Nurse Specialist, who would play a major role in providing emotional support, however, at present there is no such nurse in this Bristol hospital. The ward nurses are in a good position to develop therapeutic relationships with their patients, due to regular contact.

Methods: Over a four-month period, head and neck cancer patients were interviewed in an attempt to discover how well supported they felt at various stages of their cancer journey, specifically by ward nurses. The nurses were also given questionnaires to explore their views regarding how able they felt to support these patients emotionally.

Results: It was found that many patients did feel supported by the ward nurses, while most of the ward nurses felt they could not offer adequate emotional support, mainly due to time constraints and workload. Nurses and patients made suggestions as to how emotional support of the ward may be improved.

Conclusion: Due to the findings of the research, it was decided that the ward nurses should attend a teaching session. This helped them gain a better understanding of the patients needs as well as providing encouragement that many patients did feel well supported already. The head and neck cancer patients care plan has also been updated to include a section of providing emotional support.

1626 POSTER

Evaluation of the supportive care needs of metastatic prostate cancer patients

A. Quennell, N. Douglas. *Guy's and St. Thomas' Foundation Trust, Medical Oncology, London, United Kingdom*

Background: In the last 12 months, there has been an increase of patient referrals with metastatic prostate cancer to Medical Oncology for further treatment within our hospital. This is due to the emerging role and benefit chemotherapy now provides these men. This patient group, ranges in age from 37 to 90. They require ongoing supportive care, symptom support, education and palliative care input. At present, no specific support system is in place for these patients.

Material and Methods: An audit of this patient group is being undertaken at present. The audit will collect data in regards to the current support needs of these men, who they are met by, and how they feel that this can be improved. Patients have also been asked whether they would like to attend educational group sessions, on specified topics and/or topics of their choice and to meet together on a regular basis. A proportion of these patients are currently enrolled in a clinical trial, evaluation to see whether their support needs are meet by the Research nurse will be discussed.

Results: An evaluation of the audit results of the 60 patients currently visiting the Medical Oncology Department at Guy's Hospital will be undertaken and presented.

Conclusion: The audit has been developed to assess the current support needs of men with metastatic prostate cancer, and to evaluate what support programme/resources need to be developed. We wish to involve these patients in the future development of their care and not to provide what we think is best. Due to the wide age ranges and symptoms of this group of men, we strive to provide a service that is comprehensive to their needs.

1627 POSTER

Quality of life, depression symptoms and informational needs of cancer patients receiving chemotherapy and those of their families

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The purpose of this study was to determine the quality of life, depression symptoms and informational needs of cancer patients receiving chemotherapy and of their family caregivers. This article presents findings from a study of 111 patients with cancer and 34 of their primary family caregivers from an outpatient chemotherapy unit in eastern Turkey. The results indicated that the patients perceived a poorer quality of life than their family caregivers. The patients also were more clinically depressed. Furthermore, both the patients and caregivers received little information regarding the illness and the side effects of chemotherapy from their health professionals. Nearly, half of the patients and over half of the caregivers reported that information was given by health professionals was verbal. Most of both patients and caregivers reported that they felt that they need to be visited by health professionals at their home when they ask for such services and/or once a week. Patients reported the need for assistance with one or more personal, instrumental, or administrative activities. Administrative activities need of patients and caregivers were found to be similar. In conclusion, nurses must continue to work hard to focus not only on the disease and its symptoms, but also on the impact on the day to day living of the patient with cancer and his or her family. Home visits may empower patients and caregivers by giving them information and professional support.

1628 POSTER

Women operated for breast cancer – their opinion of follow-up by breast cancer nurse

P. Hanselius. *University Hospital UMAS, Surgery, Malmoe, Sweden*

Introduction: A study on follow-up 2000–2002 after breast cancer treatment of selected women was carried out at the Department of Surgery, University Hospital UMAS in Malmoe, Sweden. The women were after the one-year follow-up transmitted to a nurse led out-patient clinic, where they taught to examine their breast themselves and where they received a list of symptoms to observe. Simultaneously with the early follow-up by the breast cancer nurse the women had mammography and were informed of the result on the same day.

Aim: The aim of the study was to describe how women operated for early breast cancer appreciate the follow-up of a breast cancer nurse two and three years after operation, following the one-year check-up by their physician.

Method: The analysis method used was inspired by phenomenography. The method is substance-oriented which means searching for the underlying structure of variance of essence. The point of phenomenographic studies is to describe the variety of conceptions and their prevalence in a well-defined population with respect to the phenomena in the surrounding world. Qualitative semi-structured interviews of 20 women were performed by an independent nurse.

Result: The women's statements were put together in the following three categories of description:

- Reluctance to take responsibility for self-examination.
- Accessibility gives security.
- The possibility for individualisation.

Conclusion: Follow-up after breast cancer treatment by a specially trained breast cancer nurse is a good option for selected women with early breast cancer. The women have confidence in the nurse and appreciate the easy access through her to all members of treatment team.

1629 POSTER

From a decade ago: a technology trial revisited

P. Bijdekerke, M. Spinnoy, V. Vinh-Hung, G. Storme. *Oncologisch Centrum, AZ-VUB, Jette, Belgium*

Background: When new technology is introduced, first concerns are efficacy, safety, effect on patients. But also, by definition, before it becomes widespread, new tech is scarce. It might be important to ask what influences its sharing? In a trial 10 years ago comparing radiotherapy simulators, data was collected to evaluate the impact on patient comfort and on workload. The present reanalysis examines the impact on utilization from patient perspective.

Material and methods: Twenty-four patients presenting with early stage uro- or gynecological tumour participated in a non-blinded equally allocated randomized trial comparing simulation, based on integrated CT, versus based on diagnostic CT. Times required at various steps were recorded. A patient self-administered questionnaire was completed before simulation, during transition between simulation itself and CT, and after the whole procedure. Pain, unrest, anxiety and discomfort were assessed on a scale from 0 (no symptom) to 3 (most severe). Analysis was performed by linear models with total procedure time (simulation+CT) as dependent variable. Patient characteristics, allocation and questionnaire scores were examined by stepwise regression.

Results: There were 17 men (15 prostate, 2 bladder, catheterized) and 7 women (4 cervix, 3 endometrium). Mean age was 66 years, Karnofsky status 91.8, weight 78 kg, size 1.7 m, blood pressure 156/83. Mean cumulative pain score was 0.3, unrest 2.8, anxiety 1.0, discomfort 1.2. A score >0 before procedure and its persistence after procedure was noted respectively: pain in 4 patients before procedure, persistent in 1 after procedure; unrest in 21 before and 6 after; anxiety in 10 before and 3 after; discomfort in 7 before and 6 after. Mean total procedure duration was 65.4 minutes. By multivariate analysis, factors significantly related with procedure duration were equipment allocation ($p = 0.004$), gender ($p = 0.022$), and cumulative anxiety score ($p = 0.046$). Based on the model retained, the estimated adjusted effects were: a change of equipment reduced procedure time by 11.6 min (different technical performances), gender was associated with a difference of 10.1 min (catheterization), whereas an increase of cumulative anxiety score from 0 to 5 was associated with an increased procedure time of 14.0 min (cumulative score indicated persistence of apprehension throughout the procedure) (Figure 1).

Conclusions: The CTs investigated have been both replaced with faster performing equipment. Nevertheless, the reanalysis emphasizes the importance of patient's perspective for technology appraisal. The effect of perceived anxiety incurred prolonged procedure. Optimal utilization and sharing of resources might require identification of patients with persistent apprehension, who might need improved communication and/or support.

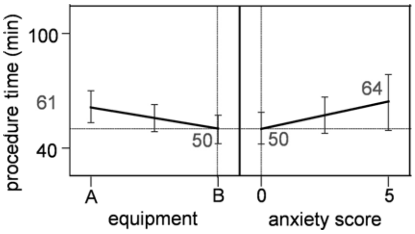

Figure 1. Modeled effect of equipment and patient apprehension. A change from equipment A to the more performing equipment B reduces procedure time from 61 tot 50 minutes. But a cumulative anxiety score from 0 to 5 (the theoretical maximum score is 9) incurs an increased procedure time from 50 to 64 minutes. Vertical bars represent 95% confidence intervals.

1630 POSTER

The detection of post-traumatic-stress-disorder/post-traumatic-stress-disorder like symptoms in cancer patients during hospitalization

M. Liossis, M. Kapella. *Hippokration General Hospital of Athens – Greece, Nursing Education, Athens, Greece*

Hospitalization is the period of time where an individual enters the environment of "health institutions" due to matters concerning his health. Hospitalization can be stress-producing for the patient, to a smaller or larger extent. This is particularly true when the patients' autonomy is reduced due to the increase in his dependence on the medical and nursing staff.

There are reports of psychiatric disorders detected during or due to hospitalization. A recently described syndrome, posttraumatic stress disorder (PTSD) can also appear in patients during hospitalization. Chronic-illness survivors can experience limitations in functioning properly, because of PTSD.

The patient with cancer is faced with the life-threatening nature of his illness, including pain and suffering. The diagnosis of cancer – no matter how favorable the prognosis may be – puts patients to a sudden confrontation with their own possible death. As a consequence they are expected to develop high levels of psychological distress.

Several investigations have documented the development of PTSD in cancer patients.

The aim of this study is a review of the literature on the appearance of PTSD/PTSD-like symptoms in cancer patients as a result of the hospitalization-related events per se.

1631 POSTER

Older women's experience of chemotherapy treatment: a qualitative study

M. Browall, F. Gaston-Johansson, E. Danielsson. *Faculty of Health and Caring Sciences, Institute of Nursing, The Sahlgrenska Academy Gothenburg, Sweden*

For many women with breast cancer their daily life following a long period of treatment, is forever changed. This can in different ways influence their quality of life. Studies shows that the research regarding quality of life in breast cancer has been mainly descriptive, through the use of standardized questionnaires, and there have been difficulties in implementing the results in cancer care. One reason for this could be that these quantitative instruments have difficulties capturing the unique in patients' experiences, and important issues that patient's may have expressed in a study with a qualitative approach is therefore missed.

This presentation will illustrates the experience of older women with breast cancer who have received adjuvant chemotherapy treatment. The presentation is based on a qualitative study with interviews of narrative nature, and analysed with content analysis. The result is presented with themes and sub themes describing these women's life during treatment as a journey from the negative experiences to the more positive. The treatment was affecting these women, and her family, in a very strong way, and where even compared with an assault on the body. The women described feelings and experiences from a constant worry, the different responses from others to support from significant others and sharing with others. They were forced to consider different demands from one self and others, different values and finally take a stance to the new life. Their experience of health care professionals during this journey were both positive and negative. They also expressed variation in the professional's attitude, knowledge, and empathy. The women who choose to stay at home and not work during the treatment felt pressure from society and health care professionals, to get back to work.

Wednesday, 2 November 2005

Teaching Lecture

1632 INVITED

Education in Europe: are we ready for the future?

S. Faithfull. *University of Surrey, European Inst of Health & Medical Science, Guildford, United Kingdom*

Education is an important tool in the development of specialist nursing within Europe. Awareness of cancer and its treatment and the impact it has on individuals and families helps in reducing negative perceptions and fatalistic attitudes. Education not only improves care, but can influence outcomes; research studies have identified that appropriate and timely nursing can make a difference. The ever changing and increasing complexity of cancer treatment delivery is demanding wider skills and critical thinking. Nurses are now working with those individuals with cancer in community or ambulatory settings and this has created the need for widening cancer knowledge to nurses working in specialities such as older people care and community health professionals. There are also social pressures that are influencing change; the demographic shift within Europe will mean increasing numbers of older people and a corresponding increase in cancer incidence. Political pressure to ensure the effectiveness and efficacy of cancer care is creating a shift towards competency assessment of health professionals. The challenge for the 21st century is to share skills across Europe recognising differences in cancer nursing practice but also in defining key skills and competencies as a standard for post basic education. The developments within education have been quite dramatic in the last 5 years with the advent of the Bologna declaration and the subsequent changes in academic and vocational educational structures within Europe which are planned to be complete by 2010. There are several action lines for educational development in the future: adoption of a system of easily readable and comparable degrees, adoption of a two cycle education system (degree, masters), establishment of a transferable credit system, competency assessment, promotion of mobility, promotion of educational quality assurance, promotion of lifelong learning, higher education and vocational courses and promoting learning through e technology and distance learning. Challenges for the future are to provide education that meets these requirements. Are we ready for this future? Those in nursing education face many challenges not only in how cancer education is provided but in redefining cancer curriculum for the future.

Proffered papers
Developing the nursing workforce

1633 ORAL

The development of an interprofessional education course for those working in cancer care

A. Menon. *King's College London University, London, United Kingdom*

Policy and professional literature support the notion that interprofessional working in cancer care is essential for quality patient care (Department of health 1995, 2000, Corner 2003). Interprofessional education maybe one way of improving teamwork by educating a number of healthcare workers at one time. A short course in cancer care offered to nurses for a number of years at the university was more recently delivered at a Trust site to a number of different healthcare workers. Such courses have been recognised to benefit a variety of healthcare workers (Wood & Ward 2000) and present a good opportunity for networking. This service development project aimed to develop the existing university based Introduction to Cancer Care course to meet the learning needs of a multiprofessional group.

Stakeholders from education and service provision were invited to form a curriculum development group. Work began on developing a curriculum which would reflect the cancer patient journey, incorporating care from a multiprofessional perspective. Three Interprofessional courses based on the new curriculum were delivered at the university (n = 29) as well as two