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POSTER

Where does the process of nursing in an oncology out patient clinic begin?

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Introduction: Nursing consists in a sequence of moments and phases: tests, diagnosis, aims, intervention and valuation.

In order to help patients the nursing staff has deemed it necessary to have a personal contact and dialogue with the patients and/or relatives in a serene and calm setting, before starting chemotherapy treatment.

Patients and methods: The dialogue takes places in the out patients clinic, where a nurse receive the patients and/or relatives, gives them the explanatory leaflet and explain the collateral effects of the therapy and then compiles the informative nursing form. At this point the nursing process begins and increase the professional relationship between nurse and patient.

Objectives: To reassure patients by guaranteeing a continuous assistance. Introducing patients to nursing personnel and to make patient familiar with the out patients clinic and its time-table and regulations.

Results: Reduction of anxiety and stress in patients before starting the treatment, improvement of relationships between physicians and nurses and greater responsibility and satisfaction for the nurses in their daily routine.

Conclusion: Due to the human relationship which is created during the dialogue, patients understand that we are there to help them through this difficult course of their illness and the increase their compliance to the treatment and their quality of life.

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POSTER

Supporting nurses to break bad news

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Introduction: Breaking bad news in an oncology setting is only too common. It is perhaps one of the most difficult tasks faced by health care professionals, including nurses. Given the potential impact of breaking bad news, it is important that nurses are given the education, training and support to develop the skills to break bad news effectively. Literature suggests that nurses get 'burnt out' and then leave the profession as a consequence

Method: We are a large regional unit, with a 32 bedded ward offering chemotherapy, radiotherapy, and palliative care to a range of patients. The unit employs over 30 qualified nurses of varied experience. A confidential questionnaire has been developed, using a methodological approach, to gain knowledge and insight into the nurse's views of breaking bad news.

Results: The results hope to find out whether the nurses have any formal training on the subject, breaking bad news. It also hopes to ascertain whether nurses feel the need to have any training in this area, and whether they think it will benefit them at the work-place, and how. The preliminary results have shown that there is no formal training in place, with little formal support

Conclusion: Nurses will be offered support in the form of debriefing sessions, clinical supervision, and reflection using fellow colleagues such as the chaplain. Formal training will also be introduced for nurses on the ward about effective ways to break bad news, & evidence based practice for offering support.

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Advanced course for nurses as the first step towards quality improvement of vascular access port management

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Implanted vascular access port (VAP) improves the quality of life of cancer patients treated with long-term or frequent intravenous drug applications, and facilitates the work of the nurses administering the drug by VAP. On the other hand, the implantation of VAP is certainly not sensible if health professionals are not experienced in handling it.

Due to a steadily increasing number of patients with VAP, who are treated at the institutions other than the Institute of Oncology Ljubljana, the need has arisen for special training of nurses working at these institutions (hospitals, primary health services, district nurses) as well as for nurses from our Institute. At the Division for Nursing at the Institute of Oncology Ljubljana, we responded to that felt need and decided to organize advanced training in management of standard VAP interventions intended for the registered nurses and health technicians who care for patients with VAP. So far, three advanced courses have been held. They were intended for

registered nurses and health technicians, working at other institutions, as well as for nursing trainees and novices to oncology nursing at our Institute. The course was organized in two sets of sessions. In the first, nurses and physicians from the Institute of Oncology, who routinely perform the standard interventions related to the care of patients with VAP, presented their theoretical knowledge of VAP management, and in the second set of sessions, these knowledge was enhanced in workshops. In the theoretical set of sessions, the speakers presented the following topics: indications for VAP insertion, technical characteristics of VAP, surgical technique of VAP insertion and possible complications, infection prevention, technical procedures and appliances required in standard VAP management, noncoring needle placement and therapy administration, patency maintenance with a heparin flush solution, and collection of blood samples. In workshops that followed the theory sessions the participants carried out themselves the most frequent standard procedures related to VAP management (noncoring needle placement, collection of blood samples, flushing with a heparin flush solution and needle removal).

After each course, the knowledge of participants on VAP management acquired during the course and their satisfaction with the course, were evaluated using questionnaires. On the basis of the identified deficiencies in the knowledge of the participants and in the organization, we made appropriate changes. In each subsequent course, the quality of the training was thus improved, thereby also the satisfaction of the participants. The aim of the poster presentation is to present the advanced course and its goals, the quality of the newly acquired knowledge of participants, and the evaluation of the course by 92 participants who so far attended our courses.

Poster session**Guidelines and tools for practice**

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Interdisciplinary approach to implementation of a new treatment strategy

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In the autumn of 2004, the Dept. of Oncology, Herlev Hospital, introduced Hepatic Arterial Infusion (HAI) of a cytostatic drug, as the first Department in Denmark.

There are approximately 3500 new cases of Colorectal Cancer (CRC) in Denmark a year. Approximately 1/10 of these patients develop inoperable liver metastases. If these can be operable, liver surgery will potentially have a curative aim, making treatment with HAI relevant.

Method:

- Review of available literature
- Interdisciplinary visit to Germany for the purpose of gathering knowledge and experience in care and treatment as well as HAI catheter insertion
- Selection of HAI catheter and infusion pumps
- Preparation of checklists for preoperative, intraoperative and postoperative HAI catheter insertion as well as observation schedule and nursing
- Interdisciplinary teaching
- Preparation of written information material for patients and staff
- Preparation of interdisciplinary logistics plan for the patient – from the time of initial examination to initiation of treatment
- A radiologist from Germany supervised the first catheter insertion

Results: The material, knowledge and experience that have been gathered in the past six months has been successfully used by the interdisciplinary team to establish well-functioning treatment procedures, but adjustments are still being made as more experience being gained with HAI treatment.

Conclusion: By adopting an interdisciplinary approach when the new treatment were initiated, we experienced greater commitment, a greater degree of knowledge sharing and greater confidence in the provision of nursing care and in providing a new complex treatment.

Future perspective: The experience that we have gained in connection with the initiation of HAI has showed how important it is that all relevant members of staff are involved from the start and that they are influencing the process. We are of the opinion that this approach represents the future.

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POSTER

Development and evaluation of a clinical pathway for pain control

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Pain is an important problem in hospitalized patients and only 40–50% of patients are adequately treated for their pain.