

Oncology Foot Health Practitioner Education (OFHP)

Hospitals see professional added value in specialisation

More than a year ago Mischa Nagel, Director and Founder of De Medische Voet, put best foot forward. At the well-attended Foot Congress for Podiatrists, Podologists and Pedicurists at the end of September 2013 in the Netherlands, he announced a new Foot Health Practitioner Oncology Education (5 days theory and 5 days practice) – an education that, according to him, was very much needed. There are now some 150 Oncology Foot Health Practitioners who are all incorporated in oncological networks. Hospitals responded very enthusiastically and there is a lot of cooperation to further develop this specialist care.

“We established the oncology foot health practitioner specialism partly because of research we conducted among 8,000 foot health practitioners in the Netherlands”, explained Mischa Nagel. “Of these, 80% indicated that in their practice they often encounter people who are undergoing treatment for cancer, but that as practitioners they have insufficient knowledge of cancer, its treatment and side-effects. This means that they are unable to guarantee safe foot care.”

“De Medische Voet developed the ‘Foot Health and Oncology’ training course (evening course 3 hrs) in 2012. No other foot health training the Netherlands focused on cancer at that time”, said Mischa.

“Interest in the course was unexpectedly high. Participants were extremely enthusiastic about the information on offer. More than 2,500 people have followed the evening course in the Netherlands. The response showed that there was a need for a complete training about cancer in addition to the already known training for rheumatic and diabetic conditions.”

Curriculum

“I collaborated with dermatologist Johan Toonstra in developing the curriculum for the education course. The curriculum has been tested extensively according to needs in practice and other knowledge authorities, such oncology nurses and oncology psychologists. We also presented the curriculum to oncology department staff in two university hospitals.”

Once the curriculum was ready, Mischa invited various Dutch sector associations to consult on this.

“Their response was disappointing. The most common criticism was that they had wanted to be involved at an earlier stage in the development and that oncology patients should remain the domain of medical pedicurists.” Mischa didn’t think that was right: “There are not enough medical pedicurists to be able to meet client demand in the Netherlands, also not in combination with other foot health practitioners. What’s more, experience also plays an important role, certainly where oncology patients are concerned. However, the most important reason is that pedicurists indicate that they have little or no knowledge of cancer or the consequences of treatment. Additional knowledge is needed to be able to offer safe care and an internship is needed to understand the issues concerning cancer. We are the first specialised foot health education that focuses on this.”

Cancer

Mischa continued: “Specialising in oncology is not that special in itself: there are also oncology dieticians, oncology physiotherapists and psychologists, etc. However, what’s missing from this list are foot health practitioners specialising in oncology, and these are very much needed.”

Cancer patients regularly turn to foot health practitioners during the breaks between their treatments. “These practitioners do their work while lacking knowledge and have no idea of the possible consequences of their foot treatment on cancer patients. The oncological foot care education doesn’t only benefit knowledge; it also contributes to greatly improved communication between various healthcare professionals. We communicated this to the highest authority, even in a personal discussion with Minister Schippers, the Dutch Minister of Health.”

Every year in the Netherlands there are at least 100.000 new cancer patients, 65% of these survive the diagnosis after 5 years. “Those surviving form an additional target group for foot health

practitioners because, statistically, they visit their GPs more often with regular complaints - which of course includes foot complaints. Regular foot screening of this group is also required."

Motivation

"There was a tremendous amount of enthusiasm for the pilot phase of the new education", explained Mischa. "More than 130 foot health practitioners registered for the pilot. Of these we asked 80 to write a motivational statement to say why they wanted to participate in the pilot." Since then, writing a motivational statement has become a permanent part of the registration procedure. The motivational statements to participate in the education were very diverse and were sometimes extremely moving. Participants' backgrounds were also extremely varied, too broad to mention now and all with a wealth of experience. "There were many registrations from people who had lost family members to cancer. And there were people who simply said: I want to be able to practise my profession to the best of my ability and want to help professionalise the profession of foot health practitioner."

The pilot

"On 16 November 2013, over sixty enthusiastic foot health practitioners started the oncology foot health practitioner education course pilot. They came to Rotterdam from across the country, from Groningen to South Limburg, for five consecutive Saturdays. That says something about how motivated they were.

That the training was experienced as very demanding, as was shown by the fact that two people withdrew during the pilot. Cancer is and remains an emotionally-charged subject and the education sometimes brings that very close to home, for example when a patient shares his or her experiences. A pilot is a testing ground so things don't always go as you hope or expect. Particularly the internships in the hospitals sometimes led to problems. Stricter management of the internships prevents this in the training. Study objectives have been formulated per internship and clear agreements made with the hospitals."

The Oncology Foot Health Practitioner Education (OFHP) is now offered in four places in the Netherlands: Rotterdam, Amsterdam, Zwolle and Eindhoven.

Relevance for other foot health practitioners

Mischa noticed that the OFHP could also be important for other foot care practitioners: "Some podologists and podiatrists wonder whether this training would be useful for them. I researched medical literature to see whether mechanical intervention/gait correction is described among cancer patients. It isn't. However, from various cancer patients with hand-foot syndrome I noticed that a soft inlay can give them more freedom of movement. This enables them to walk to the toilet independently or fetch a drink for themselves so that they feel less dependent. Much more study needs to focus on this. What's more, being able to recognise all the dermatological problems that occur on the feet as a consequence of cancer and its treatments is also essential for the podiatrist or podologist. It was good to see both disciplines represented during the pilot."

Findings

"The OFHP pilot was concluded successfully with a graduation ceremony on 21 March 2014. The internships particularly showed that there is a need within the hospitals to refer oncology patients to foot health practitioners who can treat them responsibly, practitioners who can adapt what they do and who can work safely and in the interests of the client.

Our assumption that there was a need for this was confirmed. However, it was a surprise to us that this would become clear in practice so quickly. The referrals are taking off and the connection with oncological healthcare is going well so far. I'm proud of the result, but we are not there yet.

There are now some 150 foot health practitioners in the Netherlands who may officially call themselves OFHP. The title is registered and may not be used by anyone else. Guidelines have also

been developed and a register has been established. For the client as well as the health care professional it is clear who is an OFHP and what knowledge and experience this can offer.”

Hospital

It became clear from the training(evening course) that foot issues as a consequence of cancer treatment have not been recorded anywhere in protocols. The focus on the feet differs per hospital. During the OFHP and also during the internships it became clear that cancer patients themselves need to indicate whether they have foot problems. In practice many cancer patients seem reluctant to do this, out of fear that the next treatment may be postponed. Lack of time in healthcare is a contributory factor.

Meanwhile the patient visits a foot health practitioner and foot problems are observed. The oncology foot health practitioner is trained to recognise these problems and to communicate about these with oncological healthcare professionals. The OFHP can ask the client whether s/he has talked about the complaints with a doctor. If this is not the case the OFHP can stimulate the client to discuss this with the doctor. The foot health treatment is only carried out following consultation with oncology healthcare professionals.

Many hospitals were sceptical about the internships but still opened their doors. Various hospitals have now indicated that they would like to make continued use of the interns trained during the OFHP. The training was well received in the hospital environment.

Goal

The goal of the oncology foot health practitioner OFHP specialism is to make foot health practitioners aware of the implications of cancer and the consequences of its treatment, so that they can deploy safe and targeted foot health treatment in consultation with the primary doctor.

An Oncology Foot Health Practitioner (OFHP)

A OFHP is trained to screen the feet of people with cancer, recognise side-effects of treatments, care for the feet - if the situation allows this - and communicate findings to the treating doctor or nurse.

An OFHP can also take preventive measures to prevent any complaints. Foot health treatment in cancer patients is only be used in consultation with the treating doctor or nurse. An OFHP is an experienced foot health practitioner with at least five years’ practical experience.

The OFHP programm

An oncology foot health practitioner OFHP is someone who is aware of the implications of cancer and the consequences of its treatment, so that they can deploy safe and targeted foot health treatment in consultation with the treating doctor.

Participants in the education have at least five years’ experience as foot health practitioner; are registered in a quality register of a professional association for foot health and have written a clear motivational statement for why they wish to participate in this training.

An important part of the education is spent on communications with the cancer patient and family. Internships also give insight into the issues facing cancer patients and their relatives in practice. This is important in ensuring a good understanding of clients’ situations.

Curriculum design

1) Theory	30 hours	Five days of six hours
2) Practice	30 hours	Five days of six hours
3) Home study	52 hours	Includes internship reports

		and case study
4) Exam	8 hours	
Total study duration	120 hours	

Curriculum part 1. Theory

	Theme	Hours	Tutor	Subject
Day 1	The illness of cancer	4	Mischa Nagel	What is cancer? What treatments are available?
	Neuropathy	2	David Kopsky	Pain management in cancer.
Day 2	The treatment of cancer	4	Johan Toonstra	Chemotherapy and the skin, targeted therapy and the skin.
	Communications	2	Wilma Bevers	Communications with other health care professionals.
Day 3	Sharing experiences	2	Joanneke van Jaarsveld	The oncology nurse
	The patient and the health care professional	4	Mecheline van der Linden	How do you respond to a client with cancer? And how do you handle this yourself?
Day 4	Screening and prevention	4	Johan Toonstra	Benign tumours on the feet, something not right with the feet, skin barrier and onychomycosis.
	Support	2	Mischa Nagel	What care aspects can increase resilience? What risks are associated with this?
Day 5	Relaxation	3	Klara van Zuijdam	The relaxing foot massage technique.
		1	Petra Odenthal	Cosmetic support.
		2	Mischa Nagel	Summary and continuation

Curriculum part 2. Practice

Participants in the education are obliged to follow a five-day internship, of which at least one day is to be spent in a hospital, one day in a drop-in centre and one in a hospice. The accreditation of the education is based on this, so it is not possible to follow an internship of fewer than five days (30 hours). As well as the three compulsory days, alternative internships can be followed.

Setting:	Minimum (compulsory)
A) Hospital	1 day
B) Drop-in centre	1 day
C) Hospice	1 day

D) Alternative	Other days
Total	5 days (30 hours)

Participants are themselves responsible for finding suitable internship places. De Medische Voet supports them in this and searching for internship places before starting the education is strictly discouraged. The internships are short shadow or taster internships, and it is not the intention that foot health treatments are carried out during the internship. All information about the internships is given on the first day of the training. There are no exemptions from the practical part.

The goal of all the internships is to observe in practice that which has been learned in theory and to offer training in communication skills and in caution. Internships are preferably individual internships, as this offers the best learning environment. Attending an information meeting, information afternoon or lecture - however educational - does not count as an internship, except events that are organised in the framework of this training, for example in a drop-in centre or hospice. The internships may in principle only take place after the final course day, but can be done earlier in exceptional circumstances.

Participants are themselves responsible for finding and organising the structure of suitable internship places. It is advised that internship places are only sought after first day of the training, to ensure that you are well-prepared and have the most up-to-date information. De Medische Voet offers support in this. If you have agreed an internship you can only turn this down for urgent reasons. You should report this directly to the internship provider and to De Medische Voet!

The internships should be planned to start after the final course day. Only in exceptional cases may an internship be followed before this. The clothing to be worn differs per organisation: hospitals prefer a (white) uniform, while drop-in centres and hospices prefer 'normal' clothing. This should be agreed with the contact person. Internships should meet the following requirements:

A) Hospital

The shadowing internship in the hospital should take place in the oncology department. This can be both in a clinical department (admissions) as well as in day treatment. The internship comprises one or two days, depending on the capacity of the hospital and the organisation. When making contact with the hospital the following subjects are important for participants:

Day treatment: you observe the day treatment and the preparations for chemotherapy. You observe the communication with patients, with the focus on foot-related issues. It may be possible to observe when foot-related problems are reported (for example: what happens if someone has serious hand-foot syndrome problems, what the consequences are of the course of the treatment, how you ensure that this is safe, what products are used for this?).

Clinical department (admissions): you shadow admissions and observe communications within the department with the focus on foot-related issues. You can also observe here too, should any foot-related problems be reported. For example what happens in nail toxicity as a consequence of chemotherapy?

Outpatients: you observe communications with the patients and foot-related problems. For instance what happens if someone has serious problems with hand-foot-skin syndrome as a result of targeted therapy? What are the consequences for the rest of the treatment? How do you offer this in a safe way and what products do you use for this? What is the care needed for excessive

callus-formation as a consequence of this treatment? In targeted therapy are there also times in which the foot health practitioner can do nothing, as with chemotherapy in relation to a neutropenic phase?

Communication with healthcare professionals: You contact an oncologist and/or an oncology nurse. You can briefly discuss your competencies and ask how they would prefer to receive information from you and what responses you can expect from them about this. Formulate in advance what you wish to learn. For example: I would like to have more knowledge about different side-effects so that I can anticipate these better in my practice

Communication with the patient: cancer patients sometimes stay in hospital for long periods and this gives you the opportunity to talk with them. You can learn from them how you could improve your communication in practice and so provide better care. If the opportunity allows you can speak with family members, if they need this. Here too, formulate in advance what you wish to learn. For example: I will observe the discussions techniques the nurses use.

Foot problems: discuss with the health care professionals whether you can observe treatment for people who have foot problems as a result of cancer or its treatment. Ask the healthcare professionals in the hospital how they approach foot problems. You can then consult with healthcare professionals regarding which care you could offer and which part of the care you can be responsible for within your competency. With this you demonstrate that you can offer cancer patients safe and effective foot care in your practice. You may not treat any patients yourself.

Screening: during the training, various examples were given of cancer patients undergoing treatment for cancer and have foot problems such as a pseudomonas infection of the nail and foot. Consult with the staff whether foot screening also takes place at each treatment. Consult with staff why patients don't inform oncological staff about changes to their feet and ask whether they would like your feedback and what they would do with this feedback.

Protection: consult with the health care professionals whether additional protective measures may be required in your practice in order to safeguard the safety of cancer patients. Be proactive in asking about choice of equipment/materials and which conditions the materials need to satisfy. What equipment/materials do nurses themselves use as protection? Ask the healthcare professionals about safe products that you can advise for foot skin and nail care.

Relaxing foot massage: you may ask the oncologist or oncology nurse whether you can offer a relaxing foot massage to patients to facilitate communication. You can also consider offering the nurses themselves a relaxing foot massage. Giving a relaxing foot massage is not compulsory.

B) Drop-in centre

Drop-in centres are accessible for everyone who has faced cancer in their lives. Here cancer patients can find help, support, information, contact with fellow-sufferers and a listening ear. They can also often participate in all kinds of activities. Drop-in centres offer cancer patients a safe environment to come into contact with fellow-sufferers and professional carers.

Communications: It is intended that you observe and that you participate in consultations under supervision as listener, help in the daily affairs of the drop-in centre and evaluate your observations with your supervisor. Ask your supervisor to give a clear indication of your improvement points regarding your communication and note these findings in your report.

Relaxing foot massage: during the training you learned to give a relaxing foot massage. At the request of healthcare professionals in the drop-in centre you can offer this to patients as well as to the healthcare professional.

C) Hospice

A hospice is an organisation that specialises in end-of-life care. Incurably ill people are cared for here until death. The homely atmosphere means that a hospice is often preferred over a hospital environment, and there are still sufficient medical personnel available. In a hospice the focus is on palliative care. The hospice aims to limit suffering as much as possible through continuous care. The goal of hospice care is to retain the best possible quality of life in the final stage of life.

Communications: the training focuses on cancer patients for whom treatment is no longer possible. They are often in life-extending care processes and will ultimately die from their illness. Your clients may prefer to talk about this, or may prefer not to. In both cases you must be able to anticipate and respond appropriately. This internship is intended to observe in practice the theory you have learned and to improve your communication skills. Ask your supervisor to give a clear indication of your improvement points regarding your communication and note these findings in your report.

Relaxing foot massage: during the training you learned to give a relaxing foot massage. At the request of healthcare professionals in the hospice you can offer this to patients as well as to the healthcare professional.

D) Alternative internship

An alternative internships can be organised by following a colleague foot health practitioner who has previously successfully completed the OFHP training. Another possibility is to follow a health care professional who specialises in oncology, such as an oncology physiotherapist, oedema therapist, palliative homecare or similar. The starting point is that an alternative internship is followed with a specialised therapist, so this does not include a dentist, psychiatrist or acupuncturist who sees a lot of cancer patients.

Curriculum part 3. Home study

It is expected that participants prepare the course materials that are given during the theory days and to study this again at home. Part of the home study is produce a written piece of work regarding a case study that will be discussed during the oral exam.

Internship report

A separate report should be produced per internship. An internship report must meet the following conditions:

- short description of the internship-providing organisation (what, where, objective, function, atmosphere)
- communication with health care professionals
- communication with patients and relatives
- experiences and learning point
- application in own practice
- conclusion and recommendations

Case study

The case study should involve a current client from your own practice who has cancer, or has had this illness in the past five years.

Curriculum part 4. Exam

The internship reports and the case study form part of the examination, together with the motivational statement and the exam itself.

Exam sections

- Motivational statement on registration
- The case study description

- The written test
- The oral exam

A pass mark needs to be obtained for all exam components.

The exam

The exam itself comprises a written and an oral component. The written exam includes open questions and closed questions (to be answered YES or NO). This part of the exam takes 45 minutes. Based on the course materials that have been studied, the candidate needs to be able to explain:

1. What cancer is;
2. Which treatments are available;
3. What chemotherapy is;
4. What targeted therapy is;
5. Which treatments can be given for which skin and/or nail side-effects;
6. What neuropathy is, how this can be recognised and how to communicate about this;
7. What lymphedema is;
8. The possible mental consequences of the diagnosis of cancer, its treatment and side-effects;
9. How a foot health practitioner can make contact with an oncologist or oncology nurse;
10. How a referral letter should be formulated;
11. What relevant information should a transfer contain;
12. Which 10 important points need to be stated in the practice plan and which codes need to be on the gloves that are used;
13. Why Caution is written with a big C, or why invasive action is not the first thing that a foot health practitioner does;
14. What the competency of an oncology foot health practitioner is (in no more than 100 words).

Oral exam

The oral part of the exam comprises an individual interview of approximately ten minutes with one examiner and one assessor. During this discussion the examiner assesses competencies as an oncology foot health practitioner. The assessor participates actively in the interview, but assesses the process as independent observer.

The internship reports and the case study will be discussed during the oral exam.

Further training

Participants will be called for further training once a year. Participation in this training is compulsory in order to retain registration and continue using the protected title 'Oncology Foot Health Practitioner OFHP'. At least three case studies must also be submitted annually. These case studies will be used to research into the effectiveness of this form of foot care.

Tutors

Mischa Nagel

Mischa Nagel (1965) was forced to abandon his study of medicine at the age of 25 and became director of his family's pharmaceutical company. This company later became one of the largest pharmaceutical companies in the Netherlands.

As an extension of this, Mischa started Supplement in 1999. This organisation's goal is to share knowledge about complementary treatments with doctors, therapists and patients.

Supplement also produces the periodical 'De Medische Voet' which focuses on medical foot care.

Since 2008, in combination with the website and social media, this periodical has developed into the most important knowledge platform for medical foot health practitioners. The periodical is now

published in both Dutch and French. As well as the periodical, 'De Medische Voet' also organises several courses and congresses about medical foot care in the Netherlands and Belgium. As speaker and panel member, Mischa has participated in various international congresses regarding health and in Netherlands is a respected and highly-regarding foot health tutor. Abroad he is a requested speaker at congresses on the theme of 'Integrative Oncology'. In March 2012 he led a group of 30 doctors around the Memorial Sloan Kettering cancer centre to show them how Integrative Oncology forms part patient care.

David Kopsky

As Tutor David Kopsky (1975) is in his element. As doctor he is extremely committed to his patients. As researcher he searches continuously for new treatment methods for neuropathic pain. As neuropathic pain is the poor relation in medicine, he focuses on neuropathic pain and is co-founder of the Institute for Neuropathic Pain (INP). The goal of this institute is to treat patients with neuropathic pain in the way best possible without side-effects. David Kopsky has already published many international scientific articles in the area of neuropathic pain. The analgesic INP creams for neuropathic pain developed by his team are a new innovation and are increasingly prescribed by different doctors. He often speaks about neuropathic pain and the associated treatments at large international and Dutch congresses. You can find more information about David Kopsky on www.neuropathie.nu.

Johan Toonstra

Dr. Johan Toonstra (1949) worked as dermatologist at the Meander Medisch Centrum between 1983-2011, first at the Soest and Baarn locations and since 2005 in Baarn and Amersfoort. Since 1983 he has also worked at the Universitair Medisch Centrum Utrecht as part-time staff member, where he currently leads the SUMMA unit for second year medical students who are following a condensed doctor's training. He has also been lecturer at the Hogeschool voor Huidtherapie in Utrecht for the past few years.

He obtained his doctorate in 1991 with the thesis 'Differential diagnostic aspects of acute and chronic photodermatoses'. In 1994, Toonstra and H. van Weelden edited the book 'Licht en huid' to celebrate the 75th anniversary of the clinic in Utrecht and in 2009, together with C. Bruijnzeel-Koomen he edited the book 'Dermatologie in Vogelvlucht' for its 90th anniversary. He is currently Editor of the columns 'Leerzame Ziektegeschiedenissen' and 'Test uw kennis' in the Dutch periodical, Tijdschrift voor Dermatologie en Venereologie. Toonstra has more than 180 publications to his name across a broad range of subjects in dermatology, including contributions to dozens of text books, with 'Textbook of Pediatric Dermatology' (2006) being the most recent.

He has also written seven Dutch books together with dr. A.C. de Groot: 'Casuïstiek in de dermatologie deel 1' (for GPs, 2009), 'Voeten en Huid' (for pedicurists and podiatrists, 2009), 'Kanker en Huid' (for GPs, 2010), 'Casuïstiek in de dermatologie deel 2' (for GPs, 2010), 'Nagelaandoeningen' (for pedicurists and podiatrists 2010) and 'Dermatologie voor huidtherapeuten' (2012). In November 2012 'Dermatologie en Venereologie in de praktijk' appeared (for doctors and students of medicine). He was also photo editor of the books "Canon van de dermatologie" (2011) and "50 Eponiemen van de dermatologie" (2013). In 2014 he was co-editor of the book "Dutch contributions to dermatology".

His areas of expertise are childhood dermatology, photodermatitis, dermatopathology and the relationship between skin and internal conditions.

Wilma Bevers

After obtaining her diploma in 2003, Wilma Bevers started as pedicurist. In 2005 she was successful as pedicurist and has worked as medical pedicurist at the Medisch Pedicure Centrum Waalwijk since 2009. Wilma is also an oncology foot health practitioner. In addition to her activities as medical pedicurist, she also works as trainer, advisor and mediator. "I combine my knowledge and skills in both work areas."

Wilma has organised meetings twice a year together with colleagues for a group of forty pedicurists and podiatrists from the central North Brabant region. All kinds of practice issues are discussed during these meetings. She also organises other workshops about nail brace techniques, foot care and oncology, which are offered to group participants for special rates on site in the region. GPs and specialists are regularly invited to handle a specific subject during the group meetings.

Joanneke van Jaarsveld

As oncology nurse Joanneke van Jaarsveld works at the UMCU Universitair Medisch Centrum Utrecht. She was put forward by the oncology department at this hospital to give an hour-long guest lecture at the Oncology Foot Health Practitioner training about her experiences as nurse specialised in the care of cancer patients.

Mecheline van der Linden

Mecheline van der Linden graduated in clinical psychology and obtained a PhD in 1994 on the effect of working relationships on treatment. She has been working as clinical psychologist at VU Medisch Centrum since 1996, involved in patient care, scientific research and education.

Over the past ten years she has contributed to the area of psycho-oncology; until 2012 in her role as Chair of the Nederlandse Vereniging voor Psychosociale Oncologie (NVPO) and since 2009 as chair of the 'Stichting Verdriet door je hoofd', the association for children who have a parent with cancer. Mecheline has had various articles published and has written chapters in books about psycho-oncology and quality of life. She was co-organisator of the IPOS world congress that was held in Rotterdam, 4-8 November 2013.

Mecheline is also board member of the Nederlandse Vereniging voor Oncologie.

Klara van Zijdam

Klara van Zijdam is paramedic massage therapist and teacher, specialised in Massage in Cancer, Massage in dementia, support and massage in palliative care and end-of-life care. Klara's mission and passion; offering relaxation in the form of support, touch and massage to people who through their illness and treatment often find it difficult to find relaxation. Klara started her pioneering work more than 20 years ago, as informal carer. She has now followed (and still does follow) many training courses. Klara has gained a lot of experience both in her personal life as informal carer as well as in practice as massage therapist and as (voluntary) masseur at a drop-in centre and a hospice. Giving massage to people with cancer requires knowledge about the illness and everything associated with this. As this knowledge is not available in the Netherlands she established Massage during Cancer with Estelle Smits Helder & Kadira. It is a training institute in which they give training courses for massage therapists and oncology nurses. The training courses follow the guidelines from the US Society for Oncology Massage.

Klara also established Kadira Opleidingen in 2013. Via Kadira Opleidingen, Klara organises dementia massage courses, for paramedics, healthcare professionals, informal carers and massage therapists. Touch with loving attention is central for Klara. The client/patient may be having to cope with all kinds of things at that moment. A person with an illness should be able to experience that he/she is much more than simply a patient with an illness and discomfort. This forms the basis for the recovery and for regaining confidence in your own body, and with this a balance between body and mind. "It is pioneering work and the ultimate career switch from product manager to massage therapist has brought me to where I am now; still inquisitive, studious, developing and full of enthusiasm to support others as professional".

Klara is professional member of the US Society for Oncology Massage.

Petra Odenthal

Petra Odenthal (1969) started as a lawyer. Until 2002 she worked in various commercial jobs for a real estate bank. After this she wanted a job in which 'people' were central.

She then saw a vacancy at Stichting Look Good... Feel Better, which was looking for someone who could further develop the Personal Appearance for People with cancer programme.

She started working at the Foundation in 2002 and is now Director.

In this capacity she is responsible for ensuring the continuity and further development of Look Good...Feel Better in the Netherlands. This also includes coordinating and expanding the network of physical appearance professionals who can implement the programme. She is also involved in fundraising for the foundation.