



Tiffany lectureship awarded

A nurse who has concentrated her research career on decreasing treatment-related morbidity in cancer patients by applying self-care theory has been awarded the Robert Tiffany lectureship.

Professor Marilyn Dodd from the Department of Physiological Nursing, School of Nursing, University of California, San Francisco, US, said she was thrilled to receive the award.

She said: "When I heard the news I was thrilled and humbled as I knew Bob Tiffany and was a great admirer of his."

Marilyn is internationally recognised for her work and expertise in oncology nursing care. Her research has centred on helping patients and their families using self-care.

As well as many published articles in peer-reviewed journals, she has presented more than 200 papers to professional conferences and symposia, often as the keynote speaker. She has also contributed to many books, including chapters on self-care theories and practice in two major oncology nursing texts.

As part of the development of self-care she has produced self-care publications which translate the theory into practice. The self-care intervention, called PRO-SELF, provides relevant information, self-care skills, and support to patients.

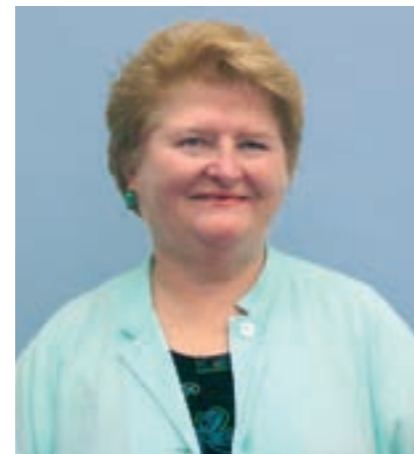
As a clinician, Marilyn witnessed the difficult adjustments that cancer patients and their families experienced, prompting her to write *Managing the Side Effects of Chemotherapy and Radiation Therapy: A Guide for Patients and Their Families*. Now in its fourth edition, the book collects evidence-based information and instruc-

tions given to patients.

Another major aspect of Marilyn's work is directing the Center for Symptom Management at the University of California. The centre brings together faculty members doing research on symptoms in many different areas of study in diverse clinical populations, not just in cancer.

In 2003 Marilyn was awarded the Sharon A. Lamb Endowed Chair in Nursing, an award which is named by the donor after a nurse that he thought was exceptional in her work.

Marilyn first became interested in oncology care during her masters programme at the University of Washington. She took a course taught by Jeanne Benoliel on death and dying which she found very thought-provoking. She explains: "At that time I had been working as a cardiac critical care nurse. I looked at my practice through different lenses and was smitten by the



Professor Marilyn Dodd

immense challenge of working with cancer patients and their families."

During her doctorate a few years later Marilyn looked at how patients are changed by the devastating news that they have cancer, and how they can be helped and empowered by information about side-effects.

Looking back she is amazed by how much the care of cancer patients has changed. She said: "When I look back over 40 years of nursing there have been immense changes. In the early part of my career, cancer care was mainly an inpatient experience. But now over 90 per cent of cancer care is outpatient."

In her lecture Marilyn will taking a 'long view' of her work. She said: "I will be looking at the intervention work with patients and their families and trying to make some conclusions that can only come at the end of 30 years of this work."

"I will be describing things we tried that didn't work, things that have been successful, and how our understanding of the underlying physiological mechanisms and how the body works has improved the results.

"The aggressive therapies that have come in the 1990s have improved outcomes, but patients going through the experience have almost drowned. It has been our role as nurses to keep them afloat while they are going through these difficult treatments."

The Robert Tiffany Lecture will be given at 11am on Friday 29th September in Toronto. Highlights of the lecture will be reported in a following issue of the newsletter.

Leadership institute in South Africa

The second ISNCC International Institute of Leadership in Cancer Nursing was held in Cape Town, South Africa, on April 8-10, 2006. This was an event of historic significance in the life of the ISNCC as it was the first time the society has held an educational activity on the African continent.

The institute was developed to bring cancer nurses together to learn about leadership and develop their skills in influencing change in their practice settings.

Twenty-five nurses from four African countries participated in the leadership programme, an intensive two-and-a-half day course. During their time together, participants worked in plenary sessions and in small groups learning about their own potential to be a leader, whatever role they hold in their work setting.

Margaret Fitch, ISNCC President, began the programme by highlighting the challenges faced by cancer nurses today. The rising incidence of cancer, increasingly effective and complex treatment protocols, and a growing cadre of survivors have placed growing demands on the delivery of cancer care. Additionally, care is more frequently being provided on an ambulatory basis, and patients want community or home-based care.

Cancer nurses play a very important role in all aspects of cancer care. They can be involved in prevention, early diagnosis and screening, treatment and follow-up care. Many advances in the care of individuals with cancer have occurred because of nurses and nursing observations. Cancer nurses make a difference in the lives of patients and families. Being a leader is about making a difference. No matter what role a

nurse may have, staff nurse, manager, or educator, there are leadership opportunities.

During the institute, participants learned how an effective leader is able to work well with teams of colleagues to make changes. Communication and problem-solving are key skills for nurses to have. The participants learned about their leadership strengths that will help them interact effectively in their clinical teams. Individuals took a journey of self discovery by having their leadership style analysed according to the Belbin model of team roles. Many group activities helped participants enact these roles and improve their skills.

In the words of some of the participants: *"I had a very meaningful weekend and my self awareness improved tremendously. I could see myself from other people's perspective."*

"I want to be a leader but I felt I lacked some of the skills. This course showed me my strengths and my qualities that I don't often own."

"I learned that there is a leader in me! I became aware of strengths that I was not aware of before. I have a contribution to make."

The history of cancer nursing shows us that there is a rich heritage of leadership on which to draw. Pioneers in cancer nursing frequently faced challenges to bring about changes in attitudes and patient care and treatment. Two national nursing leaders in South Africa presented excellent illustrations of this history and the challenges they had faced. Hasina Subedar and Nelouise-Marie Geyer of the Democratic Nurses Organisation of South Africa emphasised the nursing leadership history in South

Africa. They shared their experiences in seizing opportunities in their quest to change the way cancer and cancer nursing care is delivered in this region.

Shelley Dolan, Clinical Nurse Consultant at the Royal Marsden Hospital, London, UK, highlighted the significance of leadership in the clinical setting. She shared examples where cancer nurses have made a significant difference in improving patient care. She also used the role of the nurse consultant in the UK to illustrate the way in which nurses are starting to be recognised as major contributors to good patient care and improving disease outcomes.

In closing the institute, Margaret Fitch challenged participants to have a vision that would guide their planning and career decisions. When an individual knows where they want to go, it is much easier to develop a plan for intentional change. Five key steps were shared: increasing self knowledge, possessing a vision and a passion, taking risks, communicating effectively, and constant checking of one's progress against a plan. These can all be useful in becoming a successful leader.

The Institute of Leadership in Cancer Nursing was hosted by the Oncology Nursing Society of South Africa and iThemba Labs. ISNCC also wishes to acknowledge the valuable support for the Institute from Eli Lilly and Company, Bristol-Myers Squibb, Roche Pharmaceuticals, GlaxoSmithKline (GSK), Merck, Pfizer and Sanofi-Aventis, and from ONSiWC in making this event possible. Thanks are also due to Petra Fordelmann, ISNCC board member, for her leadership in making this event happen in Cape Town.



Delegates and facilitators at the ISNCC International Institute of Leadership in Cancer Nursing held in Cape Town, South Africa in April.

Going forward together

As I sit to write this president's message, I am struck by the fact that it is my last one. In September, at the 14th International Conference on Cancer Nursing, I will hand over the presidential responsibilities to Sanchia Aranda of Australia. I can hardly believe it has been four years since I stepped into the position at the 12th International Conference on Cancer Nursing in London. It has been a wonderful opportunity to meet cancer nurses from around the world and learn first hand about the realities of their lives and those of their patients.

I am not sure we have ever faced as many challenges in the world because of cancer as we are facing right now. At the recent meeting of the UICC in Washington DC (USA), the keynote speaker, Dr John Seffrin, told us that we are facing a worldwide epidemic of cancer. In 2005, it is estimated that 7.6 million people died from cancer around the world; however, 84 million will die in the next ten years unless something is done to turn the tide on this disease. And 70% of all cancer deaths will be in the low and middle resource countries where resources available for prevention, diagnosis and treatment and limited or non-existent.

However, Dr Seffrin also indicated that we have the knowledge to turn the tide — we have the information, science and technology to make a difference in the mortality statistics. But what we need to do, above all else, is apply that knowledge. We must have the courage to take action and move what we know into public health policy and programmes. We need cancer control strategies and the wherewithal to enact those strategies.

Both UICC and WHO are working to provide leadership in cancer control planning and programme implementation. Why not take some time to review their websites and see what resources are available to help

with this work at your country level.

As I listened to Dr Seffrin's presentation, I could not help thinking about the many ways in which nurses are involved in cancer control activities — in prevention, screening, early detection, treatment, and care. Nurses can be a strong force for the cancer control movement.

Nurses care for cancer patients in so many settings and in so many circumstances — being with a person as he or she hears there is cancer, being present when the decision is made to stop active treatment, teaching a person how to combat fatigue, identifying a better way to overcome pain. Cancer nurses are the heart and soul of cancer care. When their knowledge and skills are woven together with their compassion and concern, those with cancer and their family members do not have to face the cancer journey alone. They have a cancer nurse caring for them — advocating for them and supporting them.

At the time of writing this column, we are on the 'home stretch' with regard to the 14th International Conference on Cancer Nursing. The excitement is mounting and Canadian cancer nurses are looking forward to welcoming colleagues from around the world to Toronto. The registrations are increasing each day and we already have 30 countries represented.

I am looking forward to greeting old friends and meeting new ones, renewing acquaintances and launching new friendships. I believe the conference will be a time when all can share ideas and engage in lively discussion and important learning together.

It is also a time when we can, as cancer nurses, revitalise our energies so that we can continue to care. It is a time to find the motivation to continue to combat the challenges ahead and stay the course.

*Margaret Fitch,
President ISNCC*

Cervical cancer vaccine approved

The US Food and Drug Administration has approved a vaccine that prevents infection by the two types of the human papillomavirus (HPV) which are responsible for up to 70% of cervical cancer cases worldwide.

The vaccine will limit the need for surgical procedures to remove pre-cancerous lesions. Its use will be particularly crucial in developing countries where a lack of resources and public health programmes means that there is greater mortality from cervical cancer.

EU health portal

The European Commission has launched the Health-EU portal. This gateway to information on 47 health-related topics, including cancer, is in all 20 official EU languages. The cancer section contains information about public health initiatives including the European Code Against Cancer and the Cancer Action Plan. The site currently carries limited statistical data on breast, lung and cervical cancer with plans in the future to include comparative data between EU countries. For more details see <http://health.europa.eu>.

New IARC members

India and Korea have joined the International Agency for Research on Cancer (IARC) as its 17th and 18th participating states.

IARC director Dr Peter Boyle said that both countries are expected to make a significant scientific contribution as there is a need to "identify and apply cost-effective, culturally acceptable and innovative measures to cancer prevention in diverse low-to medium-resource settings".

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Meet the International Society of Nurses in Cancer Care board

Honorary officers

President Margaret Fitch

Head Oncology Nursing and Supportive Care and Director, Psychosocial and Behavioral Research Unit at the Toronto Sunnybrook Regional Cancer Centre, Canada



I like the ability to influence policy and approaches to patient care in my job.

The challenges relate to the increasing workload and complexity in cancer care delivery and the static or decreasing resources to deliver it. Needs for care are increasing and the resources to deliver are decreasing or very strained.

Being a board member allows me to influence directions and policy about cancer nursing and cancer care in other parts of the world.

I am hoping to see ISNCC become an effective international voice for cancer nursing care.

President-elect Sanchia Aranda

Professor/Head, School of Nursing, The University of Melbourne, and Director of Cancer Nursing Research at the



Peter MacCallum Cancer Centre, Australia
I like the ability to work in both the health and education environments. And the opportunity to develop a programme of clinical research

that has immediate capacity to influence patient care and outcomes.

Managing the competing demands is difficult. Working in an academic environment that is increasingly stressed by public funding reductions, competition for programmes and the pressure to develop a staff that are research active.

Being on the ISNCC board gives an opportunity to develop cancer nursing internationally and ultimately through this to benefit patients everywhere through enhanced roles for nurses.

I hope we can achieve increased recognition as a major player in cancer care and to increase our ability to assist nurses in developing countries who face so many more challenges. And also that we can profile the innovative work of nurses in developing countries.

Treasurer Candy Cooley

Palliative Care Manager, Worcestershire Primary Care Trust, UK



The people are great to work with and the role has diversity across all clinical and management activities.

The difficult aspect of this job is ensuring all the stakeholders feel they have been included in any decisions. Being a board member ensures that I get the opportunity to network with the community of cancer nurses.

I hope the ISNCC will develop a high profile as the voice of cancer nurses across the world.

Here are the members of the ISNCC board from September 2006 onwards. Led by three honorary officers the board is divided up into five regions of the globe. As well as representing their regions within the society, the board members work behind the scenes on a range of different committees including education, research, membership and the smoking cessation taskforce.

To find out more about our board members we asked them to answer the following questions.

- What is your current job?
- What do you like about it?
- What is its most difficult aspect?
- Why is it important to you to be a board member of ISNCC?
- What are you hoping the ISNCC will achieve?

Central and South America

Luciane Kalakun

Research nurse, clinical genetics service, Hospital de Clínicas de Porto Alegre, Brazil



For many years my activities were focused on treatment of cancer. Now my role has changed to the prevention of cancer, to research on hereditary cancer, where the focus is not the individual but the whole family unit.

To work with prevention in a developing country is very difficult. There is a shortage of funding for primary health care. The general education level of people is low and that makes the work in prevention even more difficult. In Brazil health is more focused on cure than on prevention. And as a consumer oriented economy, health is heavily exploited by economic interests.

The importance of the ISNCC is to serve as a

source of knowledge and opportunities for nurses in developing countries.

I hope that ISNCC will be the link for all nurses around the world who work with cancer patients and families.

Cibele Pimenta

Professor, School of Nursing, University of Sao Paulo, Brazil
I like my job as it's a continuous opportunity to spread and receive knowledge.



The most difficult part is to do find time to do everything that I am interested in.

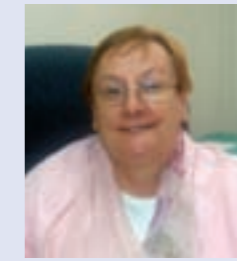
Being a board member of ISNCC gives me the opportunity to learn about different cultures and views of nursing.

I am hoping the ISNCC will increase in membership and continue to represent the oncology nurses all over the world.

Far East and Australasia

Virginia Gumley

Director of Nursing and Nursing Education, Shaukat Khanum Memorial Cancer Hospital & Research Centre, Lahore, Pakistan



What I like about my job is the challenge every day.

It is difficult not being able to recruit staff with cancer nursing experience. A great deal of time has to go into training activities to reach an acceptable standard of practice. And other countries recruit nurses for their own countries, not thinking about the needs of developing countries.

It is important for me to be able to have a voice which speaks on behalf of an organisation representing cancer nurses worldwide. I hope the ISNCC continues to raise its profile in the international arena.

Patsy Yates

Professor of Nursing at Queensland University of Technology and Director for Queensland Health's Centre for Palliative Care Research and Education, Australia



My joint position provides me with opportunities to facilitate links between research, education, policy and practice.

It is difficult working to achieve our vision for quality cancer care at a time where we seem to be time-poor. There is so much more to be done.

Being a board member provides an opportunity to develop and implement strategic approaches for improving nurses' contributions to cancer control.

ISNCC can facilitate communication about cancer nursing issues, promote networks amongst cancer nurses and with those involved in cancer control. It has an important role in defining standards for practice and offering educational opportunities.

WangQi

Head nurse of Surgical Department of Oncology, Tianjin Medical University Cancer Hospital, China



It is good to see many patients recover from surgery and go home with hope. Shortage of time is the most difficult thing. I am always busy in the department and am often asked to write articles or to give presentations at conferences in China.

I want to let more and more oncology nurses in China know about ISNCC. As I represent over 40 thousand Chinese oncology nurses, I can be an advocate, helping develop oncology nursing in China, building bridges of communication.

I hope the ISNCC will promote cancer care through education and communication among countries and at international conferences.

Africa and the Middle East

Petra Fordelmann

Nursing Service Manager and Part Time Lecturer for the Oncology Nursing Course at iThemba LABS, Cape Town, South Africa



I love working with people and raising the awareness of cancer. I enjoy the diversity of my job.

The resource constraints we are faced with in South Africa is the most difficult aspect of it.

Being a board member offers international liaison and the opportunity to remain in touch with international developments. And it raises awareness of developments in Africa, the challenges we are faced with and ideas on how to manage them.

I hope the ISNCC improves interaction amongst the developed and developing world in order to improve cancer care globally

Juliet Dreyer

Head nurse of the Hemato-Oncology ward (currently being established), Davidoff Cancer Center, Rabin Medical Center, Israel



It is a challenge to establish a new ward, dealing with the various hospital functions, writing protocols and learning from other wards' experiences. Selecting new staff has been a learning process while the induction and instruction of new staff is very rewarding.

Creating from scratch is very difficult, as is dealing with bureaucracy.

Being a board member means I can share my experience with colleagues around the world as well as learn more about what is happening globally. I think that an international organisation like the ISNCC should strive to help improve nursing capabilities in oncology by helping share best practice.

Shelley Dolan

Nurse Consultant Cancer: Critical Care and Head of Nursing Research, Royal Marsden Hospital, UK



I love that I spend about 55% of my time directly caring for patients and their families; but that also I have opportunities to affect UK policy.

It's difficult trying to get everything done in the hours available.

I have always believed that ISNCC is an incredibly important organisation to try and influence cancer care for the better across the world.

I hope the ISNCC will help cancer nurses to be able to network, learn and teach each other, combine in multi-centre research and raise the profile of cancer and cancer nursing to governments and NGOs worldwide.

Europe

Dr Carol Tishelman

Professor of Cancer Nursing, Karolinska Institute, Stockholm Sweden



I love doing research in cancer nursing — I determine a lot of what I do myself, and have a stimulating and varied work life.

Many things are difficult — for example, working with organisations, all too often with limited vision, and with limited ideas of what cancer nursing is and can be; meeting prejudices of all kinds.

To make any kind of change we have to work together on many levels, at a local level, but more and more often beyond existing borders.

We need to develop forums that don't only give voice to those who have are strongest — my hope is that ISNCC can be one such forum.

Catherine Glennon

Nurse Specialist, Pain Management Service, Advanced Practice Nursing Department, Duke University Hospital, North Carolina, USA



I like the educational component in my job; teaching patients, families, students and staff.

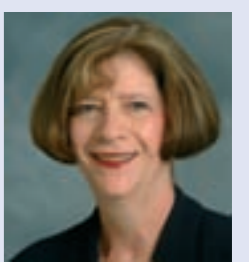
There is limited time to accomplish everything I would like, such as research of optimal nursing interventions for relief of pain and stress and the study of cultural differences and issues in pain management.

Many issues nurses deal with are pertinent throughout the world. There is so much to be gained by listening to colleagues' experiences and concerns, sharing ideas.

I hope the ISNCC will enhance awareness of oncology issues and assist nurses in sharing feedback, ideas and solutions.

Esther Green

Provincial Head, Nursing and Psychosocial Oncology at Cancer Care Ontario, Canada



I like leading cancer nursing; creating strategic alliances between academic and practice settings; creating innovative roles; participating in clinical and health service research; facilitating the development of evidence-based guidelines and standards; developing policy.

The competition for resources with other clinical programmes is difficult.

Being on the board of ISNCC means contributing to international cancer nursing, and learning from other organisations. I hope the ISNCC will achieve international leadership in cancer control; fostering the development of excellence in cancer nursing; and supporting cancer nurses in caring for their populations.

Departing board members

Four of our board members are finishing their terms on the ISNCC board. The society would like to say a big thank you for all their hard work and effort. Their contribution has enabled the society to continue to develop and grow. We asked them the questions on pages 4 and 5, these are their replies.

Ann Hilton
Professor Emerita, recently retired as Professor at the University of British Columbia School of Nursing, Canada.



I enjoyed the contact with students and faculty and liked the challenges related to teaching, administration and research.

It was a 24/7 and 12-month-a-year role. Trying to meet the needs of students planning their future courses, together with not knowing what courses would definitely be offered in future semesters, was at times quite challenging.

Being a board member opened up opportunities for me to work with those from other countries who were interested in a common goal of improving care to people and their families coping with cancer.

I am hoping that ISNCC will continue to reach out to nurses around the world and to assist them in improving cancer care.

Kevin Sowers
Chief Operating Officer, Duke University Hospital, North Carolina, US



I like the ability to provide senior leadership to an organisation that impacts on health and well-being. It's difficult to balance the clinical care, research and academic missions of the organisation.

Being a board member of ISNCC meant that I could be involved in improving the knowledge of nurses delivering oncology care in the world. I hope the ISNCC can support initiatives that will change the lives of cancer nurses and patients around the world.

Sarah Ben Ami
Clinical nurse specialist, oncology and manager of nursing services, in Sheba Medical Center, Tel Hashomer, Israel.



I love the opportunity of meeting and working with a variety of healthcare providers, patients and their families members. And working with oncology nurses, learning from them, and helping them promote and

carry out their professional dreams.

It is difficult to meet patients with recurrence of a disease, newly diagnosed patients looking for help and hope and being with a crying nurse who recently lost a patient.

Being a part of the ISNCC enables me to understand that oncology nurses speaks the same nursing language despite the fact they live in different places. I hope the ISNCC will become the voice of all the oncology nurses around the world in terms of political, social and nursing issues.

Auxilia Munodawafa
Palliative Care Coordinator at a community Hospital, Cleveland, Ohio, US



I like the diversity of my job and the challenge to be creative everyday to implement change.

Change is not always easy to implement. Palliative care appears to be a new concept so I have met with a lot of resistance.

Being an ISNCC board member has been enriching for me through meeting other nurses in the world and participating in committees. With adequate representation of nurses and membership increase all over the world, the ISNCC can be the voice for nurses. In developing countries it can also influence policy through nursing associations.

VIRTUAL CANCER CARE

Investigating fatigue through the internet

To a person with cancer, fatigue can be a chronic and debilitating condition that seriously impedes quality of life.

As such it has received a good deal of attention in cancer research, but still it remains one of the least understood symptoms of cancer. It is appropriate therefore that we take a look at what web resources exist which inform and help us to better understand this complex phenomenon.

Cancer Symptoms.org

<http://www.cancersymptoms.org/fatigue/index.shtml>

This large and simply-constructed US site is maintained by the Oncology Nursing Society and its pages on fatigue are suitable for both the professional and patient alike.

As well as the symptoms and treatment aspects, this site presents a useful list of assessment tools in this area and a whole host of management strategies, web resources and a comprehensive list of references.

Cancer Research UK

<http://www.cancerhelp.org.uk/help/default.asp?page=10272>

For your patients and their families this well established top-quality web site offers some excellent pages in this area, which cover causes of fatigue, treatment, symptoms and management strategies. It is well laid out and non-technical in its language.

National Cancer Institute

<http://www.cancer.gov/cancertopics/pdq/supportivecare/fatigue/HealthProfessional>

This page and the accompanying links on this US site is strictly for the professionals. (There is a patient page, but it is rather brief). The detail and academic rigour is exemplary with a strong evidence base and multiple references to good research in the area. It is kept right up to date, is available in Spanish as well as English, and has all you are likely to need to keep up to date on developments in this area.

Cancer backup

<http://www.cancerbackup.org.uk/ResourceSupport/Symptomssideeffects/Fatigue>

This well-known and respected UK web site has an excellent section on fatigue written in user-friendly language for patient and family consumption, yet informative enough for any health professional.

It covers all the major areas one would expect and includes useful section on coping with fatigue in the workplace and dealing with fatigue if you are a carer — an important area often forgotten.

The information is easily accessed via a menu on the side of the page and there are hyperlinks in the text where necessary to related areas.

Robert Becker, Macmillan Senior Lecturer in Palliative Care, Staffordshire University Faculty of Health and Sciences and Severn Hospice, UK

Message to delegates

Welcome to the 14th International Conference. From the welcome reception through to the closing ceremony, we encourage you to take the opportunity to get to know other delegates. With this in mind, first time attendees and presenters are invited to an orientation session on Wednesday afternoon, 27th September. Throughout the week the reception staff are happy to help.

For presenters there is a dedicated room where you can get help and support from members of the AV team and the programme committees.

Each day of the conference is themed, so using the conference programme you can pick sessions that suit your area of interest. Take up the challenge to participate in as many sessions as you can, but please enter and exit sessions quietly to minimise distraction to the presenter and other delegates.

The conference is also an opportunity to

meet your regional representative on the ISNCC board, and talk to them about the challenges and concerns that cancer nursing faces in your country.

The evening and social events are proving very popular. If you need to pick up tickets or information about transport times, call in the signposted desk. You can meet members of the local organising committee at conference and social events. They will be happy to answer questions about local events or tours.

Specific sessions to meet poster authors have been organised, and there will be a daily poster award. So, each day, pick out the poster that you found most stimulating and informative and use the ballots in your delegate pack to vote using the boxes provided.

There will also be poster awards presented at the closing ceremony for excellence in the areas of practice, research and education.

We want to take time to thank those people who organised all the local activities. Maureen McQuestion, Brenda Caldwell, Corsita Garraway and their colleagues have worked very hard over the past two years to make our stay in Canada a wonderful experience. Conference organisers Mediate and Malachite have kept us on target and been very supportive of both local and scientific committees. We are grateful to the sponsors for supporting the exhibition and the numerous events throughout the conference.

We appreciate all the plenary speakers who will stimulate us with their wealth of knowledge and experience. We thank the many concurrent and poster presenters for being prepared to share their work with us to help advance cancer care across the world. It's great to have you here, we hope you enjoy every minute.

Candy Cooley & Esther Green
Co-Chairs, Scientific Program Committee

EDUCATION COLUMN

Genetic development

Genetic information is being used to understand the biology of disease, characterise malignancies, develop new therapeutic modalities, and identify individuals at increased risk of developing cancer. As genetic technology evolves, and knowledge of cancer genetics expands, health-care providers must respond by informing patients, families, and the public about the implications of these developments for cancer prevention and risk reduction, early detection, and treatment.

Ultimately, the genetic revolution will have an impact on the entire specialty of oncology nursing. Oncology nurses in all settings will be expected to supply patients, families, and the public with information about genetics related to cancer, along with providing resources, education, psychosocial support, and counselling or referrals related to hereditary cancers.

Additionally, a percentage of advanced practice nurses with specialised training will be involved in the clinical application of cancer genetics, including counselling and education regarding cancer predisposition genetic testing.

Oncology nurses with appropriate education and experience are ideal for providing comprehensive care in the area of cancer genetics and for meeting the needs of the increased number of individuals requiring cancer genetic risk counselling. (ONS: Position Statement)

The need for genetic counselling and

testing has been identified by most societies involved in cancer care. Regardless of the developments and techniques available across the globe, as advances in understanding the genetic mechanisms of cancer develop, educational resources will be needed to help health care professionals fulfil their roles.

An ad hoc task force was created from the ASCO membership and other professional organisations. Goals were set for the essential elements to be included in a cancer genetics education curriculum. The following were identified as essential:

- The basic concepts and principles of genetics;
- An understanding of the role of genetics in the etiology, diagnosis, and management of different malignancies;
- An understanding of the ethical, legal, and social issues that surround predisposition testing;
- Long-term management plans for individuals at high risk for cancer.

Implications for professional societies

Professional nursing societies should assume responsibility for offering educational programmes that enhance the knowledge and capabilities of their membership to assimilate new responsibilities. Recognising that genetics is a topic of critical importance, professional nursing

organisations have begun to realise that they hold the key to preparation of nurses in genetics. It was recognised however that there is a need to rely on those nurses with genetics expertise for leadership and development. The organisation recognised as the leader in understanding genetics knowledge and skills that are required by nurses is the International Society of Nurses in Genetics (ISONG) (Jenkins, 2000).

Developments in cancer care are resulting in increased demand for genetic counselling and testing. A number of curriculae are available from accredited sources. However, as mentioned by JF Jenkins (2000), without the leadership of those experts in genetics, there will be no advances in the generation of nurses with genetic knowledge and skills.

Nurses should accept the responsibility for developing these skills in order to advance this highly specialised field in cancer care.

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Hong Kong: the clinical scholars programme

Evidence-based practice (EBP) has been widely recognised as a model for prioritising health care activities, incorporating the best research evidence into daily clinical work, and evaluating nursing practice guidelines in order to provide good quality patient care (Melnyk & Fineout-Overholt, 2005). EBP is described as integrating a health professional's clinical experience and patient value priorities with the clinical evidence from systematic research (Melnyk & Fineout-Overholt, 2005). This approach helps to minimise the uncertainty that patients and nurses experience in a complex health care system. (Dawes et al, 2005)

Widening scope of practice

In Hong Kong however, current nursing practice is still based on individual nurses' clinical experience and health care decisions. Such nursing practice is built on unsystematic observations without a full understanding of the reasons behind practice. This approach limits the quality and effectiveness of nursing care. In order to widen the scope of nursing practice and provide scientific decision making, systematic knowledge of nursing care or treatment outcomes is required in addition to personal clinical experience.

Being aware of the importance of EBP in nursing, the Department of Nursing Studies of The University of Hong Kong met representatives from regional hospitals in the western cluster of Hong Kong to develop the use of EBP by nurses at the bedside. Both parties believed that the quality of nursing care would be enhanced through EBP. Under the guidance and support of Professor Judith Parker, a Clinical Scholars Programme (CSP) was set up.

Using databases

The programme aimed at widening knowledge of EBP among nursing staff (clinical scholars). Nurses in the programme learned how to use databases to search quickly for the best current evidence, to understand the essentials of critical appraisal and to explain to patients the results of clinical trials.

Good responses were received from the various clinical units. The departmental operation manager in each unit selected one or two members of staff to join the CSP as a clinical scholar. The nurses selected were experienced in their specialist area and had completed or were studying for a master degree. The clinical scholars were expected to promote the EBP to their nursing colleagues after the completion of the programme. They were also encouraged to participate in clinical projects to improve

hospital service and the quality of patient care. A total of 16 clinical scholars participated in the CSP.

This training programme took place over four-months. It consisted of an intensive workshop, interactive small group teaching, hands-on coaching and presentations. The two day workshop was conducted by Professor Linda Johnston of the University of Melbourne, an internationally renowned researcher in evidence-based nursing. This workshop provided an overview of various aspects of EBP and assisted participants in question formulation, knowledge of research databases, quick search strategies, rapid critical appraisal of intervention studies and clinical applications.

The interactive small group teaching and hands-on coaching were facilitated by local university teaching staff (ie, the first and second authors) and aimed at developing the clinical scholars' knowledge and skills in information searching as well as equipping them for independent learning activities.

The clinical scholars worked on research questions arising from their practice. They were encouraged to share materials and to discuss their current practices in the light of the literature they examined. Then, they were taught to critically appraise the evidence that they had found in the literature search. This process focused on identifying:

- the validity of the study results,
- the meaningfulness and reliability of the findings and
- the feasibility of applying findings to the participants' own clinical setting or to their patients.

The nurses needed to determine whether there was sufficient evidence to implement findings in their clinical practice taking into account their own clinical expertise and patient preferences. After the training programme the clinical scholars presented their work to a group of stakeholders from their employing agencies.

The presentation day was exciting and stimulating as the nurses spoke on a range of issues of critical importance to their clinical practice including:

- the management of sterilised materials by operation room nurses,
- the effectiveness of music therapy in reducing anxiety in cancer patients receiving chemotherapy,
- the use of liquid soap in reducing exit site infection among peritoneal dialysis patients,
- the effectiveness of different methods of wound care in reducing wound infection and promoting healing,
- improving patient outcomes with post-discharge nurse-led telephone advice.

Recommendations about the need to change current practices were also made. The nurses presentations were well received. The stakeholders commended the excellence of the clinical scholars' work.

It is not surprising that the clinical scholars have now noted widespread variations and delays in the uptake of new and effective interventions in their previous clinical practice. They have requested that the Department of Nursing Studies continue to support the CSP.

Some of the clinical scholars have formed a journal club to foster the norm of EBP among nurses. Some have identified the limitations of their existing practice in the CSP and are going on to study identified aspects further or develop appropriate best practice guidelines according to evidence-based findings. Others have drawn upon their presentations in making recommendations to the appropriate decision-making bodies.

Although the clinical scholars may still face the problem of lack of competence in interpreting findings, developing an awareness of EBP and creating a culture for EBP are major achievements of the CSP. This innovative programme sought to respond to the needs and capabilities of practicing nurses in building a foundation for EBP in direct patient care.

A breakthrough has been achieved in changing the perceptions of clinical nursing staff about the feasibility of integrating research and practice in their clinical setting. Translating research evidence into practice is the next step.

EBP is increasingly important in all health care settings and is likely to affect all nurses in Hong Kong in the future. It is important that nurses have the skills to appraise studies and make a reasonable judgment as to whether or not they should change or modify their practice. Targeted practice changes will have a greater chance of success if they are based on evidence. Evidence-based nursing practice will continue to spread as scientific knowledge and nursing expertise grow.

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