missed after initial examination by 'other clinicians'. One was referred for barium enema (BE) at initial examination, but was missed on BE. And the other four (who did not have IDA or abdominal mass) were not referred for full colonic imaging.

Conclusion: This audit has shown that the 'patient caseloads' seen by the NE and 'other clinicians' independently, are similar in age and gender. Median distance achieved by FS was 50 cm for both groups of patients. There was no significant difference in DY of colorectal cancer by the NE or 'other clinicians'. The NE is as proficient in FS and colorectal cancer diagnosis as 'other clinicians'.

8079 INVITED

Mucositis: addressing treatment and care

B. Quinn. *Royal Marsden Hospital – NHS Trust, School of Cancer Nursing & Rehabilitation, London, United Kingdom*

Mucositis has been reported by many people living with cancer as one of the most distressing side effects of treatment, affecting many aspects of their lives. However, the multiple complications associated with mucositis have not always been adequately understood or addressed by the clinical team, leading to the poor management of this distressing side effect. This presentation will address the management of mucositis focusing on three key areas; assessment, care and treatment. In order to understand the current approaches to the management of this commonly seen side effect, this presentation will briefly look at our present understanding of mucositis outlining the complex nature of this disorder. The choice of supportive care and treatment will be guided by the correct assessment of the mucosa, which this presentation will address. Given the lack of training and the diversity of assessment tools currently used in clinical practice the recently developed guidelines on oral assessment from a collaborative multi-professional working party of the European Oncology Nursing Society and the European Group for Blood and Marrow Transplantation (EONS/EBMT) will be discussed. The presentation will address some examples of the recent advances in treatment and care demonstrating how these may be applied in the clinical setting. Finally the presentation will conclude by emphasising the need for a multi-professional team approach in order to adequately address the assessment, care and treatment of this common complication.

Workshop (Wed, 26 Sep, 16:00−17:30)

From evidence to research utilisation

8080 INVITED

Strategies for implementation of evidence into practice

L. Wallin. *Karolinska University Hospital, CRU – Clinical Research Utilization, Stockholm, Sweden*

This workshop will focus on the implementation of evidence into practice. Many studies underline that this is not a straightforward task and the under-use of evidence-based knowledge results in sub-optimal health care processes and patient outcomes. The workshop will involve an introduction of the research on barriers and implementation strategies for evidence-based practice completed with group and plenary discussions based on participants experiences in this field. Theoretical models on change of practice and the evidence of various implementation strategies will be shared.

Expected learning outcomes: After the workshop participants should have

- understanding of the components involved in implementing evidence-based practice
- insight in barriers to research use, primarily in the nursing field
- some knowledge on the evidence-base of implementation strategies
- some knowledge on other conference participants' experiences of implementing evidence-base practice

Thursday, 27 September 2007

Teaching Lecture (Thu, 27 Sep, 08:00−08:45)

Current issues in the delivery of complementary therapies in cancer care-policy, perceptions and expectations: a European overview

8081 INVITED

Current issues in the delivery of complementary therapies in cancer care-policy, perceptions and expectations: a European overview

D. Roberts[1], L.A. Caress[2]. [1]*St. Ann's Hospice, Institute for Learning & Development, Cheadle Cheshire, United Kingdom;* [2]*University of Manchester, School of Nursing Midwifery and Social Work, Manchester, United Kingdom*

This paper will discuss the current policies, perceptions and expectations (of patients and health care professionals) around the use of complementary therapies in cancer care, drawing from a European perspective. Whilst the last two decades have seen a marked increase in the demand for and provision of complementary therapies amongst cancer patients, this has not been matched with an increase in the understanding of their effectiveness or their benefits to cancer patients.

The issues discussed will highlight the need to understand more fully the benefits of incorporating complementary therapies within integrated cancer care services. Important questions raised will relate to policy, to what patients perceive as being the primary benefits/expected outcomes of complementary therapies and how, if at all, they see their relationship with complementary therapy practitioners as different from that with "orthodox" clinicians. The paper will provide examples from both current literature within the field and from newly generated research evidence.

Recommendations will be made for the generation of new and rigorous research evidence to develop the field, with the future challenge to find a common ground between "orthodox" professionals, CT practitioners and patients.

Proffered papers (Thu, 27 Sep, 09.00−10.45)

Supportive care

8082 ORAL

Understanding the needs of men with prostate cancer: a multicentre UK survey

E. Ream[1], A. Quennell[1], L. Fincham[1], S. Faithfull[2], V. Khoo[3], J. Wilson-Barnett[1], A. Richardson[1]. [1]*King's College London, Florence Nightingale School of Nursing and Midwifery, London, United Kingdom;* [2]*University of Surrey, European Institute of Health and Medical Sciences, London, United Kingdom;* [3]*The Royal Marsden NHS Foundation Trust, Urological Unit, London, United Kingdom*

Background: Men in the UK with prostate cancer report less satisfaction with care relative to other groups of cancer patients.

Aim: A postal survey was funded by The Prostate Cancer Charity to provide understanding of the experiences of men living with prostate cancer and to identify unmet supportive care needs. Data were collected as part of a quasi-experimental study evaluating the role of prostate cancer-specific clinical nurse specialists.

Materials: A survey of 749 men (response rate 91%) from 6 sites across the UK. All men that had been diagnosed 3−24 months prior to data collection, and registered an interest in the research, were invited to participate. Tools used to collect data included the International Prostate Symptom Scale, EuroQol EQ-5D and Supportive Care Needs Survey.

Results: The majority surveyed had received hormone therapy (n = 376, 51%), prostate radiotherapy (n = 209, 28%) and radical prostatectomy (n = 188, 25%). Some had combinations of these therapies.

Urinary symptoms: These were common. 97% (n = 726) had lower urinary tract symptoms. Nocturia and frequency were particularly troublesome. Incontinence differed by treatment (p = 0.000) and was most frequent following radical prostatectomy.

Quality of life: Around $\frac{1}{4}$ of the sample reported difficulties with walking, had problems with usual activities, reported some pain/discomfort and had moderate levels of anxiety/depression. Men rated their health status lower if they were on treatment (p = 0.000) and not in remission (p = 0.000).

Supportive care needs: Highest level of unmet need related to sexuality issues. Over 1/3 had needs regarding changes in sexual feelings, changes in sexual relations, and with feeling they had lost part of their manhood. Moderately high unmet psychological need was reported. Men expressed fears of cancer spreading (n = 236.32%), uncertainty over the future (n = 232, 32%), feeling down/depressed (n = 174, 24%) and anxious (n = 166, 23%). 22% (n = 159) men stated unmet need for information on their disease status/activity.

Conclusion: Many men with prostate cancer have unmet need related to urinary symptoms, sexuality issues and psychological morbidity that varies according to their disease status and treatment. Men's quality of life could be significantly enhanced if these areas of unmet need are addressed. Clinical nurse specialists are well placed to assess and meet these important patient issues.

8083 ORAL

The use of a mobile phone based advanced symptom management system in the home monitoring and symptom management of chemotherapy related toxicities in patients with breast, lung and colorectal cancer: Patients' and clinicans' perceptions for supportive self care

L. McCann[1], R. Maguire[1], N. Kearney[1], M. Miller[1], L. Taylor[1], M. Sage[2], P. Gray[3], M. McGee-Lennon[3], J. Norrie[4]. *[1]Cancer Care Research Centre, Department of Nursing and Midwifery, Stirling, United Kingdom; [2]Kelvin Connect, Hillington Innovation Centre, Glasgow, United Kingdom; [3]University of Glasgow, Department of Computing Science, Glasgow, United Kingdom; [4]University of Aberdeen, Health Services Research Unit, Glasgow, United Kingdom*

Background: The majority of patients with cancer are likely to receive chemotherapy at some stage of their illness. The toxic effects of chemotherapy can be serious/life threatening if not detected early (Kuderer et al, 2006). Furthermore, with the shift of care to the community, patients have to manage side effects without direct supervision from clinicians. The effective monitoring of symptoms in this group is therefore vital. The use of information technology may be used to remotely monitor symptoms in the community setting. A UK wide RCT evaluated the impact of a remote monitoring, mobile phone based advanced symptom management system (ASyMS©) on chemotherapy related toxicity in patients with colorectal, breast and lung cancer. This paper will present the perceptions of patients and clinicians who used the ASyMS© system as a medium for supportive self care.

Methods: This study recruited 112 patients from six UK sites. The intervention group (n = 56) used the ASyMS© system; the control group (n = 56) received standard care. Patients completed a symptom questionnaire on the mobile phone for 14 days for 4 cycles of chemotherapy. They received self care advice on the mobile phone on the symptoms that they had just reported. Symptom data was then sent to the server where an integrated risk model alerted clinicians in acute care via a 24 hour pager system of symptoms that were of concern/life threatening; they then accessed a secure web page with information on the patient's symptoms and intervened, triaging care to relevant services. A combination of semi-structured questionnaires and interviews were used to collect patient and clinicians' perceptions of using the ASyMS© system. SPSS 14 was used to analyse quantitative data descriptively. Nvivo was used to analyse the qualitative data thematically.

Results: Both patients and clinicians found the ASyMS© system helpful in the management of symptoms and felt it led to improvements in communication between patients' and clinicians. The ASyMS© system was considered to be an accepted medium for supportive self-care by patients and clinicians alike.

Conclusions: The results of this study indicate that both patients and clinicians had positive perceptions and experiences of using the ASyMS© system to monitor and manage chemotherapy related toxicity. The system has the potential to significantly impact on current and future clinical practice.

8084 ORAL

Doing good care – a study of palliative home nursing care

A. Sandgren[1], H. Thulesius[1], K. Petersson[1], B. Fridlund[2]. *[1]Kronoberg County Research Center, Kronoberg County, Växjö, Sweden; [2]School of Health Sciences and Social Work, Växjö University, Växjö, Sweden*

Background: Today, more and more people die in own homes and nursing homes, which fundamentally affect community nursing. The aim of this study was to develop a classic grounded theory of palliative home nursing care. The research question guiding the study was: What is the main concern for community nurses caring for palliative cancer patients and how do they resolve it?

Materials and Methods: In all, 33 interviews with community nurses were coded and analyzed according to classic grounded theory. Secondary analysis was also done for 3 focus groups and 37 interviews with nurses and physicians. At the same time we analyzed field notes and memos from informal interviews, participant observation and documents.

Results: Doing Good Care emerged as the pattern of behaviour through which nurses deal with their main concern, their desire to do good. When nurses fail in doing good, they experience a feeling of letting the patient down, which can lead to frustration and feelings of powerlessness. The theory Doing Good Care involves three caring behaviours; Anticipatory caring, Momentary caring and Stagnated caring. Anticipatory caring emerged as the optimal way of giving palliative care and means positioning future and doing ones best or even better than necessary. In Momentary caring nurses are doing best momentarily and in Stagnated caring nurses are doing good but from the perspective of what is expected of them. The nurses can hover between the three different care types depending on the circumstances and that they use different Emotional survival strategies in three different caring types. Which caring behaviour they choose depend on external or internal factors such as the organization, resources, personality, emotional competence, knowledge, but also the nurses' personal life situation. Emotional energy drains elsewhere may also affect the caring behaviour and this energy loss decreases the emotional competence and is most common in Momentary caring and Stagnated caring. Momentary caring can result in good palliative care, but this is contingent on the individual nurse who gives the care. Stagnated caring on the other hand may cause a distance or a cold shield towards the patients and relatives and with this shield it can be difficult to create trust.

Conclusions: We suggest that healthcare providers increase the status of palliative care and facilitate for nurses to give Anticipatory care by providing adequate resources and recognition.

8085 ORAL

An exploration of perceived control, self efficacy and involvement in self care during treatment for cancer

L. Kidd, N. Kearney. *University of Stirling, Cancer Care Research Centre Department of Nursing and Midwifery, Stirling, United Kingdom*

Background: The past decade has seen many changes in the use and delivery of chemotherapy for patients with cancer, including the use of more complex treatment regimens, the shift from acute to community and outpatient based care and a growing interest in the use of oral chemotherapies. Such changes create implications for patients' involvement in self care. This mixed methods, longitudinal study aimed to explore perceptions and experiences of being involved in self care and perceptions of control and self efficacy amongst patients receiving chemotherapy for colorectal cancer.

Materials and Methods: Thirty one patients undergoing chemotherapy for colorectal cancer participated in the study. Quantitative data on perceptions of control, self efficacy and degree of involvement in self care was collected using questionnaires (Illness Perception Questionnaire-revised and the Strategies Used by People to Promote Health) and prospective self care diaries with the full sample at the beginning, middle and end of patients' 6-month course of treatment. Qualitative data on the meaning of self care, degree of involvement in self care and influence of perceptions of control and self efficacy were gathered using semi structured interviews with a sub sample of patients (n = 8) at the beginning and end of patients' treatment. The data were analysed and integrated in accordance with Tashakkori and Teddlie (1998)'s guidance for integrating qualitative and quantitative findings in a mixed methods study.

Results: The findings revealed that self care held a range of meanings to patients and that they carried out a wide range of different physical and emotional self care strategies at the beginning and end of their treatment. There were no statistically significant changes in patients' perceptions of control and self efficacy at the beginning, middle and end of treatment, although there was a statistically significant positive association between perceptions of treatment control and degree of involvement in self care. The qualitative findings also revealed that patients with higher perceptions of personal control believed in the importance of self care, had a greater desire to be involved in self care and used a greater range of self care strategies. Patients with lower perceptions of personal control believed that self care was less important, that they had no control over the adverse effects of treatment and used fewer self care strategies.

Conclusions: The findings from this study are valuable since they offer a greater understanding of the meanings that patients undergoing treatment for cancer ascribe to their self care and their perceptions and experiences of being involved in self care and their perceptions of control and self efficacy during their treatment.

References

Tashakkori A and Teddlie C (1998) Mixed methodology: Combining Qualitative and Quantitative Approaches London Sage.