

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.

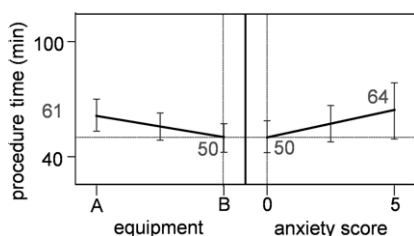


Figure 1. Modeled effect of equipment and patient apprehension. A change from equipment A to the more performing equipment B reduces procedure time from 61 to 50 minutes. But a cumulative anxiety score from 0 to 5 (the theoretical maximum score is 9) incurs an increased procedure time from 50 to 64 minutes. 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. Lioussis, M. Kapella. *Hippokraton 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

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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 illustrate 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?

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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 specialties 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 21<sup>st</sup> 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

courses at the Trust sties (n=36) and a number of healthcare workers other than nurses attended.

Data collection methods gathered information on the range of attendees and evaluated the courses and individual sessions taught. Additionally, focus groups were set up, but attendance was poor so additional follow up data was gathered through interviews. Evaluation of the courses was positive with participants reporting they had gained knowledge and skills and felt better able to care for the cancer patient. Following the courses, the limited data gathered from the focus groups and interviews indicated that participants felt better able to communicate with colleagues. Although there was little evidence that attendance on the course produced any effect on interprofessional working in the clinical area, the Trust based course did offer better opportunity for networking. Therefore it is suggested that such short courses be provided as part of in-service training in the Trust areas. Such short courses present the opportunity to educate a number of healthcare workers together but further research is vital to determine whether these courses are influencing interprofessional working and subsequent patient care.

1634

ORAL

#### Developing an education programme on targeted therapies based on the learning needs of European nurses

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Many European cancer nurses have limited experience with targeted therapies and many lack knowledge about how to meet the needs of patients receiving these novel treatments. There are few educational materials available about this topic and many of those that are available are not up-to-date. EONS, in collaboration with Merck KGaA, has embarked on an educational initiative that aims to bridge this gap. The TARGET project has the goal of enhancing European oncology nurses' understanding of the role and relevance of the Epidermal Growth Factor Receptor (EGFR) in cancer care. A European Advisory Board consisting of nurses with experience in targeted therapies and nurse education has been established. The Advisory Board decided to develop the TARGET curriculum and materials based on the results from a study of oncology nurses' learning needs in relation to targeted therapies. A learning needs assessment was carried out in 6 European countries between March-April 2005 with the aim of collecting information about oncology nurses' interest in learning about targeted therapies and to benchmark their knowledge about these novel agents. A questionnaire was developed and pilot tested with a small number of nurses. Following some minor modifications, the questionnaire was administered by telephone interview to 182 nurses with experience caring for cancer patients receiving targeted therapies from France, Germany Spain, Italy, the Netherlands and the UK. The majority of respondents were aged between 41 and 50 years (36%), had an average of 7 years experience in cancer nursing and had experience caring for a median of 6 patients receiving targeted therapies per week. Respondents indicated that short courses/conferences are their preferred means of undertaking continuing professional education. The vast majority expressed interest in learning more about targeted therapies, specifically about their mode of action and side effects.

The knowledge component of the questionnaire revealed numerous deficits in respondents' knowledge about targeted therapies. Out of 20 knowledge assessment questions, on average, 6 were answered correctly, 10 incorrectly and 4 were not answered. Many of the respondents gave incorrect answers to questions about therapy administration and patient management.

The results of this learning needs assessment has provided clear evidence to guide the development of the TARGET course materials and will help ensure that this initiative is focused on addressing nurses' knowledge deficits about targeted therapies.

1635

ORAL

#### "Train the trainer" – a course on fatigue in cancer patients. Did it make a difference?

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Fatigue is one of the most common symptoms among cancer patients. Nevertheless, several studies have illustrated, that the health-care takers do not know enough about, how they can help the patient suffering

from fatigue. Furthermore, the health-care taker's feeling of powerlessness results in not paying enough attention to this overwhelming symptom. This then leaves the patient unattended and helpless.

SIG Fatigue is a Special Interest Group of nurses working with fatigue in cancer patients in Denmark. The group is a part of the Danish Association of Nurses working with Cancer Patients. SIG Fatigue consists of 9 nurses (basic nurses, specialist nurses and charge nurses) from all parts of Denmark.

The group was founded in 1996 and its first task was to make a patient pamphlet. The next step was to develop educational material for the group to use when teaching other colleges. Acknowledging the limitation of the group's ability to reach nurses from all over the country, the group decided to arrange a 2 days course called "Train the trainer". The purpose of the course was to make the participants able to teach their own colleges in Cancer related fatigue (CRF).

SIG fatigue has held 3 courses with 72 nurses participating in all. The courses were held from spring 2003 to spring 2004. In order to sign up for the course, the participants had to ask their leader for 2 days off to plan and fulfil an education session about CRF when coming back from the course. Furthermore, we have set a standard rule that the participants should participate in pairs coming from the same department. This was to make the implementation easier.

The first day the participants were toughed about CRF by members of SIG fatigue. In advance the participants had received educational material such as overheads, some articles etc.

On the second day an industrial psychologist taught the participants about strategies of implementation. For example, how to deal with resistance from the colleges coming back from the course inspired with new ideas. The participants were asked to give a written evaluation immediately after the end of the course and the participants gave the course a very good evaluation. They said that they had gained a lot of new knowledge about CRF and that they had become aware of how big a problem CRF was for the patients.

Approximately 6 months after the course the participants received another evaluation form. The purpose of this was for SIG Fatigue to be aware of whether the participants had reached their goal or not in order to evaluate whether the course had been a success. This summer 2005 the results of all the evaluation forms will be discussed.

My presentation will contain how we planned "Train the trainer," our considerations, the demands we laid upon the participants and the evaluation of the participants. Did we make a difference? Did the course fulfill its purpose?

1636

ORAL

#### Implementation and evaluation of a self-directed learning package for nurses caring for patients with colorectal cancer

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Colorectal cancer, one of the most frequently occurring cancers, is the second most common cause of cancer death, with the incidence continuing to increase in Scotland (ISD 2000). The pathway for patients is complex and care is delivered across a variety of clinical settings. Enabling nurses to feel confident and be competent in their knowledge and skills, via education and training, is key to delivering quality cancer care both within the hospital and community. Here we report on an initiative to develop and evaluate a national training programme for registered nurses caring for patients with colorectal cancer, which was funded by the Big Lottery Fund.

The aim of the project was to improve the quality of care provided to patients by:

- Providing a comprehensive basis for nurses in the management of colorectal cancer through the implementation of an evidence-based training programme
- Reviewing evaluation methods which demonstrate changes in practice
- Evaluating the structure, process and outcomes of the nurse's role in colorectal cancer management, prior to and after the implementation of the training package

Following a comprehensive literature review the NICCI (Nursing in Colorectal Cancer Initiative) audit tool (Grocott et al 2001; le Roux 2004) was adapted for use in the project. This tool provides indicators, which are measures of the structure, process and outcomes of the nurse's role. A self-directed learning package, developed as part of NICCI, by the European Nursing Oncology Society (Hawthorn & Redmond 2000), was chosen for this study and supplemented with up-dated information. A detailed evaluation of the effect of the training package on participants'