

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**

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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**

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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**

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**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.