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ORAL

Review of pre-chemotherapy assessment clinic for oncology patients attending a day case unit

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Previously, when patients decided to commence intravenous chemotherapy, a single appointment was given to attend the day case unit for nursing assessment and chemotherapy. The nursing assessment took place in the chemotherapy suite, thus affording the patient no privacy. Patients can be very anxious immediately prior to cycle one of their chemotherapy. It was therefore felt that this was not a good time to re-iterate the side effects of chemotherapy. If issues such as poor venous access had not been addressed, this increased the patients waiting time on the day. Some patients saw a pharmacist prior to commencing chemotherapy whilst others did not, thus causing inequity of care. Patients attending the pre-chemotherapy assessment clinic have an appointment prior to cycle one chemotherapy. The aim is for all patients to: • receive a nursing assessment in a private area • have a referral to members of the health care team, if highlighted in the nursing assessment, e.g. dietician • have an assessment of venous access • receive advice and support of hair loss or scalp cooling • have received information about their chemotherapy from their doctor, re-iterating side-effects and answering any questions • see a pharmacist, for review of drug history, anti-emetics and answer any drug related questions • have an optional tour of the hospital and Cancer Information Centre. It is an opportunity for the nursing team to check that all criteria prior to commencement of chemotherapy are completed (e.g. consent) and for the pharmacist to ensure that the chemotherapy is ordered. This paper will present the issues addressed in setting-up and running this service, the results of a patient satisfaction audit conducted prior to and six months after commencement of the clinic. The pharmacists' data on drug and sickness history, all interventions have been entered onto a database and will be presented. The nursing staff assessed the physical and psychological needs of the patients and planned appropriately. The greatest impact of this change in working practice is the increased level of satisfaction for nurses and pharmacists working in the chemotherapy suite, by having a designated period of time to assess patients, in private and with the support of members of the health care team. For patients it has streamlined the process, enabling greater time to be spent ensuring an understanding of information given.

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The research nurse in cancer care: the development of a Masters level module to meet the needs of nurses in this challenging role

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The research agenda in cancer care in the UK is developing at an unprecedented rate. The employment of an increasing number of research nurses is a knee jerk reaction to this expansion with little thought about their education, experience or what they bring to the research process and ultimately to patient care. In response to this Mount Vernon Centre for Cancer Care has developed a Masters module which aims to meet the needs of research nurses by equipping them with the skills and knowledge so as they are adequately prepared to meet the challenges of this role, as well as the skills and knowledge that will ensure the patient is central to care. This presentation will discuss the rationale for the module, the learning outcomes and evaluation as well as the benefits this has brought to the cancer centre in respect of greater understanding of the role by the nurses, patients and the multiprofessional team and how research nursing is becoming a speciality within cancer nursing. It will also discuss how this can only enhance the current national research agenda

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ORAL

Redesigning the cancer patient journey: what is the feasibility of nurse-led chemotherapy services from a user perspective?

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Background and aim: Currently, there is considerable activity in redesigning the chemotherapy treatment journey for patients but little is known

about the specific contribution that nursing makes to quality in this context. Chemotherapy treatment is complicated involving many processes and procedures, it is believed that in taking a whole systems' approach chemotherapy services could readily be streamlined and the experience of patients undergoing treatment enhanced. One potential innovation is through the use of nurse-led models of care delivery. The aim of this study was to explore from a user (patient and professional) perspective current consultant led services and the potential value of a nurse led service.

Patients and methods: Purposive sampling was used to identify a broad spectrum of patients (n=26) and health professionals (n=22) across two cancer centres in the South of England. Dyadic interviews were undertaken and transcribed verbatim. A thematic analysis of data was undertaken.

Results: Three main themes were identified and summarised (table below)

Theme 1: Contextualising roles	All but one patient positive about current role of chemotherapy nurse- saw role as different but complementary to doctor. Mixed viewpoints of the value of nurse led care from patients and health professionals
Theme 2: Defining therapeutic outcomes	Patients saw potential benefits with nurse led care in improving service outcomes; health professionals saw additional benefits in clinical and patient outcomes.
Theme 3: Demonstrating effectiveness	Health professionals suggested that any nurse-led service should be rigorously evaluated on both process and outcomes. Patients and health professionals highlighted issues of educational preparation for this role

Conclusion: A nurse led model of chemotherapy service delivery is theoretically feasible. However, the emphasis from a user perspective is that this should be a mixed economy rather than nurse-doctor substitution model. A comprehensive evaluation of any proposed nurse led service should be undertaken prior to any wide-spread implementation.

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ORAL

Planning, delivering and evaluating training in palliative care to community nurses using a multi agency approach

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Background : The aim of the study is to evaluate a palliative care training programme offered to Community Nurses, to see if it improves their palliative care skills and knowledge, which would enable them to improve patient care.

This training project forms part of the national Cancer Plan (2000), which set out the government's strategy to enhance cancer care. The Cancer Plan recognises that most palliative care is given in the community.

The aims of the project are:

- To improve palliative care in the community enabling patients to stay at home longer and to die at home, if that is their choice
- To provide equity in training
- To encourage collaboration community/hospice/hospital sectors

This project involves 700 Community nurses in an inner city/urban area with a population of 1.6 million people. It is funded by the Department of Health over a three year period. A project manager is employed to facilitate and evaluate the project.

Method: The project comprises four aspects:

1. Needs Assessment. A questionnaire was sent out to Community Nurses to ascertain gaps in knowledge and to ensure that the training was based on needs as perceived by the practitioners. Practical barriers for attending training were assessed in the questionnaire.

2. Planning. Stakeholders from a range of statutory and voluntary providers, from service and educational backgrounds, collaborated on the curriculum. Teaching packs on nine topics were prepared by different specialist providers.

3. Implementation. The training consists of three afternoons. To accommodate and utilise the diverse interests, working cultures and knowledge, all agencies have been encouraged to take an active part in delivering the training. To ensure equity all sessions are based on the teaching packs.

In year two the training has been extended to nurses from care homes.

4. Evaluation. The key aim of the evaluation is to assess and monitor the training on a continuous basis, so that changes can be made as the project progresses.

The evaluation examines:

- The structure, to ensure that the material covered is at the appropriate level and is relevant to practice.
- The process, to assess the knowledge level before and after the training. Each nurse completes a pre and post learning test.

• The outcome, to assess the changes in clinical practice. A questionnaire, based on a case study, is sent out 3 months after the training. Focus groups are used to explore themes from the questionnaire.

Results: • 170 nurses completed the training in year one

- Level of palliative care knowledge increased
- Collaboration improved
- Examples of change in practice

Conclusion: This project is an example of multi agency collaboration. The evaluations have shown that the awareness and knowledge of palliative care issues, necessary to improve patients' care, have increased.

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Comparison between nurse-led check-ups on demand and follow-ups by a physician after breast cancer surgery

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Abstract Aim: To compare effects of nurse-led check-up visits on demand and routine follow-up by a physician after breast cancer operation regarding patients' well-being, satisfaction, access to medical care and medical safety, measured as time to loco regional recurrence, distant recurrence and death.

Background: The value of routine follow-up with frequent visits to a breast cancer specialist both in terms of recurrence detection and patient satisfaction - has been questioned.

Subjects and methods: Two hundred and sixty-four consecutively selected women with newly diagnosed breast cancer, classified as UICC stage I or stage II, were randomised to follow-up at two hospitals in Sweden, either by routine medical follow-up, the physician group (PG n=131), or on demand by a specialist nurse, the nurse group (NG n=133). Measures were done at baseline and twice a year over a period of five years by means of a questionnaire based on the Hospitality and Depression Scale (HAD) and Satisfaction and Accessibility (SaaC) scales. Number of contacts with the health care services, number of diagnostic procedures, and time to recurrence or death were monitored.

Result: The analysis of HAD and SaaC did not show any statistically significant differences between the groups. The levels of anxiety and depression were generally low and levels of patient satisfaction high. There were no differences between the groups concerning time to recurrence or death.

Conclusion: This study indicates that women with breast cancer in stages I to II can be followed up by a specialist nurse with high patient satisfaction and good medical safety.

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ORAL

A cross-organisational clinical rotation programme for nurses in cancer and palliative care; a pilot project evaluation.

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Background: A challenge for education providers is to meet the demand for a competent cancer and palliative care nursing workforce, able to deliver skilled care for patients at all stages of the cancer journey. A rotation programme combining placements in a variety of clinical situations, backed up with an education component through a Higher Education Institution is one possible solution. This addresses the problem of helping junior nursing staff, new to cancer nursing, enhance their knowledge and skills and facilitate their development. This paper will describe such a programme and its development over time and outline outcomes for the participants. The perceived benefits to participants will be discussed and evaluation data presented which highlight challenges.

Methods: A pilot rotation was established in South East London as a collaborative scheme between designated cancer centres, cancer units, palliative care providers from the voluntary sector and primary care. Twelve nurses have undertaken a rotation supported by two lecturer practitioners. This comprised:

- 3 or 6 month placements in community nursing, acute oncology, bone marrow transplantation, day-units, surgical wards and hospices.
- Working towards achievement of specified clinical competencies
- Access to a range of support
- Registration on degree or diploma modules in cancer or palliative care nursing.

Evaluation of this pilot programme comprised focus groups with participants at the end of each placement, as well as investigator-designed questionnaires.

Outcomes: Participants have expressed both challenges, such as travelling, costs and workloads, as well as benefits relating to greater breadth of knowledge, skills and overall confidence. They have also gained confidence and skill in areas identified as personal objectives at the beginning of the course. Many have gained promotion during or after the rotation.

Conclusions: Collaboration across organisations to provide training is as yet uncommon in nursing in the UK. The potential benefits of working in this way are great, but there are also practical difficulties to be overcome. Establishing structures that operate across organisational boundaries and giving the rotation greater structure will be essential to the ongoing success of this a scheme.

Workshop

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Counselling new colleagues to handle the reality shock

T. Borg. *Norwegian Radium Hospital Montebello, Oslo, Norway*

Learning objectives: To identify the problem of "the reality shock" and learn how counselling can contribute to solving the problem, to address methods and counselling issues.

Workshop leader and speaker: Tore Borg, Oncology nurse, Department of Radiation Therapy: The Norwegian Radium Hospital, Oslo

Speaker: Randi Lehne, Staff Nurse, Oncology Nurse, Department of Medical Therapy, The Norwegian Radium Hospital, Oslo

The workshop will consist of a plenary session with two introductory speakers.

There will be one lecture on counselling regarding "the reality shock" where we will discuss the definitions of these topics.

- "The reality shock" as a reaction pattern that exists among newly graduated nurses.

Their dilemma being to carry out what they have learned in theory and putting it into practice.

- Counselling as a method for reflection to achieve improved and new alternatives for nursing practice.

Examples will be taken from a counselling group at The Norwegian Radium Hospital, Oslo.

The second lecture will present "reflection groups" as a counselling method to raise the ethical awareness among newly- graduated nurses.

Discussion around these topics will take place after the lectures in the plenary sessions.