward patients and families. Physical complaints can be headaches, sleep disturbances and cardiac symptoms, but also suffering from mood swings, restlessness, oversensitivity, poor concentration and excessive use of nicotine/alcohol.

Therefore it is important to reflect and to take protective measures to prevent getting CF.

This can mean to eat healthy and exercise, get medical care when sick, sleep enough or take a break.

But also to take time to reflect, decrease stress, get personal therapy or invest in spirituality and relationships with family and friends.

References
Lombardo B, Eyre C (2011) "Compassion Fatigue: A Nurse’s Primer". Online Journal of Issues in Nursing,16-01

In many ways this could dictate who has access to palliative care services; higher expectations from health care service, patients, and family members, will see an increased demand for access to good end of life and palliative care services, as they face the challenge of living longer with life-limiting, chronic illnesses.
Psychosocial aspects of patients with metastatic breast cancer

A project by Swedish breast cancer association (BRO) with support from Pfizer.

Background
While the five-year survival rate reaches nearly 90 percent for patients with early breast cancer, it amounts only to 25 percent for patients with metastatic breast cancer (1).

Women with metastatic breast cancer are not followed up in the same manner as women with early breast cancer and limited facts are available on the course of their disease. There is a need to increase disease awareness among decision makers to ensure adequate resources for patients with metastatic breast cancer.

Methods
A questionnaire was answered by patients living with metastatic breast cancer to gather evidence on what matters to these patients and which aspects and issues should be taken up and resolved with decision makers.

Results
The issues predominantly raised were a) psychosocial support b) research and information about new treatments c) continuity of care.

Conclusions
Based on patients’ needs, “a call to action” will be defined including achievable objectives in order to guide decision makers towards necessary steps that need to be taken to secure the resources necessary for patients with metastatic breast cancer and their families.

Hanna Stomeus,
Pfizer

References
(1)seer.cancer.gov

Clinical leadership

The need for effective leadership in cancer nursing is now more important than ever. Increasing demand, multiple clinical complexities, emotional distress – all of these challenges are placing greater pressures on the European oncology nurses workforce. To help manage this, cancer nursing needs to develop strong leadership skills, competencies and behaviours.

Effective leadership can be a difficult concept to grasp, perhaps because it means so many different things to different people. We can often recognise ‘bad’ leadership when it happens but what defines ‘great’ leadership? Can this be taught or are ‘great’ leaders simply born, not made?

What are the tools and strategies that cancer nurses need to develop their leadership skills? Is leadership something that only senior cancer nurses and very experience practitioners need to be concerned with or is this something that all oncology nurses (irrespective of grade and/or experience) should be developing?

This presentation will attempt to answer some of the questions and in particular focus on three key areas.

These include:
A) Identifying the different leadership models and their differences (with examples)
B) Identifying the different qualities that effective cancer nurse leaders possess
C) List some of the basic things that cancer nurses can do to begin to build their leadership skills

Paul Trevatt
Strategic Clinical Network Lead, UK, EONS Executive Board Member, EONS Chair Communication Twitter: @caspertown42

Reference
Cancer nursing advocacy

Nursing advocacy is often interpreted as advocating for patients but must, in the professional area of cancer nursing, be understood as an active engagement in the establishment of health policy that will have a major impact on cancer nursing and cancer care.

Cancer nursing advocacy should be developed at several levels to influence the institutional, community, national and international policies. Nurses can undertake strategic actions to help to transform systems, improve policies and modify the workforce landscape.

Strong cancer nursing advocacy is essential in the policy arenas, not only to make the systems work better but also to ensure a strong cancer nursing workforce; the issue is to contribute to the development and implementation of new cancer care models and to reflect the medical evolution.

Addressing workforce shortages and imbalances within and between countries, whether due to economics, working conditions, security issues, training, migration or other causes, requires strengthened health professional advocacy.

Professional organizations for nurses in cancer care, as EONS, must not only be aware of current issues at both the European Union and national levels but also advocate effectively for issues that affect cancer nursing workforce. The RECaN-project is one of these major challenges.

Patrick Crombez
Head Nurse, EONS Executive Board Member, EONS Chair Advocacy, Belgium
Twitter: @crombez07

References
Betty Ferrell, Mary S. McCabe, and Laura Levit, JD (2013) The Institute of Medicine Report on High-Quality Cancer Care: Implications for Oncology Nursing ONF Vol. 40, No. 6
European Cancer Nursing Day
18th May 2017

www.european cancernursingday.com