

undergone chemotherapy require a great deal of direct and indirect care, including teaching, various modes of support, monitoring, as well as help managing the side effects of treatment and symptoms of their cancer. Education and support to facilitate comfort are crucial aspects of home care.

This one group, before-after study was designed to determine the effect on the quality of life and physical and psychological health perception of planned education on control of side effects of chemotherapy and home visit in women with breast cancer.

The research included 30 women with breast cancer, living in city center, readable, receiving secondary chemotherapy in between December 15th 2003 and September 1st, 2004, at in a university hospital in Erzurum, Turkey.

Before and after test measurements were obtained on the Quality of Life Scale (QoLS). The perceived physical and psychological health status was measured on a visual analogue scale that ranged from one (poor) to five (excellent). Before test was fill out before 2<sup>nd</sup> chemotherapy, after test was fill out one week of the 3<sup>rd</sup> chemotherapy by patient.

Individualized a semi-structured education for patient receiving chemotherapy was provided as verbal at outpatient chemotherapy unit. To support verbally information through utilization literature and expert opinion the structured patient education brochure was developed by the researchers in the light of literature, and it was given patient. The brochure was included in information related to explanation how to cope with and how to control of side effects of chemotherapy such as fatigue, nausea, vomit, alopecia, infection and bleeding control, oral mucosa problems, diarrhea/constipation and availability of support groups. Patients were visited by researcher at home after approximately 2 weeks from the education. In this visits, the women were offered the opportunity to talk about experienced side effects and controls. The women were also answered questions.

There was a significant difference between before and after scores on the QoLS. Patients' quality of life scores significantly improved except sexual function, a subscale of QoLS after the planned education and home visit ( $p < 0.05$ ). No effect of the nursing intervention was found for physical health perception but nursing intervention proved to have a positive effect psychological health perception ( $p < 0.05$ ).

Although the findings in this article are based only on a small sample, this study indicates that a planned education program and home visit that is effective in improving quality of life and perceived psychological health in women with breast cancer receiving chemotherapy.

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POSTER

#### Added value of specific nurse care in a one-stop breast unit

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**Background:** One-stop units for rapid diagnosis of screened breast lesions have been explored regarding their medical and financial efficacy. There remains poor knowledge regarding the way patients attending such clinics consider it. We therefore evaluated patients' satisfaction with the one-stop clinic with special focus to the specific nursing program of the clinic.

**Methods:** A median of 33 new patients with breast cancer abnormalities are seen during a dedicated day once a week at the one-stop breast diagnosis clinic of our institution. A multidisciplinary medical team takes care of them during that day, which comprises four breast specialists (surgeon, oncologist, cytopathologist, radiologist). The aim of the clinic is to establish diagnosis within the day for more than 80% of attending patients. 50% of the attendants will leave the clinic with a diagnosis of breast cancer. We therefore have developed a specific care program for these patients during their one-day stay at the clinic. Nurses identify themselves at the beginning of the day as reference for the patients and will give them throughout the day, regular and repeated group and individualized information regarding physicians they will meet, diagnostic procedures, and eventual therapeutic procedures. Patients are followed all over the day and seen between each procedure. At the end of the day, final diagnoses are discussed individually with patients before they leave the clinic.

Three months after the venue to the clinic, EORTC Sat35 anonymous questionnaires have been sent to 299 patients seen during months of October and November 2004.

**Results:** 113 patients have answered the questionnaire. 90% were overall either satisfied or very satisfied with the one-stop clinic. Answers to the questions are coded 1 (bad), 2 (medium), 3 (good), 4 (very good), 5 (excellent). Median scores regarding humanity of nurses and quality of aid relation were 4.2, 4.3 and 4.0. Patients considered nurses had paid attention to their person and their comfort (median scores 4.1 and 4.1). Although scores regarding quality and amount of information given by nurses were quite good, patients may however expect a little more from them (scores 3.8, 3.8 and 4.0). Furthermore, patients may expect more time dedicated to them by the nurse during the day (score 3.8).

**Conclusion:** Outpatient hospital fashion-based nurse care during procedures of a one-stop breast clinic seem to provide added value to the patients, of which they are overall very satisfied.

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POSTER

#### Healthcare advocacy: organizational strategies and successes

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Organizational advocacy for oncology patients and providers demands an increasingly sophisticated approach. Professional health policy advocates, grass-roots organization, the appointment of state health-policy liaisons, computer software that generates personal letters to appropriate members of the legislature on specific issues, one-on-one visits to legislators and their health policy aides, and sponsorship of congressional briefings have successfully demonstrated the Oncology Nursing Society's impact on cancer care public policy. However, a rapidly changing healthcare system and budgetary concerns are jeopardizing cancer care for an aging population and require new strategies to sustain quality care. A focused, tighter strategic approach could include identification of key members of the House and Senate with whom to partner at both the local and national levels. Oncology Nursing Society sponsored events in the home districts of legislators who have been honored by the Society for their commitment to cancer care issues, and consistent visibility in their Washington, DC and home offices. Multiple projects at the state (local) level are underway. Targeted outcomes include increased support for cancer care issues including the nursing shortage, increased membership in the House and Senate Nursing Caucuses, increased requests for oncology nursing expertise and commentary on cancer care legislation, and stronger alliances between individual members of the Oncology Nursing Society and members of the legislature.

### Poster session

#### Coping and rehabilitation

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POSTER

#### The internet in help of the laryngectomized patient

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The laryngectomized person is a challenge for any Health Professional. Changes in the body image, difficulties or impossibility to communicate orally, alimentary restrictions and prolonged and frequent hospital internments are some of the many problems which affect these patients.

Despite the diversity of the problems – physical, psychic, social and economical – we must not forget that we are talking about People, with individual peculiarities, for what the availability to listen to the patient/family is fundamental for the analysis of every case in a personalized and holistic way, in search of solutions for each specific situation.

It was with this intention that, in the Department of Otorhinolaryngology of the Hospitais da Universidade de Coimbra (Hospitals of the University of Coimbra) – HUC – it was created a Help Office for the Laryngectomized, where a multidisciplinary team develops crucial activities, in order for the patient/family to feel supported in facing a new reality, promoting a better quality of life.

One of the underlying purposes for the creation of this Office is to improve the communication channels between the patient/family/Health Technicians and the Hospital, for a better readiness in solving problems of these patients/families.

Therefore came up the idea of creating an internet website that may be used by the patient/family, as well as by the Family Nurses.

By means of this website, we intend to introduce the HUC's Help Office for the Laryngectomized and the assistance that, through it, may be requested; answer the most frequently asked questions whether by patients/families or Health Professionals who are in contact with them; and to provide answers in real time to objective requests that aim at the resolution of patient/family problems, through a video-conference system.

With the achievement of such goals, we intend to improve the quality of life of laryngectomized patients, through a partnership with the Family Nurses, so that patients and families will be allowed a Care of excellence in their residence area, without having to go to the hospital. For that purpose, we are undergoing an auscultation of the needs and difficulties of the Family Nurses so they may be able to find, in this website, structuring and effective information/formation for the promotion of quality of life of the patient/family.