CANCER NURSING: LEADERSHIP

CN42 The Gastrointestinal and Lymphoma Unit lead nurse research role in Royal Marsden Hospital

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Background: Clinical research has expanded in many fields with oncology growing vastly in the last 5 years. Specialised nursing and healthcare support is imperative for the smooth operation of the research aspect of a unit, aiming to deliver better care to patients (pts) participating in clinical trials.

Methods: A qualitative approach was performed as first step. Objectives are to determine needs about diagnosis equipment, treatments, and level of expertise within the services, sanitary equipment and medical access in developing countries. Quantitative analyses will start taking place during summer campaigns by African and European health workers (this is a common figure in these countries). The aim of this project is to determine the disparity in terms of access throughout the globe, but especially in sub-Saharan countries. Quantitative analyses will be performed to determine the awareness among the participants involved in this situation: patient, professionals, societies in terms of education resources. If we think in patients with cancer in some countries, they are basic X-ray services, including CT scan, but no PET or RMI. If we think in oncology services, there is a big gap from developed societies to rural areas. There are evidences about diagnosis, treatments, and level of expertise, but disparities are vast: access in developed countries is enough, while access in sub-Saharan countries is very low.

Results: The LRN introduced the role of Assistant Practitioners (APs) who support the running of the clinic by taking vital signs, performing ECG’s and other trial related procedures, such as entering source data into the Electronic Case Report Forms for the sponsor of each clinical study. This has enabled the Clinical Research Nurses (CRN) to spend more time with pts, assessing them for new or existing adverse events, recording concomitant medications, checking blood results, and completing Holistic Needs Assessments at required points throughout treatment. The LRN expanded the role of the Biological Specimen Coordinator (BSC) enabling them to perform phlebotomy on Research pts and take consent for a Translational Research protocol, making their role more hands on and improving retention in this job group.

Conclusions: The LRN has a crucial role leading, supervising and developing a split site team consisting of ten CRNs: 5 senior CRNs, 5 junior CRNs, a Translational Research Manager, 5 BSCs and 2 APs. We have achieved a holistic approach for the trial pts whose needs might differ from the usual treatment setting due to the experimental nature of these trials. Our well-structured process has helped pts build better rapport with the team, understanding the importance of all members and various aspects in clinical research. Further training is warranted with Research nurses undertaking advanced practice education, with the view for this model to be adopted in other specialties and institutions.

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