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ABSTRACT BOOKLET

CHAMPIONING OUR PATIENTS' FUTURE THROUGH
COLLABORATION AND INNOVATION IN PSYCHO-ONCOLOGY

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BACKGROUND-AIM: Culturally and linguistically diverse (CALD) cancer patients represent a vulnerable population at risk of inequity in health care. Better interactions with CALD patients are a challenging skill for Palliative Care (PC) services. We described mutual training in communication for interpreters and PC professionals assisting CALD patients in a Cancer Research Hospital.

METHODS: We piloted and evaluated a mixed method before/after training program. The training was developed in three steps: “Team-based learning” methodology for theoretical learning, role-playing between professionals and interpreters, and bedside training. Data triangulation from portfolios, qualitative interviews, and researchers’ field notes of medical in vivo consultations was performed.

RESULTS: The training started in May 2021 and it is still in progress. Preliminary data suggest that interpreters better understood the PC’s approach, and they received emotional support from clinicians. PC professionals, instead, expressed the need to improve their cultural competencies with an anthropological intervention, that was performed. Then, we drafted an “open booklet” with the main topics to implement the mutual exchange of knowledge between professionals.

CONCLUSIONS: We described a new model of mutual training in communicating bad news for interpreters and in cultural competence for PC professionals when dealing with CALD patients. The novelty of the training was the continuous mutual knowledge flow between professionals, which enriched all, creating the perception of being a team, in which all participants “coach together”.

ID: 37871 | EXPLORATION OF CANCER PAIN MANAGEMENT IN ONCOLOGY OUTPATIENT SERVICES WITH HEALTHCARE PROFESSIONALS: A QUALITATIVE STUDY

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BACKGROUND-AIM: In the UK the majority of cancer patients are cared for at outpatient services (OS) where no standardised procedures for managing cancer pain exist. Few studies have explored the context of pain management practices for people with cancer in oncology OS. To understand components of cancer pain management practices in oncology OS from the perspective of healthcare professionals (HCPs).

METHODS: Across three secondary oncology referral centres in England: 20 interviews with oncology HCPs with varied experience (i.e. registrar, consultant) and job roles (i.e. oncologist, nurse) at 7 outpatient clinics (i.e. lung, prostate). Thematic analysis was conducted.

RESULTS: HCPs discussed cancer pain management practices during consultation and supporting continuity of care beyond consultation. Key

findings included:(1) confidence and experience of HCPs influenced the extent pain was assessed and managed;(2) adaptations to pain assessments in remote care delivery impacted the development of individualised pain management plans; and, (3) variation in sense of responsibility to manage cancer pain outcomes - HCPs that felt more responsible to manage pain, initiated the development of self-management plans for the patient.

CONCLUSIONS: These data demonstrates HCP cancer pain management practices are unstandardised and inconsistent. Recommendations are made for a standardised cancer pain management intervention: (1) a detailed evaluation of pain during consultation, (2) engagement with support services beyond consultation, (3) flexibility to support both experienced and less experienced clinicians to manage cancer pain. These findings will inform the development of a cancer pain management tool to integrate within routine oncology OS.

ID: 37883 | DEMORALIZATION AFFECTS QUALITY OF LIFE IN TERMINALLY ILL CANCER PATIENTS

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BACKGROUND-AIM: This study aims to investigate the prevalence of demoralization in a sample of terminally ill cancer patients with a short life expectancy, and to evaluate its impact on patients’ quality of life (QoL).

METHODS: Data regarding the presence of demoralization were collected in a sample of end-of-life cancer patients in palliative care treatment, using the Demoralization Scale - Italian Version (DS-IT). In addition, the Edmonton Symptom Assessment System (ESAS), the Patient Health Questionnaire-9 (PHQ-9), and the Functional Assessment of Cancer Therapy Scale - General Measure (FACT-G) were used to collect data regarding clinical and depressive symptoms, and QoL.

RESULTS: Of the 170 end-of-life cancer patients recruited, more than 65% showed severe or moderate demoralization and low QoL (mean FACT-G (SD)= 51.82(12.3)). Demoralization was strongly correlated with the level of QoL, and the regression analysis showed that “Disheartenment” (@ = -0.35, p<.001) and “Sense of failure” (@ = -0.222, p<.001) strongly predicted the QoL, even after controlling for the other variables.

CONCLUSIONS: The present study confirmed the presence of high level of demoralization in terminal cancer patients and showed that this has a significant and negative contribution in affecting QoL. The results highlight the need to prevent or at least reduce the occurrence of existential distress in dying cancer patients. The identification of psychological interventions that can prevent demoralization is therefore crucial for improving the QoL of life of cancer patients and accompanying them to the end of life.

ID: 38118 | RELATIVES’ NEEDS IN TERMS OF BEREAVEMENT CARE THROUGHOUT A EUTHANASIA: A QUALITATIVE STUDY

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