Poster Session

Continuity of care

1191 POSTER

Lost in a foreign land and searching for help? The role of the oncology nurse coordinator.

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Being diagnosed with cancer is much like arriving in a foreign country where you do not speak the language. How do you get where you want to go and find what you need? Good planning can overcome these obstacles, however a diagnosis of cancer arrives unexpectedly, often leaving families feeling as if they have been hit by a bus, rather than catching one. How does a family in such an environment find their way?

The role of the nurse coordinator at the Royal Children's Hospital, Melbourne, which was first introduced in 1998, has evolved to the point where today the four coordinators act as "tour guides" for the approximate 180 children diagnosed with cancer each year, in addition to those patients who have completed treatment, relapsed or are palliative. In order to be the "expert" guides required for such an arduous journey, the coordinators care for children from diagnosis specific groups, that is bone marrow transplant, brain tumour, solid tumour, and leukaemia. The appropriate coordinator joins the family at diagnosis and accompanies them to journey's end, wherever that may be, preparing them for each transition along the way.

The care of children with cancer is complex and involves a multidisciplinary approach from a diverse range of health professionals and departments. The roles and responsibilities of the oncology nurse coordinator include; the overall coordination of both medical and psychosocial support the development and provision of educational resources, heightening awareness of childhood cancer, strengthening relations with the community.

This paper aims to present and explore the unique aspects of the role of the oncology nurse coordinator and the impact that this has for both the team and most importantly the family.

1192 POSTER

Port catheters: the incidence of complications. A multicentric approach

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Background: Totally implantable central venous access port systems are widely recognised as a main supportive factor in cancer treatment. Despite the many advantages of these devices, patients as well as carergivers can experience complications (thrombosis, occlusion, infection, extravasation, ...). Acurately developed procedures and guidelines can help nurses reduce these complications. In Belgium there is a whole range of different procedures regarding maintenance of ports. The lack of uniformity led to the start of a multicentric study. A study design was developed to get an idea of the incidence of different problems (such as blood withdrawal occlusion) and complications (such as infection) in the different hospitals. The registration started at the insertion procedure (e.g. insertion technique, which vein was accessed ...). The patient was asked to fill out a diary to keep track on the functioning of the catheter per needle insertion. If problems occurred the nurse was asked to specify the problem and the measures taken. The ultimate goal is to support evidence based nursing.

Materials en Methods: A prospective desciptive study is carried out in 14 different hospitals in Flanders (Belgium). First patients were included in December 2001, registration is ongoing. The results of a convenience sample of more than 900 patients were analysed. Correlations between e.g. underlying disease, frequency of needle insertion and complications (malfunctioning, infection, thrombosis and extravasation) were studied.

Results: Preliminary results will be presented.

Conclusions: Conclusions based on the preliminary results will be presented.

1193 POSTER

Networking - transfer of knowledge network of contact nurses in the Oslo region for patients with cancer and other serious diagnosis

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The purpose of the network is co-operation between nurses in hospital, homecare and nursing home in such a way that the cancer patient and other patients with serious illness and their next of kin get the experience of confidence in all the levels of the public health service.

The contact nurse network has been established with the background of regional health plan for region east (the counties Hedmark, Oppland, Østfold and Oslo). It is also based on the National cancer plan of 1998.

A steering committee has been appointed for this network, and the committee consists of nursing leaders and nurses from hospitals, hospice, private care institution, homecare, nursing home and The Norwegian Cancer Society.

To reach the goal of this network the participants have, in a common agreement, committed themselves to carry out their tasks, as follows:

The steering committee has committed itself to:

- To arrange theme days
- Act as resource group for the nurses in the network
- Contribute to inform about scientific literature and offers of interest for patients, relatives and nurses
- To arrange collaboration seminars between politicians and leaders in the public health service.

The contact nurses in the network have committed themselves to:

- Act as resource persons in the cancer care
- To be updated on relevant information for patients and relatives
- Stimulate and organize training and spread scientific information on their working place
- Participate on the themedays
- Give information to the network when they end their function

The employers have committed themselves to:

- Give the contactnurse the possibility to carry out their function within ordinary working hours
- Give the contact nurses the possibility to participate on the theme days within ordinary working hours
- Refund the expenses connected to the theme days have a contact nurse present on their workplace at any time

Means to reach the goal:

- Contact nurses on all levels in public health where cancer patients are treated
- Upgrade the contact nurses with skills so that they can act as resource persons in cancer care
- Make use of existent seviceoffer and possibly develop new offer
- Crossprofessional co-operation
- Develop means to transfer competence between the different levels of the public health
- Contact whit current userorganization

1194 POSTER

The use of complementary therapies among breast and prostate cancer patients in Finland

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The study describes the use of complementary therapies (CTs) among breast (women) and prostate (men) cancer patients in Finland. The data were collected using a self-administered postal questionnaire.

Responses were received from 216 women (responce rate 54,9%) and

190 men (response rate 55,4%). Data analysis was based on descriptive statistics, the chi-square test and Fisher and Wilcoxon tests.

Half on respondents (women 53%, men 50%) were interested in CTs. Women (59%) had seriously considered using CTs significantly ($p=0.006$) more often than men (44%). Among the women and men who had considered the option, CT use was not started because there was not enough scientific evidence (women 56%, men 77%) or because conventional treatments had worked well enough (women 45%, men 70%). One-third of all women (30%) and men (28%) either continued to use or started using CTs after they had fallen ill with cancer. They resorted to CTs in order to restore their hope in the future (women 36%, women 36%) and to do as much as they could for themselves (women 46%, men 29%). The results indicate that cancer patients are interested in CTs and use them quite frequently.

1195 POSTER

Development by using flow charts- a way to collaborate

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Background: Gävle countyhospital in Sweden started in spring 01 a discussion based on the possibility to develop higher competence and better collaboration among personnel in the specific areas/units in the hospital. The aim was to make patients aware of the wholeness in hospital care and the wholeness of their own treatment instead of getting many different pieces of care and expertise. The work started then to describe diagnose related flow charts. The diagnosis we began looking at was all cancer related. It is a group of patients that often have to visit more than one unit and meet a large nuber of staff in their hospital care.

Course of action: The work started by setting together different groups of people representative to the diagnose related flow chart which were to be described. Not only different units had to join up, but also different professions. For example: physicians, nurses, occupational therapists, physiotherapists, almoner and so on. They had in common to describe their own part in the flow and do it as real as possible.The first step is to describe the way patients with this diagnosis pass throw the hospital flow today. When this is done, experience shows that it's quite easy to see how and what we should do to develop and improve the flow through the hospital for our patients. What makes this possible is of course the competence that this group together brings out. Next step is to take the improvements in to action and of course follow up the results. During this work the group also selects two persons (a physician and a nurse) that further on will be in charge of the flow chart and, if necessary, start all over and look for new development. RESULTS: To day we have personnel that knows what's going on whit "our" patient eventhough they are not jet in our units care, or has allready left for a new one. Continuty for the patient and personnel is achieved.

1196 POSTER

Completing treatment for acute lymphoblastic leukaemia; a parent's perspective

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Health professionals recognise that the time surrounding completion of treatment can be stressful for parents of a child with Acute Lymphoblastic Leukaemia (ALL). Although there is research that examines the issue of completing treatment and complications from therapy, there is little that specifically addresses the parentsí experience within the months of treatment completion. This research study explored the experiences of parents, to understand some of their immediate concerns when their child has completed treatment, what strategies were useful, and how some of these experiences changed over time. A narrative inquiry approach was used to facilitate the parents to express their stories. Individual indepth tape-recorded interviews captured the narratives of twelve parents (eight mothers and four fathers) whose child had completed treatment for ALL in the past twelve months. The children's ages ranged from 4.9 years to 16 years, an average of 10.3 years and had completed treatment for 2 to 8 months, an average of 4.9 months at the interview time. A grounded theory approach was used to analyse the data, with researcher fieldnotes and journaling. Some parents explained the experience of completing treatment as like a journey, mixed with relief and fear. Others spoke of the exhaustion and of setting new paths in their lives. The parents used various resources in their transition, reflected on their experiences during treatment and revealed the end of treatment celebration was significant for most. Obstacles in this journey were expressed as fear of relapse especially at the time when the child maybe unwell with symptoms similar to those at diagnosis or heightened anxiety near appointments. However gradually the journey becomes easier as the parents rationalise their fears, although the shadow of relapse still lingers. Mothers and fathers experiences differ, even for spouses and likewise for siblings. Although a small study limited by number of participants and one institution, it does highlighted the diversity of experiences and how family life can interplay with these experiences. The outcome of the study was to improve health professionals understanding of the parentsí experience at this uncertain time; and develop improved more appropriate supports for the child and family.

1197 POSTER

Breaking bad news guidelines

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Background: Breaking Bad News is a daily occurrence within cancer care. As part of a peer review project within Guy's and St Thomas' Hospital Trust the need for clear, easily accessible breaking bad news guidelines has been highlighted as an area for development.

Materials and Methods: A working group was established to formulate the guidelines. This group consisted of a clinical development nurse, lead nurse for palliative care, specialist registrar in palliative care and the carers psychological support co-ordinator. Other guidelines available within the cancer network and in medical and nursing literature were reviewed. Those identified were found to either contain too much or too little information and were not user friendly.

Utilising the experience within the working group we created a visually stimulating pocket sized guideline containing the essential information required to break bad news. These guidelines were then circulated to consultants and clinical nurse specialists within the oncology directorate. Following feedback a number of guidelines have been printed by the trust. A questionnaire has been designed that will be circulated with the guidelines to those most likely to break bad news These will be used as part of a trust audit to identify the usefulness of the guidelines, determine how well breaking bad news is documented and identify any further resource and educational needs required. This has been distributed in clinical areas such as outpatients and the Oncology wards. The questionnaire will be completed by the health care professional having read the guidelines and then delivered bad news. The medical notes will be retrospectively reviewed to assess documentation.

Results and Conclusion: The pocket sized guidelines will be presented. The audit is currently in progress. The questionnaire format, distribution, response rate and results will be presented along with results of documentation. Further recommendations based on this experience will be explored.

1198 POSTER

The changing nurse in cancer care – support our clients

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The role of the nurse has undergone many changes over the years. As recently as ten years ago, nurses were the only group of professionals who were not university trained but rather learned our trade using the apprentice method. The role of the nurse has been defined and described by many experts over the years and this role and definition has continued to extend in an effort to meet new challenges. Experience and further courses of advanced study have allowed nurses to develop specialisation in a particular area of choice. These options have resulted in the development of advancing nursing practice to the construction and establishment of nursing research to enhance patient care. In oncology nursing the challenges to patient care continue to change with many more patients being treated as Out-Patients in Day Wards. Consequently the feelings of vulnerability experienced by many patients may not be exhibited during the short time spent within a Day Ward. As a result of the shorter periods of time spent in hospital, many patients actively try to find a place to bring their thoughts and fears or they may wish to find a place which will support them in coming to terms with their cancer and afford them that opportunity to learn to live again. Many of these people find that help and support at ARC Cancer Support Centre. With more than 6,700 visits annually to avail of support services, this paper describes the role of cancer support in Ireland as initiated at ARC Cancer Support Centre and illustrates the extended role of the nurse in supportive cancer care.