similar proportions of patients at high risk for experiencing difficulties and benefiting from referral.

1652 ORAL

Identification of the needs for organized palliative care in radiation oncology

B. Skela Savic[1], P. Strojan[2], K. Lokar[1]. [1]*Institute of Oncology Ljubljana, Division for Nursing, Ljubljana, Slovenia;* [2]*Institute of Oncology Ljubljana, Division of Radiation Oncology, Ljubljana, Slovenia*

Background: Our aim is to establish a Unit for Palliative Care at the Institute of Oncology Ljubljana, Slovenia. At the Division of Radiation Oncology, a cross-sectional study has been performed in order to determine the number of patients who would require this kind of care.
Material in methods: A questionnaire was designed, covering the following medical and nursing domains: medical indications for admission to a hospital's department, assessment of the patient's condition from the symptoms of advanced disease, nursing indications for admission to the Unit for Palliative Care, assessment of the condition of the patient according to his nursing care requirements, the patient's knowledge and awareness of his medical condition. The study was conducted for ten running days (from Monday to Friday) at the end of March and beginning of April 2005 at the Division of Radiation Oncology with a total bed capacity of 126. Each day during the observation period, the physician and nurse filled in the questionnaire on each patient, hospitalized in the Division of Radiation Oncology.
Results: During the observation period, 1108 examinations were performed per day. Of these, 416 (37.5%) examinations were performed on 167 patients with advanced disease who were the subject of our study. The majority of the patients, 90 (54%) from 167, included in the study were diagnosed with lung cancer. The most frequent indications for hospitalization were symptoms of advanced disease (37.7%), radiotherapy (22%), and chemotherapy (19%). The most frequent symptoms of advanced disease described in patients were pain (38%), poor physical condition (28%), dyspnea (21%), inappetency (20%), fatigue (16%), anorexia (13%), nausea (13%), cachexia (10%), and coughing (10%).
From the nursing standpoint, the most frequent interventions were required to alleviate insomnia (27%), control over analgesic therapy (21%), urinary incontinence (15%), bone injuries (11%), and bowel incontinence (11%). The mean grade of assessed pain by the patients was 6.4 (scale range 0–10). The risk for developing pressure ulcers, measured according to Waterlow scale, was 12.5.
According to the physicians' views, 81 (49%) patients were aware of the advanced stage of their disease. According to nurses' views, 34.7% of patients believed in their cure, 30.5% of patients did not want to talk about their disease, and only 7.6% did not believe in their cure. According to nurses' views, 40.7% of patients preferred home care, and the patients' relatives offered home care in 37.1 cases.
Conclusions: The analysis of patients day movements showed that the average standard required for medical care of patients with advanced cancer on the observed departments at the Division of Radiation Oncology would be a hospital unit with a capacity of 11 beds. In addition, we also acquired data about the symptoms prevalence of advanced disease and nursing care requirements in our patients.

1653 ORAL

Development of a clinical pathway in a palliative care unit

I. De Maesschalck, P. Schoeters, W. Van de Waeter, D. Schrijvers, R. Mathys. *ZNA Middlheim, Palliative Care Unit, Antwerp, Belgium*

Palliative care is important in patients with advanced cancer to preserve quality-of-life. Many patients will be admitted to a palliative care unit for end-of-life care. In such a unit, caregivers of different disciplines are involved in patient care. Therefore coordination of the multidisciplinary team is of utmost importance to assure high-quality patient-centred care. This could be done by means of a clinical pathway.
The members of the palliative care unit of the ZNA Middelheim, involving physicians, nurses, psychologists, dieticians, spiritual helpers and volunteers developed a clinical pathway following the methodology suggested by the Belgian–Dutch Clinical Pathway Network.
The aim of the clinical pathway was to assure involvement of all members of the multidisciplinary team after admission in patient care; to give maximum support to the patient and family; to ensure optimal pain and symptom control; and to optimise transfer between care settings.
Three records were developed: one for admission, one for during the hospital stay and one for a possible discharge or transfer. There were several training sessions for nurses to adapt the pain treatment according to the guidelines of the pathway. After evaluation, the pathway was updated and has since been in implementation for 1.5 years.
The clinical pathway assures that all the members of the multidisciplinary team are involved in patient care and increases the independence of the nurses in relation to pain management.

1654 ORAL

Developing evidence-based mouth care guidelines for children being treated for cancer

F. Gibson[1], A.M. Glenny[2], E. Auld[3], J. Clarkson[4], S. Coulson[5], J. Craig[6], O.B. Eden[7], B. Pizer[6], H. Worthington[2]. [1]*Institute of Child Health, Centre for Nursing and Allied Health Professions R, London, United Kingdom;* [2]*Manchester University, Dental Hospital, Manchester, United Kingdom;* [3]*Manchester Children's Hospital, Paediatric Oncology Unit, Manchester, United Kingdom;* [4]*University of Dundee, Dental Health Services Research Unit, Dundee, United Kingdom;* [5]*St James' University Hospital, Paediatric Oncology Unit, Leeds, United Kingdom;* [6]*Alder Hey Children's Hospital, Paediatric Oncology Unit, Liverpool, United Kingdom;* [7]*Christie Hospital, Young Adult Unit, Manchester, United Kingdom*

Objective: Oral mucositis and oral candidiasis remain a major source of illness and discomfort in children treated for cancer despite the use of a variety of agents to prevent and treat them. One method of reducing confusion and conflict in management of oral care is the development and use of evidence-based guidelines.
Method: A multidisciplinary guideline development team was established in collaboration with the United Kingdom Childhood Cancer Study Group (UKCCSG) and the Paediatric Oncology Nurses Forum (PONF). This mouth care group used the agreed methodology of SIGN (The Scottish Intercollegiate Guidelines Network) to develop evidence-based guidelines. Three key areas were covered within the guidelines: dental care and basic oral hygiene, methods of oral assessment, drugs and therapies.
Results: No research evidence was identified with regard to appropriate dental care and basic oral hygiene. Expert opinion was used to develop 'best practice' recommendations. An evaluation of oral assessment tools identified 29 tools, seven of which had been assessed for reliability and/or validity. Only one was felt to be relevant for everyday clinical practice. A variety of interventions have been used for management of oral complications, few are supported by evidence. Recommendations identify interventions shown to be effective, potentially harmful or for which further research is required.
Conclusion: Potential benefits of guidelines include improved patient care, consistency of care, promotion of interventions of proved benefit and reduction in use of ineffective, or potentially harmful practices. For benefits to be achieved, recommendations must be explicit and, ideally, based on sound, scientific evidence.

References

[1] The Scottish Intercollegiate Guidelines Network (SIGN) 2001, *www.sign.ac.uk*

1655 ORAL

Safely handling cytotoxic agents from prescription to administration: an overview of guidelines, standards of care and tools to prevent contamination with cytotoxic agents

K. Cremie[1], J. Van Gaver[1], A. Van Weymbergh[1], G. Engelmann[2], H. Augustyns[2], M. Ferrante[3], P. Specenier[3]. [1]*AZ Sint Maarten Hospital, Nursing, Mechelen, Belgium;* [2]*AZ Sint Maarten Hospital, Pharmacy, Mechelen, Belgium;* [3]*AZ Sint Maarten Hospital, Medical, Mechelen, Belgium*

Background: To increase the knowledge of personnel handling cytotoxic agents and prevent contamination with these products.
Material and methods: Based on a literature review on safely handling cytotoxic agents and risks and consequences of contamination, a multidisciplinairy team developed guidelines, standards of care and tools concerning the prescription, the production of cytotoxic agents in the pharmacy and the administration and care of patients receiving cytotoxic therapy. The team consisted of two nursing managers of oncology units, the quality assurance manager, hospital pharmacists, a general oncologist, a gastroenterologist, a gynaecologist and a pneumologist all specialised in oncology.
The guidelines, standards of care and tools were reviewed and approved by the multidisciplinairy commission of oncology (MCO). This is a required commission by law and is responsible for the evaluation of guidelines (developed and in use) and quality improvement initiatives, organising and assuring cooperation with home health care agencies, palliative care agencies and family physicians and organising multidisciplinary patient/case discussions.

Results: The following guidelines and tools were developed:
- Guideline on safely handling cytotoxic agents including the preventive and corrective measures such as:
  - Regulating patient room assignment;
  - Personal precautionary measures;
  - Disposing contaminated waste products;
  - Disposing excreta and hospital linnen.
- Guideline on cleaning the patient room and the area where cytotoxic agents are prepared.
- Procedures concerning incidents with cytotoxic agents:
  - Measures to take following contamination of material/persons or extravasation with cytotoxic agents.
  - Incident-Registration concerning incidents with cytotoxic agents.
  - Crash card: with general and specific measures.
  - Incident set materials/persons/extravasation: with materials and products to use when an incident occurs.
- Patient education: Brochures concerning intravenously and intravesically administration.
- Nursing staff and cleaning personnel of the units where cytotoxic agents are administered and pharmacists preparing cytotoxic agents received an in house training.

Conclusion: There is an increased awareness of the need to handle cytotoxic agents safely. Nurses are more aware of the precautionary measures especially when discarding waste products and excreta. The patient education is more structured, patients receive the same information from the different caretakers and are better informed. Incidents (concerning prescription, preparation and administration) are reviewed, analysed and discussed in the MCO, measures are taken to prevent these incidents from reoccurring.
Nursing staff, pharmacist and physicians continue to work together to improve the quality of care and focus on the well being of the oncology patient.

Meet the Manager
How to keep your nursing staff motivated

1656 INVITED

Motivation: a tool to strengthen the professional role

T. Ferro. *Catalan Institute of Oncology, Barcelona, Spain*

Nursing profession has several specifics characteristics in Spain that should be taken into account in order to assess present status and perspectives in nursing oncology. First of all, there is no shortage of nurses in Spain, in fact we export professionals to other countries looking for better salaries and permanent staff positions. Then, it is possible to say that recruitment is not a problem, however it could cause another set of problems: increasing risk of temporal contracts for nurses because of lacking incentives for health care managers to establish staff positions with a career development along professional life of the nurse in a hospital. In general, it takes a long time to get a staff position in a hospital or primary health care centre.
Regarding the situation of the nurses in cancer care, there is no a speciality in nursing oncology among the few recently approved specialities in nursing by the Spanish Ministry of Education. Formal training in cancer care for nurses has been implemented as postgraduate university course for the last 9 years. It is not a requirement to have formal training in cancer care to work as nurse in an Department of Oncology.
Cancer care in Spain is usually organized as departments in university teaching hospitals, and medical oncology is available in a majority of general and county hospitals, with important variations according to regions. There are only three monographic cancer centres, being the Catalan Institute of Oncology one of them. One problem in nursing care in general hospitals is the internal mobility of experienced staff to other units of the hospital not related to cancer care, decided for organizational reasons, unrelated to the will of the nurse.
Motivation of the nursing staff is a task of each hospital with no policies at regional or national level. It's a challenge for nursing directors at different levels of the health care organization.
In the framework of cancer care, several initiatives are undertaken like the postgraduate education, continuing education, career development, professional and economic incentives and planned mobility of professionals according to the need of the organization and the expectations of the staff. The experience of the Catalan Institute of Oncology will be discussed as an example of an initiative that integrates all of these strategies in order to promote high quality professional practice in cancer care.

1657 INVITED

Motivating a nursing workforce – key issues and drivers

C. Miller. *Guy's and St. Thomas Hospital, Executive Nursing and Midwifery Offices, London, United Kingdom*

There has been significant research identifying stressors in relation to public service employees (Iles 1997) in which organisations have a key responsibility in helping individuals manage a balance between work and lifestyle commitments.
The Department of Health in the UK have considered these complex demands and have introduced Improving Working Life Standards (DOH, 1999) in which National Health Service organisations are asked to work towards IWL status through an audit process that demonstrates the investment in staff. Performing organisations can be accredited with Practice level and then move towards Practice Plus accreditation that indicates a range of sustained interventions that demonstrate a happy, healthy flexible workforce.
The session will explore some of these key issues and drivers for nurses, and give examples of IWL standards that have been employed to gain accreditation.

References

[1] Iles V, 1997 Really Managing Health Care, Open University Press, Buckingham. England.
[2] DOH 1999, Improving Working Lives Standard, Department of Health, HMSO, London.

1658 INVITED

Developing future cancer nurse leaders

P. Trevatt[1], T. Jackson[2]. [1]*Barts and The London, North East London Cancer Network, Medical School, London, United Kingdom;* [2]*South East London Cancer Network, London, United Kingdom*

Recent research and position publications have identified that developing future cancer nurse leaders is both complex and challenging. The skills that are needed to operate at a strategic level are multi-faceted and senior cancer nurses must display competence in a number of different areas; leadership, strategic planning, effective negotiation, business planning, change management, and policy development, often having to employ these skills in a rapidly changing healthcare context.
It could be argued that the development of suitable programs to equip senior nurses with the skills required to operate at a strategic level should be a major priority for both educational commissioners and higher education institutes. This presentation will examine a cancer nursing role that encompasses many of the above skills, the position of trust lead cancer nurse.
This presentation illustrates the challenges of the role through recent unpublished findings (Jackson 2004) and explores how such findings led to the development of an educational program that aims to equip senior cancer nurses with the diversity of skills and knowledge essential for effective practice at a strategic level. The presentation concludes with a recommendation for programs of this nature to be available across Europe.

Podium session
Symptom management – educating the patient

1660 INVITED

Symptom control: challenges to optimising patient and family education

K. Redmond. *Redmond Consulting, Milan, Italy*

Patients have a basic right to comprehensive information about their disease and its treatment so that they can make informed decisions and take appropriate action to prevent and manage distressing symptoms. This can result in better treatment outcomes, improved quality of life and give patients and families the feeling that they have more control over a difficult life situation. There are a number of challenges to optimising patient and family education – some 'external' to the patient and family, others directly related to the patient/family situation. The knowledge and skills of the educator are critical in delivering the right messages in the right way for the patient and family. Some health professionals lack the communication skills or specialist knowledge necessary to provide optimal patient and family education. The timing of the educational process is vital to a successful outcome but it can be extremely difficult to synchronize the moment when the learner is ready to learn with the time when the teacher is free to teach. Moreover, in some units the environment may not