

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.

1241

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.

1242

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.

1243

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.

1244

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.