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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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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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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,