

In an Australia–Canada study aiming to improve access to primary health care (PHC) for vulnerable groups through organizational transformation (2013–2018), six evidence-based interventions were adapted and implemented locally. This poster presents qualitative findings from the mixed methods research protocol developed to evaluate the interventions. Composed of semi-structured interviews with providers (service providers, family doctors, nurses) and patient or attendee, these explore experiences, knowledge, and expectations of access to PHC and postintervention changes. Our findings focus on Canadian findings only. Across Canada, provider data show their desire to work collaboratively, yet what collaborative team work means remains nebulous. PHC providers also express feeling alone with patients whose needs go beyond the scope of their knowledge and expertise and “abandoned” by the system, “not knowing what the government expects of them.” Patient data report feelings of vulnerability, difficulty to trust, and fear of stigma and judgment yet strong resilience. Users feel and want to be heard and acknowledged as “people” and with knowledge and experience worthy of consideration. Finally, while two interventions addressed patients without a regular care provider at baseline, feelings of vulnerability were also present in attached patients who expressed vulnerability toward an individual sole provider who may leave unexpectedly. Postintervention data show that the interventions helped in addressing these issues; our poster reports on “how.” The poster completes an exploration of findings with lessons learnt from these three interventions, methodological design and insights, and next steps in improving access to care.

**Using a Phenomenological Description  
Excerpt About the Nurse–Patient  
Relationship at the End of Life As a Means to  
Improve the Relational Competence of  
Nursing Students**

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The nurse–patient relationship is the essence of nursing practice. For many terminally ill people, it becomes of paramount importance as they need more than ever human accompaniment. Although the nurse–patient relationship is often addressed in undergraduate courses, the fact that it is a complex and intangible human phenomenon makes difficult for students to gain enough understanding about it, particularly in the context of end-of-life care. As such, nursing students frequently lack the opportunity to reflect on and gain insight about it, are not ready enough to establish appropriate and adapted relationships with terminally ill patients, and do not realize how significant this relationship is for them. In this context, the phenomenological descriptions may be used as timely adequate

teaching tools. Therefore, after research ethics approval, this qualitative descriptive study explored the usefulness of reading and reflecting on an eidetic theme derived from a phenomenological study that sought to describe and understand what it is like for a patient living with advanced terminal illness to have a relationship with the nurse. Thirty nursing students in Alberta read the theme and wrote reflections on it. The thematic analysis of students’ reflections revealed the text helped them: gain a more insightful and broad-based view of the importance and nuances of the nurse–patient relationship at the end of life; gain perspective on the experiences of patients in relation to the care they receive; gain awareness of their own nursing practice, attitudes, and behaviors; resolve to improve their future nursing practice; and point out how nurses should relate.

**Ambulatory Cancer Care: A Community-Based Participatory Research Evaluation of a Novel British Young People’s Service**

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In the United Kingdom, around 2,400 teenagers and young adults (TYAs) aged 13–25 years are diagnosed with cancer each year. Dedicated hospital units for TYAs with cancer have been in place since 1991 prioritizing “age-appropriate care.” In 2012, the National Health Service (NHS) introduced ambulatory cancer care within the specialty of TYA Cancer, offering intensive, inpatient cancer treatment on an outpatient basis. Over 50 treatments are now eligible for ambulatory care, but the lived experience of the pathway, intended to promote independence and normality for TYAs, is yet to be evaluated. This poster presentation describes a doctoral research proposal in development: an action evaluation of TYA ambulatory cancer care informed by a community-based participatory research approach. Derived from conversations with young people using a card-sorting technique to explore their ambulatory experience, the evaluation has been funded by the National Institute for Health Research. It engages a TYA cancer community with experience of receiving and delivering ambulatory care in every aspect of the research process: young people, family, clinicians, academics, and national charity partners. Through interview and video ethnography, it seeks to describe the experienced reality, iteratively developing transformative knowledge and actions to (a) progress the service’s development and (b) advance our understanding of age-appropriate ambulatory care. This research will also explore the extent to which community-based participatory research, established as a research approach in North America among indigenous or marginalized communities, can engage British young people with cancer, elucidating their care needs and building their capacity as coresearchers.