

97% ($p=0.002$) reduction, as compared to A2780 tumor progression in vehicle treated animals, indicating that targeting both the intrinsic and extrinsic apoptosis pathway can be a new strategy for more effective ovarian cancer treatment.

Scientific Symposium (Wed, 23 Sep, 09:00–11:00) Divergence within cancer nursing roles

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INVITED

Revision of professional roles: is this safe and effective?

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Background: Pressures to increase the quality of care and reduce the cost of healthcare services have led to the redefinition of the roles of healthcare professionals. There has been an upsurge in the number and types of healthcare professionals working alongside physicians. Here we are concerned with a subset of revisions in which advanced practice nurses (i.e. nurse practitioners, specialist nurse or nurse clinicians, etc.) take on defined tasks that were previously the exclusive domain of physicians. There are two conceptually different approaches to role revision in this context. The first is to deploy nurses as **supplements** for physicians. Nurses working in this way provide additional services which are intended to complement or extend those provided by physicians. The second approach is to deploy nurses as **substitutes** for physicians. Nurses working in this way provide the same services as physicians.

Objective: To determine the (cost-) effectiveness of advanced practice nurses working as physicians' supplements or substitutes?

Method: We conducted a systematic literature review of literature reviews.

Results: Eighteen systematic reviews of role revision between physicians and advanced practice nurses were included. Six reviews studied the impact of role revision in primary healthcare settings such as general practice/family medicine, ambulatory or outpatient care, and community care; five reviews focused on secondary healthcare settings such as hospitals and accident and emergency departments; two reviews focused on home care; and the remainder included research in both primary healthcare and secondary healthcare settings. The clinical domain in which the nurses worked varied from generalist care, undifferentiated care or care for multiple diseases to specialist care. None of the reviews was focused on patients with cancer. Eight reviews studied the effects of substitution, eight reviews studied the effects on supplementation and two reviews concerned a mixture of both substitution and supplementation.

The findings showed that patients are equally or better satisfied with the care provided by nurses and clinical outcomes for patients may have improved. Metabolic control of parameters (e.g. HbA1c) sometimes improved by nurses provided care, and mortality rates were not different compared to physicians. In terms of care processes, findings suggest that nurses more frequently provide advice and information to patients and can improve access to healthcare services and treatments. The volume of resources used was larger with nurse-led care than physician-led care. In particular, nurses seemed to order more tests and investigations. In primary care, the length of nurses' consultations was significantly longer than that of physicians. The overall effects on the costs of healthcare and cost-effectiveness were inconclusive.

Conclusion: The available evidence suggests that role revision between physicians and advanced practice nurses is a viable strategy; it does not jeopardize patient care and may sometimes improve its quality. However, cost-savings are not always evident and may depend on the specific context of care.

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Evidence of value-added benefit of specialist nursing roles?

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Background: All practitioners in the health care field are being challenged to find ways to demonstrate that the care they provide leads to improvement in outcomes for patients. To accomplish that, practitioners are attempting to identify the relevant outcomes that can be linked in a meaningful way to their own practices.

Purpose: This paper will review the most recent accumulated evidence related to patient and system outcomes that are associated with the role of the clinical nurse specialist (CNS) (advanced practice) role. The objectives include: (1) to identify the essential characteristics or attributes defining

CNS practice; (2) to identify outcomes associated with the CNS role; and (3) to determine the extent to which each outcome has demonstrated sensitivity to the CNS role.

Methodology: A systematic review of the literature was conducted. Evidence for the following nurse-sensitive outcomes was reviewed: clinical, functional status, health care utilization, satisfaction, and system. Each study was reviewed using the following framework: research design, setting for practice, sample, method of accounting for confounding variables that could influence the results, CNS role activities, intervention tested, and research results.

Results: The systematic review of the literature showed that the contribution of the CNS role to patient outcomes is variable and of a small magnitude. CNSs contribute to disease/condition specific outcomes, physical and psychosocial symptom outcomes, early identification and prevention of complications, self-management, and patient satisfaction. At the system level CNSs contribute to reduced health care costs, reduced hospitalizations, and reduced hospital length of stay.

Conclusion: Future research is needed to confirm some of the outcome indicators for which there is mixed evidence of sensitivity to CNS practice.

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INVITED

Developing the potential of community cancer nursing?

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The aim of this presentation is to consider the challenges and opportunities facing nurses who support people with cancer and their families in the community. I propose that 'one size' cannot fit all and innovative approaches to care provision are required to ensure the needs of people and families affected by cancer are met.

In this presentation I will explore the potential contribution of nurses through the cancer trajectory. The focus will be on the exploration of how the needs of people affected by cancer can be met by specialist and generalist community nurses and the interface between primary and secondary care. The following questions form the basis of the presentation:

- What are the challenges and drivers in providing nursing support in the community for those affected by cancer?
- What do we know about the roles currently carried out by nurses in the community?
- What do people affected by cancer want/expect/need services to provide?
- How can nurses develop approaches to care delivery that can meet identified needs across the cancer trajectory from prevention to palliative care?

Countries across Europe face similar challenges in healthcare as the incidence of cancer and an ageing population increases. Furthermore, rising degenerative or chronic diseases, rapid technological developments and the need to change the emphasis from acute care to community care are impacting on service delivery. A primary focus on reducing acute care through emergency admissions and improving health and well-being through preventive care, support for self-care, targeting those at risk, and pro-active approaches in the form of anticipatory care are also emerging as important factors in health care. Nurses are, and need to be, at the forefront of new models for service delivery.

Advances in diagnostic techniques and the treatment of cancer mean more people are surviving cancer. A consequence of improved treatments means some people experience long term physical and psychosocial problems. Given the complex nature of the cancer trajectory and care aims focused around prevention, self care, rehabilitation and survivorship through to palliative care the potential for gaps and unmet needs is considerable. It is unlikely that specialist cancer nurses can deal with this burgeoning workload therefore generalist nurses will be important in service models. This presentation will draw on policy and research and propose a model which is patient centred. The potential of specialist and generalist cancer nursing roles to meet needs throughout the trajectory will be identified. The intention is not to polarise the debate but rather to map out a possible service model to stimulate debate and discussion.

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Workforce planning in developing specialist cancer nursing roles

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Introduction: In the UK the number of Cancer Nurse Specialists has grown dramatically in recent years. However, in the absence of any workforce strategy this increase has been predominately reactive and uncoordinated. Quantitative data on the UK cancer specialist workforce remains weak and without accurate data it is impossible to effectively commission or develop future specialist nursing roles that will meet projected service needs.