8098 POSTER

A study of at risk and deteriorating cancer patients: the impact of a nurse-led critical care outreach service

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Background: Supporting the needs of cancer patients who become critically ill extends beyond the walls of the critical care unit (CCU). Prevention of admission to critical care is an important area of practice, given high mortality figures for cancer patients admitted to CCU.

The characteristics of patients, and their referrers, who were referred to a critical care outreach service (CCOS) are presented in this mixed method observational study.

Method: A Modified Early Warning Score (MEWS), used to trigger referrals to the CCOS, was correlated with: patient demographics, physiological variables at the time of referral (and, if different, time of deterioration), disease, acuity data and timeliness and appropriateness of referral.

Results: Analysis was carried out on 409 patient care episodes (325 patients) over eight months in one cancer hospital, exploring survival rates and admission to higher level care (full critical care support) as outcome variables.

Significant findings included: high death rates in patients who were not referred in a timely manner ($p = 0.04$); doctors were more likely to make appropriate and timely referrals ($p = 0.001$, $p = 0.003$); appropriate referrals were more likely to be admitted for higher level care ($p = 0.034$).

This data was triangulated with qualitative interview data from nurses and doctors, in areas of high and low referral, and where patients were, and were not, referred in a timely manner. The presentation will outline how a nurse-led CCOS can support cancer patients who are at risk of deterioration, or are deteriorating.

8099 POSTER

The impact of Central Venous Device (CVD) on illness perceptions of hemato-oncology patients

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Coping and healing course, allied on illness perceptions which are associated with various health aspects. Illness perceptions are base on: stigmatism, symptoms, length and cause of disease, faith associated with cure and lifestyle alters. A number of studies have showed that factors such as believing that the illness would be long-lasting with serious consequences and low locus of control were associated with more negative illness perceptions. CVD are commonly implanted in oncology patients (pt), but little is known about whether CVD effects illness perceptions.

Aim of study: To examine illness perceptions among pts with CVD (study group) in comparison to those without CVD (control group). To submit a local policy based on the results.

Method: 28 pts with CVD and 22 pts without CVD completed questionnaires. The questionnaires included: demographic details, illness perception and pts attitudes toward CVD.

Results: 60% of the pts reported that the main caregiver who treated the CVD was the primary nurse. Fewer reported complications related to the CVD. The main symptoms were: fatigue (78%), pain (68%) and sleep disturbances (66%). Most of the pts stated that the medical treatment is the significant factor for controlling their disease and they believe that their illness would be long-lasting with serious consequences. Their perceived control was low. The study group reported that comfort and self confidence were the two major issues related to the implanted CVD use. No significant differences were found in symptoms, cause of disease or illness perceptions between the study and control groups.

Conclusions: The results has shown relevant aspects concerning the pts' illness perceptions, self confidence and comfort correlated to CVD. It confirms the importance of mutual decision making concerning CVD in order to recognize the advantages of CVD and improving the quality of care.

8100 POSTER

Palliative care nurse specialists management of suffering

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Background: A nurse patient relationship with open communication and understanding is an important way to manage suffering. In palliative care these relationships will be broken at the patients death. The level of involvement that may be needed to understand the patients suffering may result in emotional pain for the nurse when the patient dies.

Methodology: A phenomenological study was undertaken to explore palliative care nurse specialists use of the nurse patient relationship to manage suffering.

Results: Deliberate strategies were employed to develop a nurse patient relationship that would enable the identification and relief of suffering. The importance of communication skills, empathy, caring and being there were highlighted. Communication skills were recognised as critical but also that these were often learnt through experience rather than training. A patient led approach was promoted based on the patients interpretation of the events befalling them.

Personal involvement with the patients was controlled. Strategies employed to manage involvement mirrored those described by Turner (2001). The palliative care nurse specialists had learnt how to manage involvement experientially, often at considerable personal cost.

The difficulties of patient involvement and strategies to reduce these are discussed and often there is overlap between what is rewarding and satisfying and what causes problems. Key factors are identified that enabled coping such as having a personal philosophy of suffering and realistic expectations of the role.

Conclusion: The nurse patient relationship is an important aspect of the management of suffering in palliative care. Development requires considerable skill and deliberate planning. Personal involvement with patients must be controlled, and stress generated by working with dying patients managed, if palliative care nurse specialists are to be able to continue with the role.

8101 POSTER

Developing a framework to redesign expert cancer nurses roles within a tumour based model of care

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Background: Guys & St Thomas NHS Foundation Trust with other key stakeholders have embarked upon an ambitious project to prepare a business case for the development of a world class cancer centre in south east London. This is being defined through tumour specific models of care which identifies an exemplary patient pathway. Part of this work is to redesign expert cancer nurses roles from pre-diagnosis to end of life care, which supports best evidence based practice along this pathway. It also serves to maximise the skills, knowledge and competencies of these individuals.

Methods and Materials: Each model of care describes the roles and responsibilities of each health care professional involved in key stages of the tumour specific pathway. Contemporary cancer nursing will encompass new and divergent roles and the development of a framework will assist in the redeployment of the priorities and functions of the nurse, ensuring appropriate and timely nursing intervention to improve the patient and family experience. The outcomes and impact of the nurse along the model of care pathway will be understood by the development of clinical performance indicators.

Results: The development and refinement of the framework and clinical performance indicators will be explained and how the tools are applied and used to improve clinical care.

Conclusions: The emerging models of care will have a systematic process by which nursing roles have been refined and evaluated. This will assist in medium to long term planning when considering nursing workforce and continuing professional development. The clinical performance indicators will inform cancer services of the effectiveness of the nurses interventions and these outcomes will help to further refine the patient pathway improving service delivery.

8102 POSTER

CAMMA – a project for coping better with breast cancer diagnosis

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Background: Many patients cope badly with the abundant and sudden information given to them concerning the potentially fatal disease of breast cancer. The aim of this randomized study was to evaluate the effect of extended teaching, information and discussions during the period after surgery and to evaluate whether this effort could lead to lower levels of stress and anxiety and thus better handling of the situation.

Material and Methods: Women >18 years with primary breast cancer and with no essential concomitant diseases or language problems were consecutively offered participation in the CAMMA (CAncer MaMmAe) project ($n = 135$). After randomization 120 patients were eligible for the study. Half of these patients ($n = 60$) were included for the study program including three days with extensive information on breast cancer: Day 1 on complications to surgery, pain, alternative treatment and body image. Day 2 on oncological treatment and psychology and on day 3 advises from dietician and physiotherapist were presented. Parameters studied were levels of stress and anxiety, body image, tiredness and general wellbeing. Data were collected from patient questionnaires.

Results: Preliminary socioeconomic and demographic data have been collected. Data on psychological wellbeing, coping, self-efficacy, social relations, and quality of life show encouraging results of the CAMMA intervention program. Complete analysis of data will be presented later.

Conclusion: Preliminary data indicate a positive effect of intensive information and intervention when patients are cope with the diagnosis of primary brest cancer. So the study continues but further conclusions await longer follow up and processing of data.

8103 POSTER

Working in partnership with Clinical Nurse Specialist (CNS) and cancer service users to evaluate and develop the CNS role

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Background and why this is an area of importance: In October 2005 the cancer peer review feedback suggested that one of the strategic aims that the Trust should focus on is the development of the Clinical Nurse Specialist role (National Cancer Peer Review, 2005). Fundamental to the development of any nursing role is that it should be patient centred. However, there is little evidence that service user have been involved in shaping the role of CNS. Often CNS roles evolved from clinical need (Hill, 2000). The need to organise health services around users has been the theme of many health policies in recent years (NHS Management Executive, 1992). The NHS Cancer plan (DOH, 2000a) advocates that patients should be at the centre of the development and delivery of cancer services. Various national initiatives have been set up for user involvement but action at local level is also important (DOH, 2000b). This research aims to bridge the gap that exists. This will occur through the evaluation and development of the CNS role in partnership with service users in a South East London teaching hospital. Since this review would require collaboration, action research will be utilised. Action research allows individuals to work together collaboratively. It also develops learning as it helps individuals reflect on their practice and helps them identify and justify how this new learning influences change (Mc Niff, 1988).

Materials and Methods: A qualitative approach through action research will be utilised within this project because this research is underpinned by collaboration and partnership working and these are also the essential components of action research (Coughlan and Brannick, 2001). A group of Clinical Nurse Specialist and Cancer Service Users will meet for a minimum of three focus groups. The numbers of expected participants will 8 to 10 individuals – 4 CNS and 4 service users.

Results: The study is currently underway and the data will be analysed using the Strengths, Weaknesses, Opportunities and threats framework (SWOT). Review of the data will be taking place during the data collection and this also ensures that further cycles of action are initiated. Triangulation of the data will occur through the cross referencing of the data collected from the inquiry diary, notes from focus groups and notes from feedback from the participants.

Conclusion: Will be available by the end of May 2007 when the research is completed.

8104 POSTER

Expanding the role of the clinical research nurse in an Italian cooperative oncology research group

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Background: cooperative oncology groups have a long history in Italy, while the role of the clinical research nurse is relatively new. The purpose of this project was to establish a network of clinical research nurses (CRNs) within a cooperative oncology group and to identify strategies for maximizing their impact on patient outcomes and research practices.

Methods: a group of CRNs were identified in May 2006, through a survey sent to all Investigators of the Multicenter Italian Trials in Ovarian Cancer and Gynaecologic Malignancies (MITO) cooperative group. Through brainstorming, a literature review, discussions with the MITO leadership and contacts with international gynaecologic oncology groups, the CRNs identified 4 initial objectives for improving patient care and research nursing practices to: (1) establish the use of nursing summaries for MITO conducted trials; (2) identify potential companion studies and other nursing research projects in this patient population; (3) establish formal contacts with international gynaecologic oncology nursing organizations and CRN groups for future collaborations; (4) develop evidence based MITO nursing guidelines to address specific procedures or patient care issues.

Results: the first nursing summary was written for the international MITO-2 study, and established minimal content for MITO conducted trials, including strategies for staff and patient education and essential nursing interventions. The CRNs identified the following priorities for nursing: improving compliance with eventual intraperitoneal chemotherapy and evaluate symptom burden over time. MITO nurses have established contacts with the Gynaecologic Cancer Intergroup (GCIG) nurses and the Oncology Nursing Society Clinical Trial Nurses, permitting the review of existing practices and providing contribution to Clinical Trial Nurse Manual (chapter authored by MITO nurses). An intraperitoneal chemotherapy nursing protocol has been published within the MITO group.

Conclusions: these early successes of the MITO nurses have stimulated interest in continuing to work toward achievement of the initial objectives and to use this model for expanding the role of CRNs in other Italian cooperative oncology groups.

8105 POSTER

How to reach targets with a SIG

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Introduction: The Dutch Special Interest Group (SIG) Immuno/Targeted Therapy founded in 2004 is a special working party of the Dutch Nurses Association, V&VN Oncology and consists of nursing professionals with expertise in the immuno and targeted therapy. The SIG Immuno/ Targeted Therapy has a national reputation in the fields of monoclonal antibodies, small molecules, anti-tumor vaccines, immuno modulation therapy and cytokines (including growth factors).

In the past 4−5 years these new cancer treatments have developed rapidly. The working mechanism of immuno/targeted therapy is very complex and not fully understood. Side effects and complications of new therapies differ from those of traditional chemotherapy and need special nursing skills and attention. Knowledge of immuno and targeted therapy has become important for (oncology) nurses since they are increasingly involved in caring for patients treated with these new cancer therapies.

Aims of the SIG Immuno/Targeted Therapy:

- Improve the quality of care for patients
- Enhance knowledge and practice and become expert in this field
- Provide information and educate nurses and other health care professionals to improve nursing skills
- Become a network for health care professionals

Organisation of the SIG: The SIG consists of (oncology) nurses who have a special interest and expertise in immuno/ targeted therapy and participate at a voluntary basis. The Netherlands is divided in nine cancer registry regions. Each region has a catchment area of 5−20 hospitals. At this moment the SIG has 22 members, representing all nine regions. The SIG meets three times per year. During these meetings new developments, ideas and the progress of the different projects are discussed and new information is exchanged.

Activities: To achieve current goals the SIG is involved in several projects in the field of immuno/ targeted therapy, e.g.:

- Development of a theoretical and practical manual for nurses
- Development of educational programs for (oncology) nurses
- Development of patient brochures
- Organizing basic and advanced level sessions at the national annual oncology congress

Central aim: We would like to inform other health care professionals how to organize knowledge and share experiences in the field of immuno and targeted therapies to improve patient care, nursing skills and to exchange information about the organisation and activities of the Dutch SIG Immuno/Targeted Therapies.

8106 POSTER

Information meetings for patients with prostate cancer and their partners prior to combined treatment with external beam radiation and HDR brachy therapy

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Background: Adequate information and education is essential for patients with cancer and their partners to be able to participate in decision-making