

additional unit specific study days throughout the year. A number of learning packages have been developed to facilitate education. Ongoing support will be provided through teams comprised of a mix of senior and junior staff. This in itself recognises the valuable contribution all members of staff make towards support and professional development.

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POSTER

An evaluation of formal staff support sessions within a specialist breast unit

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Background: Oncology Nursing is recognised as a demanding and stressful area of nursing practice. Hedley Atkins is a designated breast unit, which cares for women with both newly diagnosed and metastatic disease. This environment presents unique learning opportunities to follow the patient through the cancer journey. This presents challenges for the staff supporting patients and their families through various treatments often with uncertain outcomes. To meet the demand for Clinical Supervision and to accommodate the developmental, educational and professional needs of staff, formal support sessions facilitated by a cancer counsellor have been implemented.

Materials and Methods: The sessions are held monthly for a period of one and a half hours. The sessions are not structured but develop through nurses identifying issues or events they have experienced in the clinical setting. As the group was formed just over a year ago it is considered an appropriate time to evaluate its effectiveness. An audit is being undertaken by questionnaire to ascertain the benefit to individual ward team members and to discover if the format of the session requires revision.

Results and Conclusion: The questionnaire format, distribution, response rate and results will be discussed on the poster. Further recommendations and conclusions will be explored.

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POSTER

Breast cancer patients' satisfaction with care following changes in length of stay and care delivery.

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Early discharge after surgery for breast cancer has been called for in Iceland like in other countries. The length of stay after surgery for breast cancer was recently shortened in a university hospital in Iceland, from 5-7 days to 2-3 days. Subsequent changes were made in the delivery of care, with the inclusion of a hospital-based home care service.

When making considerable changes in care delivery it is important to evaluate these and compare to previous care. Patient satisfaction is considered to be an important indicator of healthcare quality. The overall aim of this quantitative retrospective survey was to assess breast cancer patients' satisfaction with care received following the diagnosis of breast cancer and during treatment, and to compare patient satisfaction before and after changes in delivery of care after surgery.

Method: An extensive study-specific questionnaire was used to gather the necessary information concerning i.e. received information, manner of professionals, perceived professional competence, psychosocial support, care of significant others etc. as well as background questions.

Procedure: Two groups of women were contacted by telephone and offered participation. Group 1: women who underwent surgery during a period of 7 months prior to changes in length of stay, and group 2: women who underwent surgery during a period of 7 months three months after the implementation of change in length of stay and delivery of care. 112 agreed to participate (33 in group 1; 79 in group 2) and received questionnaires by mail. Returned questionnaires were 95, with a response rate of 93% for group 1, and 82% for group 2.

Findings: Changes in delivery of care did not influence satisfaction with care; therefore the two groups were combined for further analysis of the findings. The majority of participants were between 51-60 years old and diagnosed with breast cancer more than 6 months ago. About half (54%) underwent mastectomy and 49 (52%) were taking tamoxifen. In general the sample was very or rather satisfied with most aspects of care. The women were less satisfied with psychosocial components of received care.

Conclusions: Length of stay can be shortened without adverse effects on patient satisfaction if other components in nursing care delivery are

changed as well. Women recently diagnosed with breast cancer are generally satisfied with received care. More attention needs to be paid to psychosocial components of care.

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POSTER

Principles and nursing implications of patients receiving chemotherapy: A Hellenic course accredited by EONS.

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Background: It is acknowledged that a safe level of care for patients receiving chemotherapy requires specialized preparation of registered nurses. Continuous education remains a main way to keep updated their appropriate knowledge, ensuring safe patient care. The Principles and nursing implications of patients receiving chemotherapy organized by the Hellenic Oncology Nursing Society, sponsored by Jansen Cilag, has received EONS accreditation for three years (2002-2005). The aims of the course were to enhance nurses' knowledge and skills in scientific basis of chemotherapy, safe chemotherapy preparation, administration and disposal of antineoplastic agents and quality patient nursing care.

Methods and Materials: The three days course took place from 14-16 June 2002 in Patras and 5-7 July in Halkidiki.

A total of seventy registered nurses responsible for the delivery of chemotherapy in hospital or ambulatory settings all over the country, who accepted the invitation of the society, attended the 15 hours courses.

At the beginning of the courses the participants were given a Reader containing speaker's presentations, slides' presentations and bibliography.

In the first two days the presenters lectures covered the courses aims. In the last day the participants had the opportunity to network and exchange experiences in workshops based on case studies. At the end of the course nurses evaluated the programme through an anonymous questionnaire.

Results: From the 70 handed out questionnaires 13 had to be rejected due to missing data. The vast majority of the nurses evaluated the course as very good or excellent on a likert scale 0-5 (0=poor and 5=excellent). Moreover the ten presenters were evaluated as very good to excellent. Although 93% of the respondents reported that their knowledge was improved significantly, only 65% felt that the application of new knowledge in practice would be an easy task. However a remarkable number of nurses (44%) emphasized the need for more time to consolidate the new knowledge. The workshops were appraised as the most beneficial experience of the course.

Conclusion: The accreditation and application of this course proved to be a valuable experience for both organizers and participants. A common proposal of all the participants was the replication of the course, which keeps up with the society's future plan.

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POSTER

Implementation of new nursing documentation within oncology outpatient unit based on two sites within Guy's and St Thomas' Oncology and Haematology Directorate

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Background: Iyer and Camp (1995) describe documentation as the most significant function of the registered nurse, since effective recording of patient care will demonstrate the patient's responses to nursing intervention. The nursing documentation within oncology outpatient settings was inconsistent and ineffective. Therefore the purpose of introducing a new documentation was to standardise between sites and create a more precise record keeping system.

Materials and Methods: Documentation was collected from several trusts. It was compared, contrasted and disseminated amongst the nursing staff for views and opinions. A new documentation was developed and sent out to all departments within the Oncology Directorate. The poster being presented is an example process mapping, which looks at the practices that the working party were involved in. The unit had no formal documentation and the poster identifies the steps that were involved in formulating a structured and effective way of record keeping within the outpatient units.

Results: The new nursing documentation consists of; chemotherapy initial assessment sheet, patient treatment diary booklet, patient appointment card, record of information and teaching, multi-disciplinary support record, nursing assessment and evaluation. Examples of these will be included in the poster. All documentation is now in full use and overall opinion from nurses appears to be good and communication between the multi-disciplinary team has improved. An audit tool is being developed to evaluate the documentation this will also be presented.

Conclusion: Nursing, Midwifery Council in the UK (NMC) (1998) highlights the significance of record keeping in promoting continuity and consistency of care, which can also lead to enhance evaluation of clinical practice. The proposed audit will give us a more detailed insight into the effectiveness of current documentation. The audit will include separate questionnaires for patients and nursing staff.

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POSTER

Impact of the National Cancer Research Network clinical trials portfolio at Guy's & St. Thomas' Hospital and peripheral trusts in SE London

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Background: In response to the UK NHS Cancer Plan, the National Cancer Research Network (NCRN) was established to promote research activity in England, by increasing recruitment of cancer patients onto clinical trials. The NCRN is working towards a national target of increasing recruitment of 10% of new cancer patients onto clinical trials. On a regional level, the South East London Cancer Research Network (SELCRN) was set-up to promote trials in six NHS Hospital Trusts within SE London. King's College and Guy's & St. Thomas' Hospitals are established research centres supporting cancer clinical trials. However, other hospitals within the network have little or no experience in this area.

Material and Methods: With the advent of the NCRN, many non-commercial clinical trials at Guy's & St Thomas' Hospital have become endorsed by the NCRN. This has resulted in existing trial nurses continuing to manage these studies, with the added advantage of receiving additional support from SELCRN. With the introduction of the endorsed trials, there is now a wider choice of studies available and patients can be recruited onto the most appropriate regimen. Problems may arise when a commercial and NCRN endorsed study are in direct competition for recruitment as commercial trials generate income, but NCRN studies only count towards government targets.

SELCRN research nurses have been recruited to establish with the other hospital sites, an environment whereby trials can be successfully introduced and supported. Whilst local staff at the peripheral sites have been supportive and enthusiastic, the SELCRN nurses have experienced some difficulties. These include; long delays in receiving local ethics approval, lack of physical resources (e.g. space) and problems resulting from hospitals being unable to provide services required by the study (such as chemotherapy). It is hoped that by introducing trials at peripheral hospitals in SE London, patients throughout the region will have the opportunity to participate in studies without the need to travel to Guy's & St. Thomas's Hospital, which may be geographically distant from their home.

Results and Background: We will discuss the impact the introduction of the NCRN trial portfolio has had on existing staff at Guy's & St Thomas' Hospital and SELCRN staff at the peripheral sites. We will highlight the difficulties each has encountered whilst identifying the beneficial effects of introducing the NCRN portfolio for both staff and patients.

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POSTER

Co-operation and competence in cancer care

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As nurse consultants in the Norwegian Cancer Society (DNK) we often get insight in how the cancer patient experience their meeting with the public health system. Both patients and health workers report a lack of communication between the different levels of the system. Good co-operation requires qualifications and must be developed. Our project is meant as a contribution to this and the aim is: "DNK will cooperate with professionals in the public health service to establish models for cooperation and communication. The aim is quality assurance of the health care services offered cancer patients." 1. Stimulate the establishing of multi professional competence groups in separate municipals or inter municipal, if desired with representation from hospitals. 2. Further develop and participate in establishing structured models of co-operation between levels of health care and other municipal services. 3. Based on defined needs offer teaching as part of competence-enhancement 4. Pinpoint, coordinate and use existing knowledge and resources The projects timeframe is 010201 – 311203 The project carries out in 13 municipals in the three counties; Nordland, Troms and Finnmark, and one hospital in each county participate. Measures:

- multi professional resource groups are established in the municipals. Participants are from health care, social services, the local Social Security Office, pharmacy, parish - the groups receive teaching and counseling - routines and procedures for cooperation will be tested out - inter municipal network meetings will be carried out The project is meant to give the individual cancer patient a better life based on higher level of confidence and a better coordinated health care. For the professionals it is meant to give an opportunity for enhanced knowledge and a better workday as a result of better information flow and communication.

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POSTER

Education of oncology nurses

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Educational programme for oncology nurses - Basic Course intended for nurses beginners, after four-year secondary schooling, has been conducted at Institute of Oncology and Radiology of Serbia since 1996.

Department for educational activities, ie. Section for staff-nurses education was established at Institute of Oncology and Radiology of Serbia in 2002.

Such an organizational model enabled more systematic approach to application of educational programme, of which contents was partially innovated and combined with the corresponding number of classes in practice.

Aim: To investigate level of specific knowledge in oncology health care before conducting educational programme and after finishing the programme.

Methodology: N= 22 participants attended the course of similar age and working experience of 1-2 years.

Instrument: Test of knowledge before and after educational course.

Educational programme includes primary, secondary and tertiary prevention, principles of multidisciplinary treatment, health care in oncology surgery, chemotherapy, radiotherapy, pediatric oncology and terminal phase of illness.

Discussion: Analysis of the test results before educational programme showed dissatisfied knowledge of majority of participants, especially in the field of radiotherapy. Final test will be conducted after finishing education at the end of May 2003, and the results will, eventually, be presented in ECCO Conference.

Conclusion: Dissatisfied knowledge before education and nurses interest during the course indicate need for acquiring specific knowledge, so it is realistic assumption that final evaluation will be positive.

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POSTER

The use of a written treatment plan to improve patient information. An audit of patient satisfaction.

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Recognition of the importance that patients with cancer attach to information provision has been widely acknowledged (Meredith et al 1999, Knowles et al 1999, Fredette & Beattie 1986). However, retaining detailed explanations of complex cancer treatment can be difficult for patients. The environment of the out-patient clinic makes effective provision of patient information challenging for health care professionals because of the rapid throughput of patients. This paper will present the introduction of a written Oncology Treatment Plan as a way of improving patient information provision and retention following oncology clinic consultation. The treatment plan gives patients' a record of whom they saw and what treatment was decided with the addition of common side effects in a tick box format. Hospital and patient contact numbers are provided within the treatment plan. The treatment plan was introduced in a colorectal out-patient clinic. Involvement of the clinic nurses was crucial to ensure that all new patients attending the clinic received a written record of the treatment decision. The use of the treatment plan and patient satisfaction with information was audited. Patients were sent questionnaires regarding their satisfaction with information provision and usefulness of the treatment plan. 50 patients were sent questionnaires, 45 responded showing a 96% response rate. The results of which will be presented.