

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.

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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.

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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?

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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'

knowledge, attitudes and perceptions of change in clinical practice was carried out using questionnaires and focus groups.

Seventy-two nurses from 6 locations in Scotland were recruited to the programme. Over a 6 month period, 4 study days were held based around the NICCI manual to introduce and supplement each section of the training programme. In addition participants were encouraged to set personal learning objectives and work towards achieving these throughout the course.

Data analysis is currently ongoing and the full results will be available for presentation at ECCO 13. Preliminary findings suggest a significant overall improvement in the participants self-reporting of nursing practice and confidence towards caring for patients with colorectal cancer.

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ORAL

Improving standards of nutritional care through the development of a nutritional care assistant role on a cancer ward: the first year's experience

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Background: 40% hospital patients suffer from malnutrition and people with cancer are at even greater risk, yet nutritional problems are largely unrecognised. The side effects of cancer treatments can interfere profoundly with patients' nutritional intake. Although evidence suggests that poor nutrition can affect clinical outcomes, nurses pay insufficient attention to patients' nutritional needs and rely heavily on overstretched dietetic services. Recent reports have identified that nutritional intake in hospitals is poor, food wastage is high and basic aspects of nutritional care are neglected at ward level. This project aimed to improve standards of nutritional care on a busy cancer ward, through the development of a new nursing role; the Nutritional Care Assistant (NCA).

Material and methods: We collected baseline data on nutritional screening practices, patients' experiences of eating and drinking, staff knowledge and skills and referrals to the dietitian. We introduced a comprehensive nutritional screening tool to identify patients at medium or high risk of malnutrition, who were then referred to the NCA for individualised assessment, advice and support, with further back up from the dietitian as appropriate. We initiated daily smoothie and fruit rounds so as to offer healthy and nutritious snacks to all patients on the ward. Follow up data was collected from patients and staff to evaluate the first year of the project.

Results: Nutritional screening practices have significantly improved, and approximately 20 patients per month now receive individualised nutritional care from the NCA at ward level. Patient comments show that the daily snack rounds are particularly helpful when appetite is poor. The NCA role has attracted considerable interest throughout the hospital and we are currently looking at adopting aspects of the role on other wards. Our experience shows, however, that changing and evaluating nutritional practice at ward level is not without its challenges. This paper will discuss the practical reality as well as the impact of the NCA role on standards of nutritional care within an oncology setting.

Conclusions: Standards of nutritional care can be improved considerably by the introduction of a Nutritional Care Assistant. Simple measures to improve food choice are extremely well evaluated by patients with cancer, but organisational and attitudinal changes are necessary if nutritional care is to assume the importance it deserves.

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ORAL

Quality management in patient care at the Institute of Oncology Ljubljana

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Background: We cannot talk of professional nursing without incorporating quality management into clinical nursing practice. Nursing managers at the Institute of Oncology Ljubljana are very aware of the importance of quality management in patient care and are constantly studying and improving processes of providing health care services to meet the needs of patients and others. This presentation will show the results of a recent survey of quality of clinical nursing practice at the Institute of Oncology Ljubljana.

Material and methods: The survey was carried out at six hospital wards from December 2004 to April 2005. At each ward, we surveyed 8 quality indicators: classification of patients according to their nursing care requirements, pressure ulcers prevention, insertion and care of intravenous cannula, management of oral medication, maintenance of wound management cart, the professional image of nurses, hospital waste management, and hospital infections prevention. All quality indicators

were derived from firmly established nursing standards and institutional policies and each quality indicator was composed of 3 to 6 sub indicators. For evaluation of each sub indicator, we used the following numerical grading scale: (1) meets the standards and policies, (2) partially meets the standards and policies, (3) does not meet the standards and policies.

Results: The results of survey are reported in table 1.

Table 1. Results of quality of clinical nursing practice

Quality indicators	Grades ^a						
	W1	W2	W3	W4	W5	W6	Total grades
Patient classification	1	2,3	1,6	2,3	2,6	2	1,9
Pressure ulcers prevention	2	2,6	1,8	2,2	2,4	2,6	2,2
Insertion and care of intravenous cannula	1,7	2,2	2,2	2,2	2,2	2	2
Management of oral medication	1	1	1	1,6	1,6	1,2	1,2
Maintenance of wound management cart	2	2	1	2,2	2,5	2,2	2
The professional image of nurses	1,1	2	1,3	1,3	1,6	1,5	1,4
Hospital waste management	1,2	1,5	1,5	1,6	1,3	1,5	1,4
Hospital infections prevention	1,6	1,8	1,2	1,5	1,6	1,5	1,5
Total grades	1,4	1,9	1,4	1,8	1,9	1,8	1,7

^aW1–W6, Wards 1–6.

Conclusions: The survey showed that there was a lot of work to be done to meet the established standards and policies. As soon as the results were known we discussed them with all ward nurses and they planned a strategy for quality improvement with their nursing team members. The proposed strategy was as follows: regular ward meetings on quality improvement, introduction of new and discussion of the existing standards and policies by nursing team members, participation in revising and developing nursing standards, quarterly quality surveys, monthly assessment of nurses' work effectiveness, stimulation for good work, leadership training for all ward nurses.

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ORAL

Exploring the work of nurses who administer chemotherapy: education, worries and attitudes questionnaire

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There is currently a dearth of research exploring the nurse's experience, education and attitudes surrounding the chemotherapy process. It is vital that current chemotherapy practice is examined or observed to understand factors, which may impinge or enhance care received by patients undergoing chemotherapy treatments. This study incorporated two elements, to explore these factors, using methodological and investigator triangulation. The overall aim was a holistic exploration of the process and context of nurses administering chemotherapy, framed within an ethnographic approach. Evaluation of this role was deemed imperative as it can inform decision-making, influence educational programme development and ultimately impact on nursing practice (Kearney, 2000). This paper will present element one of this study, which aimed to investigate those factors that may influence care of the patient receiving chemotherapy, from the nurses' perspective.

To fulfill this aim, a self completion postal survey was sent to all nurses in London who administer chemotherapy (n = 499), utilising the Education, Worries and Attitudes Questionnaire based on that of Verity (2002). Key areas of questioning included attitudes towards and concerns regarding the chemotherapy nursing role, educational preparation and perceived educational and support needs.

Data collection and analysis are still ongoing. To date a response rate of 44% (n = 217) has been achieved. Initial analysis indicates that when first administering chemotherapy the entire sample admitted to being anxious, scared or nervous. For most these feelings changed with increased knowledge and experience. However, those not administering cytotoxic drugs regularly still feel anxious. 71% worry in varying degrees about the personal risk of exposure and 80% worry about the education/knowledge deficits of nursing colleagues. Nurses perceived they had adequate educational preparation, however, nurses feel they would benefit from further on-going education. Areas highlighted included new developments in chemotherapy treatments and the psycho-social needs of patients. The findings will be discussed with regard to current literature with recommendations for future practice and education provision.