1233 POSTER

Developing chemotherapy education: A collaborative approach

M. Grundy[1], J. Preston[2], M. Brown[3], J. Devlin[4], E. Gillies[5], N. McIntosh[6], D. Molloy[7]. *[1] The Robert Gordon University, School of Nursing and Midwifery, Aberdeen, United Kingdom; [2] Beatson Oncology Centre, Glasgow, United Kingdom; [3] South Glasgow University Hosptals NHS Trust, Glasgow, United Kingdom; [4] South Glasgow University Hosptals Trust, Glasgow, United Kingdom; [5] NHS Education for Scotland, Edinburgh, United Kingdom; [6] Yorkhill Hospitals NHS Trust, Glasgow, United Kingdom; [7] Beatson Oncology Centre, Glasgow, United Kingdom*

Cytotoxic drugs are potentially hazardous to staff, patients and the environment (Allwood et al, 2001). To minimise the risk involved in the administration of these drugs all health care professionals involved with cytotoxic chemotherapy need to have the appropriate education and skills. In Scotland, it is predicted that the number of people receiving cancer chemotherapy will double in the next 10 years (SEHD, 2001). To meet this demand, an increasing number of skilled and educated nurses will be required and relevant and appropriate educational courses will therefore need to be available.

Given the current manpower shortages within the NHS it is becoming increasingly difficult for health care professionals to be released from the workplace to attend educational courses. Educational providers therefore require to consider flexible ways of offering educational courses to increase accessibility and uptake. Distance and particularly e-learning are currently being advocated as means of increasing both flexibility and accessibility of educational programmes. This presentation outlines a collaborative approach between an education provider and an NHS Trust in developing an on-line chemotherapy module and associated work based learning module. The presentation aims to share with others the challenges involved in undertaking such an initiative.

References

[1] Allwood M. Stanley A. Wright P. (2001), The Cytotoxics Handbook, (4th edn), Oxford: Radcliffe Medical Press

[2] Scottish Executive Health Department (2001), Cancer Scenarios, Edinburgh: SEHD

1234 POSTER

An information and communication booklet for hematological patients

H.M. Vrehen[1], J. Breugem[1], J. Ebbers[1], C. van Kleij[1], J. Kniest[1], E. Petersen[1], H. Wessels[2]. *[1] Hematology, [2] Patient Education, University Medical Center Utrecht, Utrecht, The Netherlands*

Background: Patients with haematological malignancies are confronted with complex treatment regimens. The amount of information on proceedings and side effects of treatment is often too much for them to comprehend. In order to optimize the information a project was started in 1998. The aim was to develop multidisciplinary information and communication booklets to support the information given by specialists and nurses. Patient information booklets on several diseases are available now: leukaemia, NHL, autologous and allogeneic SCT. In 2002 a new booklet about allogeneic SCT with nonmyeloablative conditioning was presented.

The patient information booklet consists of a combination of pictures and text. It includes all information about the treatment modalities, the hospital ward, the transplantation period and follow-up care. Attention is also paid to nutrition, how to deal with fatigue and changed sexuality. A communication section for patient and for caregiver contains a list of subjects to be discussed when the patient gets his information from the doctor or the nurse. The patients were instructed to bring the booklet to each appointment with their specialist or nurse.

Methods: All patients (32) who had received an autologous SCT were asked to fill in a questionnaire about their experiences with the information booklet, 15 patients returned the questionnaire.

Results: Their answers gave us a positive outcome. All patients felt well prepared for the transplantation. The patients experienced a similarity between the written and verbal information. The content of the booklet was very clear and understandable. The booklet was most frequently consulted during the period before the transplantation. Several patients indicated that they needed more information about how to deal with fatigue, the impact of the transplantation on their social life, the restart of daily life activities and their job.

Conclusion: The booklet has proven to be an essential part in improving the information and communication process. The results indicated that the information booklet is also very useful in supporting and educating the patient. Attention has been paid on all remarks of the patients in the newly developed booklet.

1235 POSTER

Information needs of women with recently diagnosed ovarian cancer, followed over time.

M. Browall[1], M. Carlsson[2], G. Horvath[1]. *[1] Sahlgrenska University Hospital, Dept of Oncology, Gothenburg, Sweden; [2] Uppsala University, Dept of public health and caring sciensis, Uppsala, Sweden*

An important integral part of excellent patient care is to fulfill informational needs for patients with advanced cancer, to enable them to adopt to, and better comprehend the situation. Lack of information is a source of anxiety and distress and can have an impact on psychological coping, satisfaction and quality of life for these patients. Most of the studies of women's information needs have been made on women with breast cancer and little is known about the preferences of women with ovarian cancer. In this study a consecutive sample of women with recently diagnosed ovarian cancer who admitted to the Department of Oncology at Sahlgrenska University Hospital for their first chemotherapy treatment between June 1999 and July 2000, were asked to participate. The information needs were evaluated by means of a structured interview at three times, before treatment (2-3 weeks after diagnosis), after finished treatment and 6 months after finished treatment. The interview were based on paired comparisons approach described by Thurstone. The patients had to rank nine categories of information covering physical, psychological and social aspects of cancer care. Sixty-five of eighty-two possible women chose to participate and participated in the three measures. There were only small changes in ranking in the three measurments. The most important information need were in all measurments information about the likelihood of cure with information about the stage and spreading of the disease and different types of treatment options, therafter.

1236 POSTER

District nurses perceptions of a home based nursing service for dying patients: a national survey of reasons for referral and non-referral

S. Wilkinson, D. Fellowes, M. Goodman, J. Low, F. Harvey. *Marie Curie Palliative Care Research & Development, Royal Free & University College Medical School, London, United Kingdom*

Background: For most patients home is the preferred place of death. The Marie Curie Nursing Service (MCNS) was established across the United Kingdom in 1952 to provide nursing care to enable patients to die at home. The service relies on other health professionals for referrals, it is therefore imperative that they understand the criteria for referral. The aim is to investigate the factors that influence or mitigate against district nurses (DNs) referring to the MCNS.

Methods: Forty Community Trusts were included and stratified to maintain the mix of urban and rural trusts in each MCNS region. Questionnaires were sent to a random selection of 40 DNs from each trust.

Results: 879/1365 DNs completed a questionnaire (64% response). Most (838/868) saw the MCNS as primarily providing respite care for carers. Less than half (391/819) would consider referral during the palliative phase and referral focused mainly on the end of life stages. A minority of DNs (354/841) stated that patient and family unwillingness for the service was a reason for non-referral. 563 DNs indicated sufficient expertise to provide adequate palliative care themselves but only a minority (112/879) had a recognised palliative care qualification.

Conclusions & Recommendations: The MCNS is a valued service to DNs and patients. Confusion still exists for DNs about the most appropriate time to refer, or what services can be expected. Improvement in communication links between the MCNS and DNs throughout the country is needed together with more education to inform DNs of the wider role offered by MCNS.