

An overall expectation of this study was that factors which facilitate and impinge upon current practice of chemotherapy administration would be identified. An understanding of these factors is needed to ensure that nurses have the educational, emotional and instrumental support to deliver chemotherapy safely.

The study has been designed to enable a holistic exploration of the care of patients during chemotherapy, by gathering data in different ways (participant observation, questionnaires and interviews), framed within an ethnographic approach. Data yielded will provide a clear description of nurses' attitudes, feelings and beliefs on chemotherapy administration and how these impact on their practice.

Data collection has finished and analysis is on-going but preliminary findings indicate:

- Big differences in the specialist knowledge and education of nurses administering chemotherapy
- The ways in which specialist knowledge and education can influence nurses' attitudes, beliefs and feelings concerning administering chemotherapy
- The importance of the context of administration, the composition of the nursing team and work practices in relation to the levels of nurses' stress and how this effects patient care

The findings will be discussed with regard to current literature with recommendations for future practice and education provision.

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POSTER

The role of the research nurse in the recruitment of cancer patients to clinical trials: providing an equitable service

N. Douglas, A. Quennell, M. Kent, V. King, G. Crane, L. Underhill, L. Picco, J. Walton, J. Idris, H. McVicar. *South East London Cancer Research Network, Medical Oncology, London, United Kingdom*

Background: As a direct result of the NHS Cancer Plan the South East London Cancer Research Network (SELCRN) was established in August 2001 in order to increase the national target of patients recruited into clinical trials to 10%.

Evaluation of the roles of the research nurse within this network will identify of potential improvement in order to ensure, not only that targets are being met, but also that the service provided is equitable.

Material and Methods: 10 research nurses (SELCRN) maintained a diary, detailing the work undertaken daily for an initial 2 week period. The time taken for tasks such as clinic preparation, reviewing both follow-up and new patients, CRF completion and telephone calls was recorded. The aim was to capture the broad spectrum of work undertaken and to see if there were any differences in workload that could be attributed to specific tumour types. After the initial 2 week period the diaries will be peer reviewed in order to evaluate if this was a useful tool for future use.

Results and Background: An evaluation of the diaries of Research nurses at SELCRN will be presented. The results will highlight.

1. The varied role of the research nurse
2. Any areas which could be expanded in order to improve the service
3. Common/differences in work undertaken by specific tumour sites

Conclusion: The evaluation of the data will be used to further define the role of the research nurse with the primary aim of providing an equitable access to research trials. Ensuring research is promoted as a dynamic area in which involved nurses can make a real difference. As research networks maintain a high calibre of staff this will mean that patients will receive the benefit of having a broader choice in relation to their treatment.

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POSTER

The nursing discharge letter: a fundamental tool to ensure continuity of care

M. Bianchi¹, L. Lunghi², T. Suardi³. ¹*Istituto Europeo Di Oncologia, Nurse Office, Milano, Italy;* ²*Istituto Europeo Di Oncologia, Medical Oncology, Milano, Italy;* ³*Istituto Europeo Di Oncologia, Urology, Milano, Italy*

The nursing discharge letter is a fundamental tool for nurses operating in ward units. At the time of discharge, this letter enables the nursing staff to offer a range of information of use to the patient and their family in continuing the therapeutic programme, in preventing or reducing side effects and/or responding to general healthcare needs. Should the patient be unable to return home or provide for their healthcare needs, whether self-sufficiently or with family help, the information will be directed towards the staff who will take responsibility for the patient's healthcare in specialised healthcare centres or through integrated homecare.

Methodology: The overall methodology followed these steps:

1. Definition of a working group as representing as much as possible the needs of the different types of department present in the Institute: the head nurse of a surgical ward, the head nurse of a non-surgical ward, and a representative of the nursing service

2. Creation of two different informatics tools (one for ordinary discharge, one for protected discharge), based on a needs analysis for the nursing staff of the various Divisions regarding the information to be provided at the time of discharge. This information is necessary both in cases of self-sufficient patients and in cases where the patients need home care support or hospital admission.
3. Staff education and training concerning the importance of the nursing discharge letter and the correct use of the tools
4. Implementation pilot phase
5. Modification of the tools on the basis of suggestions and needs which arose in the pilot phase, creating specific "flags" for the requirements and characteristics peculiar to each Division
6. Tools application
7. Assessment of their efficiency by surveying closed clinical records in which the presence of the document and certain characteristics of its completion are determined.

Results: As yet incomplete. They will be the subject of the Conference poster presentation.

Conclusions: Even though the results are not yet complete, the tangible importance of this tool in the Institute's armamentarium of clinical documentation can be readily attested. Furthermore, it is important to note its positive acceptance on the part of the nursing staff who finally have a tool at their disposal to record the healthcare and nursing information essential to the patient at the time of discharge.

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POSTER

Training in oncology nursing as post-graduate studies – the Portuguese reality

M.L. Pinto Coelho¹, C. Pinto², A. Espadinha³. ¹*Escola Superior de Enfermagem Bissaya Barreto, Enfermagem Cirúrgica, Coimbra, Portugal;* ²*Escola Superior de Enfermagem Cidade do Porto, Enfermagem Pediátrica, Porto, Portugal;* ³*Escola Superior de Enfermagem Francisco Gentil, Enfermagem Cirúrgica, Lisboa, Portugal*

The improvements in Oncology as far as prevention, tracking, diagnosis, treatment, rehabilitation and supporting care are concerned have generated the need to train and manage multidisciplinary, multi-professional and multi-sector teams... The work of such teams focuses the individual and in inter-action with the primary, secondary and tertiary sectors and is expected to give appropriate response to problems arising from oncology disease.

The Higher Schools of Nursing Bissaya Barreto – Coimbra, Francisco Gentil – Lisboa and Cidade do Porto – Porto in collaboration with the Regional Oncology Centres of the Oncology Institute Francisco Gentil in Coimbra Lisbon and Porto are aware of this fact and take the responsibility inherent to their function. These Centres have started a partnership for the conception and implementation of Post-graduate Studies in Oncology Nursing. Thus they give some response to the National Cancer plan 2001/2005 and are based on the Core Curriculum of the European Oncology Society (EONS).

23 meetings, 13 on a nationwide basis and 10 on a regional basis have been held by teaching staff of three state Schools and nurses of the Oncology Institutes.

As a result of these meetings the profile of the expert Oncology nurse has been drafted and the study-plan of Postgraduate studies in Oncology Nursing has been set up. This Study-plan has been credited by the European Oncology Nursing Society (EONS).

The fundamentals of the program are some of the most relevant to understand the oncology patient and to develop some thoughts on the practice, fostering critical analysis and the capability to solve problems according to scientific principles.

The curricular development was supported by a conceptual multidisciplinary, modular structure, open to the organization of contents with the aim to develop skills to care for the person/ family/ groups and community in the oncology area.

The evaluation was supported by the principles of adult pedagogy and enhanced the development of the trainees' skills. Individual and group work about the questions resulting from the lack of nursing care were privileged. The methodology project and the achievement file (portfolio) were some of the strategies used during the training.

The purpose of this paper is to describe the design of a course for post-graduation in oncology nursing at a nationwide level.

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POSTER

Effective leadership

A. Fox. *Northern Cancer Network, North Tyneside, United Kingdom*

The aim of this paper is to describe how strategic and operational leadership is being developed within the Northern Cancer Network to support service/ practice development as well as providing the opportunity

to share best practice and to develop further the multidisciplinary contribution to the NCN Tumour Specific Groups including close partnership working with service users.

Background: Nurses and Clinical Support Professionals (CSP's) provide an essential contribution to people affected by cancer. Cancer nurses and CSP's have taken every opportunity to influence, lead and direct the care patients receive, which is reflected in a number of key national initiatives such as the NHS Cancer Plan, the Manual of Cancer Quality Measures, the NICE Improving Supportive and Palliative Care for Adults, the Nursing Contribution to Cancer Care and the Cancer Nursing Leadership programmes. These initiatives recognise the key role nurses and CSP's play in meeting the needs of cancer patients. They have risen to this challenge by developing new and flexible ways of working, often crossing traditional professional boundaries. It is therefore imperative that effective leadership is in place in order to capitalise on this situation.

Method: The current and future agenda will create demands as well as providing significant opportunities. However, from a leadership perspective the structure within the Northern Cancer Network (NCN), for practice/role development and the communication strategy did not meet all of the needs of these health professionals or the network as a whole. The NCN Lead Nurses forum reviewed, consulted and agreed a way forward which will lead, support and develop existing and future staff within the field of Cancer and Palliative Care.

Results: There are a number of developments which if to be successful need to be clinically led, developed and implemented. This requires commitment, 'buy-in' and effective leadership and change management skills. The Lead Nurses are ideally placed to fulfill this leadership role and to support the CNS and CSP's. This has been achieved by the development of nursing/CSP site specific forums which meet to develop practice and improve the patient experience at a network and direct clinical level.

Conclusion: This will support:

- Preparation for Peer review
- Response to Improving Outcomes Guidance
- Improving the patient experience (e.g. Information and Support, Key worker)
- Development of network-wide practice guidelines and audit
- Co-ordinating the Nursing/CSP contribution to the NCN Tumour Specific Group's
- Succession Planning
- Opportunities for shadowing, recruitment and retention
- Integration of service improvement and implementation high impact changes to patient journeys and their experience

The integration of the NCN Partnership Panel views and joint working will ensure a patient/carer centred approach to all service /practice development.

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POSTER

Training the trainers: evaluation of an educational package for clinical nurse specialists and other health care professionals to provide work-based learning and an ongoing study day programme for those engaged in the care of cancer patients

S. O'Connor. Buckinghamshire Chilterns University College, Faculty of Health, Buckinghamshire, United Kingdom

The education, training and support of other learners is a fundamental part of the clinical nurse specialist's role and increasingly, those of other senior practitioners working within the health-care sector, but little consideration has been given to the preparation of individual practitioners to undertake this role or the support that they may require when providing such a service. This presentation discusses the development, implementation and evaluation of a short educational programme specifically designed to equip clinical nurse specialists and one senior therapy radiographer with the knowledge and skills required to provide an ongoing 'Excellence in Cancer Care' education package in Portsmouth Hospitals NHS Trust in the South of England. The presentation will outline the practical learning and teaching skills required of senior practitioners when undertaking a role for which many feel themselves poorly prepared; and will also consider the contribution which professional educators and Higher Education Institutions can make to the development of work-based learning initiatives and the support of clinical educators in oncology settings. The presentation concludes that senior practitioners are at the forefront of preparing the cancer nursing workforce of the future, but must be provided with adequate support to undertake this role - a function which many within Higher Education Institutions would welcome. It is argued that approaches such as these would help to break down traditional boundaries between 'University' and 'workplace' learning, and provide a supportive framework in which both clinicians and professional teachers might learn from each other and provide the cancer workforce of tomorrow with seamless educational experience.

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POSTER

Developing the cancer nursing workforce: the role and importance of cancer within pre-qualifying nurse education programmes

S. O'Connor¹, D. Fitzsimmons². ¹Buckinghamshire Chilterns University College, Faculty of Health Studies, Buckinghamshire, United Kingdom; ²University of Wales Swansea, School of Health Science, Swansea, United Kingdom

It has been suggested that cancer care is frequently hidden away within traditional pre-qualifying nurse education programmes where it may function simply as an exemplar for common health problems within an increasingly overstretched curriculum. This presentation will argue that cancer, as a leading cause of death and morbidity within the developed and developing world must feature prominently within pre-qualifying educational programmes, and that all nurses and midwives, irrespective of their chosen branch or exit qualification must possess base-line competencies which will enable them to adequately meet the needs of those with cancer or at risk from the disease wherever they may be cared for. The presentation will examine the strengths and weaknesses of educational approaches currently used within the UK, and will posit the advantages of an 'embedded' cancer curriculum which spans the breadth of pre-registration nursing and midwifery education programmes and encompasses the needs of those afflicted with, and affected by cancer, including children, adults, those with learning disabilities and mental health problems, those considering or embarking upon family life, and specifically, the elderly and those caring for family members within the community. The presentation will argue that quality cancer care for the many will only be achieved when all nurses have an adequate understanding of the the disease process, risk factors, treatment modalities, symptom management and communication skills to care for cancer patients, and the confidence to refer on to specialist cancer services or other members of the multiprofessional team when the need arises. In order to effect the dramatic improvements in cancer care that patients expect and government is increasingly calling for, it is vital that knowledge and skills acquisition in these areas are inculcated and assessed within statutory prequalifying educational programmes as a fundamental component of nurses' and midwives professional development.

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POSTER

Nurse led care at an outpatient clinic for patients with breastcancer

E. Gustafsson, M. Bergenmar. Karolinska University Hospital, Oncology departement, Stockholm, Sweden

Background: The resources in healthcare are limited and often insufficient. Accordingly it is necessary to utilize the available resources in an optimal way. Nurse led clinics has been one way to achieve greater effectiveness in healthcare and to meet the patients' need of continuity. In the field of oncology one purpose has been to increase the availability so that, more patients can be diagnosed at an earlier stage. In addition, the development of new therapies has been accompanied with a significant reduction of ward beds. Consequently, treatments that previously were administered at an inpatient ward nowadays often are managed at an outpatient setting. Patients' and relatives' need for information about the disease, treatment, prognosis and side effects have not decreased. Nurses might have a key role in providing for the patients need of accessibility, continuity, information, education, support and coordination of care. This abstract will present an example of the development of nurse led care at the breast cancer clinic at the department of oncology at Karolinska University Hospital.

Materials and Methods: The definition of nurse led care at the clinic is a planned visit by a patient and/or a relative, to a nurse where the nurse's skills in cancer care are used. All patients that are expected to have treatment; care and/or follow up for more than six months are assigned a responsible nurse. Every patient undergoing any kind of chemotherapy regimen is given structured information and education before the first treatment episode. There is a checklist for every chemotherapy modality, which the nurse uses to ensure that all relevant information is discussed with the patient. The checklist also serves as support in the documentation procedure. The information and education is followed up by the nurse one or two days after the treatment.

Results: The nurse led clinic for patients with breast cancer started in 2003. During the following two years the numbers of visits have increased to approximately 750 visits per year. A decrease in the number of medical appointments at physicians is observed during the same period. An evaluation of patient satisfaction concerning the nurse clinic is ongoing.

Conclusion: The implementation of nurse led clinics has been a way to manage patients' and relatives' needs as well to use health care professional in a cost-effective way. Further information about the patients' satisfaction concerning the nurse led clinic and continuity of care is required.