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POSTER

Train the trainer - about fatigue

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Background: We are 8 nurses working in different cancer centres throughout Denmark and we are the members of SIG FATIGUE (special interest group for fatigue in Denmark started in 1996) We have been trying to understand the impact of fatigue on our patients and to improve ways of helping these patients. Between 70% and 90% of all cancer patients see fatigue as a problem.

Although fatigue is a well-known problem in cancer patients, we find that it is rarely documented, assessed or managed adequately. Subsequently we have been addressing the task of generating interest for fatigue in nurses involved in the care of cancer patients.

We have produced patient information pamphlets the last update 2003. We know that written information seldom can stand-alone. This made it necessary for us to find a way of imparting our knowledge to our colleagues. We have over time produced a comprehensive teaching material on the subject of fatigue and taught both nurses and nurse students working in the field of oncology in cancer centres in Denmark. Although there is an interest in fatigue and we are often invited to talk to staff about fatigue we are not having a great impact on the day to day nursing care of cancer patients with the problem of fatigue.

Method: We decided that it was necessary to take our tuition a step further and have now planned two courses of longer duration. The course is built up over two days The first day is an in depth tuition on the subject of fatigue. Including current theories, causes symptoms, possible interventions, and ways of evaluating implemented interventions. The second day we have arranged to have a Chartered Occupational Psychologist to talk about the best way of introducing new knowledge to a work place.

Conditions of access to the course: Two participants from the same work unit to take part in this course simultaneously. Accept and help from unit management both to attend the course and time to plan tuition. A planned date for the first teaching session on fatigue.

We had 24 participants

Our Experience: Our 1 day started with an introduction round "I am here today because ..." This gave us many key words such as: Focus, demand, education/instruction, advice, tools, patient contact, colleagues, concrete knowledge, understanding and implementation. The participants were very clear about the fact that fatigue is a problem they wish to address on a daily basis.

To reach this goal they need:

- **Information:** Concrete knowledge and understanding of the subject fatigue.

- **Tools:** To help deal with it.

- **Implementation:** Knowledge of how best to implement their new knowledge.

Day 2 had focus on implementation Chartered Occupational Psychologist.

Our conclusion is that by using this form for teaching that we will influence the daily care of cancer patients suffering from fatigue. That nurses will incorporate fatigue in their working day as a matter of course with the same value of importance they give to pain and nausea

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POSTER

The nursery development program in the hematology and oncology clinic of Tartu university clinics

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Background: During the last decade, since Estonia became an independent state again, the Estonian medicine has been developing fast. The same development can be seen in cancer nursing.

In 2000 was formed the Clinic of Tartu University, it consists of many different clinics, one of them is also the Hematology and Oncology Clinic of Tartu University Clinics. Our clinic consists of three departments: a bone marrow transplantation and intensive chemotherapy department, a surgery and a radio- and oncotherapy department.

Activities and aims: The Clinic's nursery development program is included into the Estonian Nursery Development Program.

The Estonian Nursery Development program demands for the year 2015 that all nurses must have a Bachelor degree and also they names must be written in the nurses' register by 2005.

More attention is being paid to nursery documentation (nursery anamneses, nursery plan, nursery diary, nursery epicrisis).

It is necessary to favour that the nurses would develop their working skills, and get more special courses, also their ideas and initiatives would be seriously considered by doctors. Due to the better education the demands are higher for the qualified sisters.

Results: Nowadays nurses do research works that has been previously seen as unnecessary and ridiculous.

The role of a nurse is becoming more independent; nurse is not simply a person who has to follow doctor's orders blindly.

Nurses feel more self-confident, they have their own points of view, they are able to cooperate all this has become a priority in nurses' work.

Conclusions: Regardless of many positive points in nursery this system is new and there is a lot of work to do, especially because there are many people who don't accept the new directions very easily.

Thus, regarding the present work, the main aim of oncology nursing and of the medicine in general is to focus more and more on the patient's needs. Since a nurse is the closest person to a hospitalised individual, it is her duty to inform the patient about the whole curative process. In order to update her knowledge, the nurse has to get appropriate and continuous additional education.

Finally it is important to conclude that the Nursery Development Program focuses on patient and teamwork and relies on the nurse's personal educational development that makes the bases for the most successful work on that field.

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POSTER

The role of the Clinical Research Nurse (CRN) in conducting clinical trials.

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The role of the Clinical Research Nurse (CRN) in conducting clinical trials. CRU is a part of Department of Oncology at Herlev University Hospital in Copenhagen, Denmark. The unit employs 6 CRNs who have delegated responsibilities in a various number of clinical trials. From preparation to completion of the trial, the role of the CRN is to adhere protocol procedures. Regardless of its complexity, the CRN helps to minimise the inconvenience of the patients and insures their safety and wellbeing. The nurse's educational background and experience in co-ordinating a variety of assignments qualify her to take care of the multifarious tasks in a clinical trial.

Preparation of the trial: 1) Comment on a pre-existing, or write the patient information. 2) Prepare forms to describe the economical consequences and resources needed to conduct the trial. 3) Prepare administrative tools to insure protocol specific procedures and quality of collected data. 4) Train the involved nurses in handling the trial.

During the trial: 1) Screen and randomise potential patients. 2) Inform the patients. 3) Treat the patients if the trial is a phase I or early phase II, or if the drug is unknown to the nurses in the ward. 4) Perform pharmacokinetics. 5) Collect and report data in the Case Report Form (CRF). 6) Keep the involved staff informed. 7) Keep close contact to investigator, sponsor and monitor.

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POSTER

Development of chemotherapy advice sheets to support junior staff

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A review of the clinical incident reports returned from the haematology unit show that most chemotherapy incidents were by junior staff who found protocols complicated and difficult to follow. They often seemed to lack understanding in terms of practical administration. The challenging environment of haematology coupled with the difficulties with recruiting experienced nurses has meant the role of the junior nurse has become more fundamental than ever before. The inherent knowledge gained through working with senior colleagues and experiencing different clinical situations is greatly reduced, and therefore junior nurses need to have access to this "practical knowledge" that more experienced nurses take for granted. As a result of the review practical advice sheets have been developed for each regime. They contain important information needed for safe administration,

that otherwise would not be documented but is accepted practice e.g. pre, during and post chemotherapy blood tests, fluid requirements and drug reactions etc. The advice sheets have been placed with the chemotherapy protocol to ensure they are accessible. It is anticipated that evaluation of the advice sheets will be carried out in 6 months time and appropriate changes made according to staff needs. However first impressions seem to suggest that these advice sheets are much appreciated.

Rehabilitation

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POSTER

Effectiveness of rehabilitation for mastectomized woman, before breast reconstruction

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Background: The aim of this study was to measure the effectiveness of the rehabilitation treatment which follows mastectomy and precedes reconstructive surgery. The reconstruction performed was with Latissimus Dorsi or with Rectus Abdominis miocutaneous flaps. Particular attention was paid to posture disorders and modification of normal daily activity.

Material and methods: 60 patients were examined of whom 28 were to undergo breast reconstruction with Latissimus Dorsi miocutaneous flap and the others with Rectus Abdominis. All the patients had at least one physiatric examination. Follow up was planned for one, three, six and twelve months. The Latissimus Dorsi patients were divided into 2 groups; 8 were given just the examination, the remaining 20 were given an additional group rehabilitation program, once a week, for a minimum of 3 months, before the reconstructive operation. The Rectum Abdominal flap group was also divided in a similar way into 20 and 12 respectively. Altogether 32 patients took part in the three months preparation. Patients participating in the study fulfilled the following requirements: – operated on for mastectomy not more than 6 year previously; – illness free; – free of orthopedic and neurological pathology.

Criteria for exclusion were: – previous skin radiation treatment; – presence of scars due to previous abdominal or thoracic surgery; – lower limb asymmetry greater than 0,5 cm.; – severe deformity of the spinal column. The psychiatric examination comprised measurements standing and lying down. Attention was devoted most of all to the posture co-ordination and breathing rhythm, articulation of the limbs and muscle tone. Moreover patients were asked about their daily activity, work routine, sports and hobbies. The rehabilitation program for both groups consisted of exercises to extend muscle structure, to loosen up joints, to stimulate muscle reflexes, to become aware of breathing and co-ordinate walking.

Results: From an analysis of the data of both groups, it was evident that the patients who had participated actively in the program had improved their posture, their muscle reflex and their ease of movement. For these reasons resumption of normal daily activity was easier, more rapid and more sustained.

Conclusion: In conclusion: our results shows that a dedicated rehabilitation program is beneficial for those awaiting this kind of breast reconstruction. The objective is the maintenance of a good quality of life which would otherwise collapse (and never recover). For the same reasons we could argue that such rehabilitation is valid prior to any kind of breast reconstruction, because it offers a good functional recovery.

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POSTER

A European perspective of lymphoedema management: travels in The Netherlands, Austria, Germany and Sweden

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During summer 2002, a travel fellowship to mainland Europe was funded by the Winston Churchill Memorial Trust. The aim of the travel fellowship was to investigate the different methods and schools of management of cancer related lymphoedema. Clinics and independent practitioners in the Netherlands, Germany, Austria, and Sweden were visited to illuminate the broader picture of Lymphoedema management in the European setting and how this contrasts with what is offered within the UK.

As a result of this travel fellowship, it is possible to see that lymphoedema treatment within the UK follows much along the lines of wider European practices, in terms of both treatment modalities and research input. Organisation of care varies greatly as does the mode of funding for treatment. Each

country or treatment method has a different emphasis within its treatment protocol, for example, Földi and Vodder methods have a strong focus on Manual Lymphatic Drainage (MLD), whereas the Skin therapists of Holland also focus on MLD but with a holistic focus on skin health. Treatment provision in the UK is often piecemeal with few centres of excellence able to offer a full range of treatment options, despite a great deal of enthusiasm and willingness of practitioners to develop skills in lymphoedema management. However, the study tour has highlighted several key recommendations to improve provision and application of care, to improve the experience of lymphoedema for cancer patients.

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POSTER

Supervised walking program for cancer patients

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Since the fall of 1998 patients at the outpatient oncology/hematology and radiation departments have been invited to participate in a supervised walking program which is run by nurses employed at the outpatient departments.

Purpose of the program:

1. Mitigate some of the side effects of the cancer treatment, i.e. fatigue, nausea, sleep disturbances, weight changes.
2. Increase the strength and activity of patients.
3. Develop group support.

Method: The walk is supervised by one nurse and one physiotherapist each time, three times weekly, all year around, in all weather, in a large, delightful park approx. 4 km away from the hospital. The group is usually divided into two smaller groups according to level of activity and fitness. Members of the fitter group walk briskly 3 km and members of the less fit group walk 1,5 -1,8 km with less intensity. Both groups participate in warm-up exercises in the beginning and stretching exercises after the walk. During the walks the supervisors are asked to place emphasis on individual and group support as well as to share information regarding rehabilitation and ways to cope with side effects of the cancer treatment.

Attendance: For the past four years the mean number of patients attending each walk has increased from four to seven, with attendance ranging from 0 to 10.

Patient satisfaction: Participants communicate both verbally and in writing on their satisfaction with the program. They describe lower intensity of some symptoms (nausea, fatigue, weight changes) and also better well-being. All patients who attend on a regular basis say the group support and the support and information of staff were most important. We hope to be able to conduct a study on cancer patients who participate on a regular basis in a supervised walking program compared to a group who does not exercise on a regular basis. We are interested to see if the groups differ in terms of fatigue, nausea, sleep disturbances, weight changes and quality of life.

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POSTER

The meaning of lymphedema in the life of women with breast cancer

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Background: This qualitative study aimed at, in the light of Symbolic Interactionism, understanding the meaning of lymphedema to women with breast cancer, observing their relations with themselves, with others and with the world.

Material and Methods: Data were obtained through interviews and record analysis with 14 women with lymphedema in the arm after the breast cancer surgery who attended a service specialized in post-mastectomy rehabilitation. The author searched to identify thematic units through Content Analysis in the selected categories.

Results: The selected categories were: 1) the meaning of lymphedema in relation to themselves, and 2) in relation to others and to the world. With respect to themselves, the lymphedema meant concern with the arm increasing volume and complications, habit changes, several difficulties, emotional alterations and the search for justifications about the presence of the lymphedema, concluding that it is a stigmatizing problem.

Regarding the others and the world, they indicated institutions such as science, work, family, health services and society, in the construction of knowledge on lymphedema, and recognized themselves as having a different body due to the increase in arm volume, transforming them in stigmatized people.