

of concomitant chemotherapy were used on the 43rd and 64th day of treatment: at the same time, RT has been continuously applied until the 84th day of treatment. Systematic observation and interview were used for diagnosing oropharyngeal mucositis. Pain symptoms were rated on a Visual Numerical Scale (VNS). Nutrition was given either per os (liquid diet) or parenterally. Body weight was checked at least once weekly.

Results: All patients developed grade 3 and 2 grade 4 mucositis. All patients received analgesics or topical antiinflammatory drugs, local anesthetics and corticosteroids. Adequate alleviation of pain with opiates is often a prerequisite for the continued intake of nourishment. Loss of body weight (6–10 kg) occurred in all patients.

Conclusions: Oropharyngeal mucositis can be prevented with appropriate care since notable improvements in pain control and oral intake during the course of therapy are observed with aggressive clinical management. The treatment that provide subjective relief needs to be initiated at an early stage and the patient must follow the instructions. New preventive treatments are emerging which provide measures to improve the QoL during CT-RT.

Poster Session

Nursing education and staff development

8122

POSTER

Patient focus care – implementation and evaluation of a new care model

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Background: In times of strained health care economy, there is a need to consider reforming the traditional care organisation. Also, patients demand larger involvement in decision making and care planning. The structure of having traditional nurse stations in inpatient care creates distance to the patient and a busy work environment with constant interruption and telephones ringing. The nurse feels shattered and the risk of stress increases which may decrease care quality and work satisfaction. A new care model called "patient focused care" originally came from Detroit, USA and was adjusted to the Swedish health care system by a Swedish nurse [1]. The Division of Surgery and Oncology at a University Hospital moved to a new building which gave the possibility of a large scale implementation project of the new care model. The project aim is to implement the new care model and evaluate the possible impact it may have on patients' assessment of quality of care and staffs assessment of working environment and work satisfaction.

Methods: A project group consisting of nurses from all treating units was initiated to coordinate both the implementation and the evaluation phase. Baseline assessment with a questionnaire to staff, a questionnaire to patients and assessment of patient calls both at the ward and by telephone was conducted before implementation of the new care model consisting of the following parts:

- A care coordinator is responsible for all incoming telephone calls and assists the care givers with administrative tasks.
- The traditional large nurse stations are replaced by small nurse modules placed near the patient rooms.
- Several health care teams are formed which take the whole responsibility for a fewer number of patients.

Results: The project is now in the implementation phase. Extensive baseline assessment has been conducted and will be repeated after implementation. The anticipated effects are:

- Increased patient participation
- Increased satisfaction with work environment
- Increased quality of care
- Increased cooperation between health care professionals

Conclusion: The baseline and implementation phases have been successful. In time for the conference result regarding patients and care givers assessment of variables related to quality of care and work satisfaction before and after the implementation of the new care model will be available.

References

- [1] Inde M. Framtidens vårdmodell, Patientnärmre vård – hur gör man? Landstinget i Värmland, Karlstad 2006 (In Swedish).

8123

POSTER

The incidence of burnout syndrome and coping strategies for staff working in oncology and palliative care department

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Background: Occupational stress is a very actual concern for medical staff, affecting their health and well being. In Romania, too little attention is paid to this syndrome. The aim of this study was to:

1. evaluate the factors that cause stress in work;
2. evaluate the incidence of burnout syndrome in the Oncology-hematology in Tg. Mures;
3. design preventive plans and coping strategies in order to decrease the incidence of burnout syndrome.

Material and Methods: The subjects of this study were 14 doctors and 54 nurses, employed at the oncology-hematology department in Tg. Mures, Romania. All variables regarding stress were assessed using A. Pines and E. Arronson self-administered questionnaires with 21 questions regarding physical and psychological status. The incidence of stress factors was reported on a scale from 0 (never) to 7 (daily).

Results: Out of 54 nurses, 44 of them (81%) experienced emotional exhaustion and less personal achievement. The most frequent stress factors were: emotional and psychological over involvement (32%), lack of material satisfaction (25%), lack of staff (20%), the time period surrounding a patient's death (13%), and bad communication with the medical team members (10%). Out of 14 doctors, 12 of them (92%) experienced emotional exhaustion and depersonalization. Stress factors identified included lack of time (30%), lack of staff (29%), over involvement in patient's problems (23%), bureaucracy (10%) and bad communication with other medical staff (8%). In both groups, the coping strategies identified were: better communication and support groups for sharing problems, psychological counseling, more staff, a more flexible work schedule, motivation and continuing medical education.

Conclusions: This study proves that burnout syndrome is a reality in oncology and palliative care departments in Romania. It is very important and necessary to implement individual and group strategies to prevent and diagnose this syndrome, measures that will, in the end, be beneficial to our patients.

8124

POSTER

"DIC", a digital instruction for the safe handling of cytostatic drugs in the homecare setting

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Background: During the last two decades, numerous studies have pointed out that nurses and other healthcare professionals are exposed to antineoplastic drugs during daily activities. Based on the numerous studies that identified occupational exposure to antineoplastic drugs among healthcare professionals since the beginning of the 1990's, guidelines and regulations have been introduced in the Netherlands in 1992 with revision in 1997 on how to safely handle these hazardous drugs. This has lead to specific policies and clearly defined procedures for the hospital setting. However the risk for workers in home care is equal to that of hospital nurses. But since awareness of potential exposure is low, protective equipment is hardly used. And even if an employee is aware of the fact that he or she is working with a patient who has received chemotherapy, protocols and guidelines, especially for nursing or cleaning tasks are often not available. This may lead to high dermal exposure levels through contact of contaminated surfaces or through contact with patient excreta.

Purpose: The main aim of this project was to introduce guidelines and regulations in the home care setting to prevent all employees (from housekeeper to specialized oncology nurses) to experience negative health effects from exposure to these hazardous drugs.

Method: First the original hospital guidelines, policies and procedures were translated to the homecare setting. The procedures were identified with potential exposure to antineoplastic drugs: domestic tasks and patient care. Consequently the tasks were clearly defined in regard to

working procedure and protective equipment needed. Besides the different procedures information on how to handle waste that has been in contact with cytostatic drugs, what to do in case of a spillage, how to handle patient excreta and how to handle laundry were also defined.

Results: The guidelines are available on a Compact Disc which can be used on a stand alone computer, on the internet or intranet or combined in a e-learning program. Each procedure is shown by realistic pictures accompanied by written text and a voiceover explaining the procedure. This way the program applies to the different learning strategies (hearing, seeing and reading) of each individual. A print of each procedure can be made.

The CD is part of a complete package consisting of management guidelines on how to implement the program, cost implications, an overview of protective equipment needed with requirements and suppliers.

Conclusion: With "DIC" healthcare professionals in the home care setting are able to work safely with patients receiving cytostatic drugs.

8125

POSTER

Education tool – cancer in the elderly

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Background: The aging of the Dutch population in general and the growing number of older people being treated for cancer leads to more patients with complex problems. With this knowledge, the Dutch Oncology Nursing Society wrote out an assignment to develop an education program. This program will enhance the competence of (oncology) nurses to deal with cancer in the elderly.

Purpose: The main aim of the project is to prepare the oncology nurse to deal with the specific, complex problems and to enhance multi-professional working relations between oncology and gerontology teams to improve outcomes for older people with cancer.

Method: A group of experts in the field of oncology, geriatrics and education worked together following the Core Curriculum Cancer in the Elderly from EONS and the Dutch competence profile for the oncology nurse.

Result: The outcome of several meetings led to an education tool. The framework of this tool is a CD-box containing five CD's. Each CD's has its own theme:

1. perception of the elderly
2. specific elderly problems
3. ethics
4. communication
5. continuation

Besides working with this CD-box, an internet application is also available: www.leermenu.nl

The five CD's can be used together or separately. The structure of each CD is equal; an entry questionnaire, a theoretical component, several assignments and a final questionnaire. Within each theme links are presented to other themes, internet, literature et cetera. The education tool can be used as set for self-learning, in a clinical team or in post basic training.

By the end of June 2007 the last CD/theme was finished. The Dutch Oncology Nursing Society constantly monitors, evaluates and adjusts the contents of the themes, to make assure it fits the needs of the nurses as well as the elderly patient with cancer.

8126

POSTER

Integration of family nursing into the daily care of cancer patients

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Introduction: There are increasing demands on nurses to include families in the care of patients. It is well known that when one family member becomes seriously ill, other family members become affected as well. In spite of the literature emphasising the benefits of family nursing, research indicates that many family needs are unmet and nurses tend to avoid close contact with the family.

Method: An intervention was designed on how to apply "The 15-minute family interview" (Wright and Leahey, 2000) into the daily care of cancer patients and their families within the department of oncology, hematology

and palliative care. The goal of the intervention was to improve the nurses communication with families and it should be reflected in the nursing documentation. Before the intervention a baseline spot check of all patient charts was carried out; all nursing-staff received a lecture on family needs in malignant illness; headnurses nominated two key nurses on respective units to act as change agents and to guide other nurses.

The intervention included a 2-day workshops for key-nurses and a shorter workshop for other nurses followed by weekly support on the wards for 3 months. Furthermore the key nurses checked on family nursing documentation every second week for 5 months and regular focus meetings were held with the key nurses. After the intervention the key nurses do a monthly check on family nursing documentation; a annual spot check of all patient charts and focus meetings with the key nurses have continued. Workshops for all new nurses have continued biannually.

Result: From start of the project in November 2004 – February 2007, 88 nursing-staff members have attended the workshops. The majority evaluated the workshop to be very good/good. The result of the first spot check on family documentation showed that during a one year period the overall documentation improved by 20%. The main improvement was seen in documentation of genograms (65.4%) and family related nursing diagnosis (54.4%). Focus meetings with the key nurses revealed that the project was perceived to be empowering and provided them with security and focus in their encounters with families.

Conclusion: The intervention was successful in improving family nursing on the units and the workshops will be ongoing as a part of basic staff education in providing quality family nursing. Other hospital units are preparing to use the same model to improve family nursing.

8127

POSTER

Opportunities for improving cancer training and education for nurses using the web based Cancer Specialist Library

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Background: The Cancer Specialist Library website (part of the UK National Library for Health) is an ideal mechanism for assisting in the education and training of nursing and other health professionals involved in cancer care.

Materials and Methods: The Cancer Specialist Library website went 'live' in April 2005, and is freely available to all web users. It provides a variety of methods for accessing evidence based medical literature on all cancer types and topics. Well-performed systematic reviews provide the most reliable answers to health care questions and the Library uses a rigorous, transparent methodology to identify all relevant cancer systematic reviews (including Cochrane) published since 2000.

Results: Online Resources include:

1. 'Core information', which is assembled following a thorough search of the medical literature and relating to each cancer site. This is organised into 'Guidelines', 'Evidence', 'References' and 'Patient Information' Sections.
2. A Section which provides 'Knowledge Updates' and a 'Map' of contents relating to each cancer site, to allow easy access for the web browser.
3. Another collaborative project has been the promotion of National Knowledge Weeks (NKWs) for several of the commoner cancers. There have been six NKWs to date, two each for Breast Cancer (2005 & 2006) and Prostate Cancer (2006 & 2007), and one each for Lung Cancer (2006) and Colo-rectal cancer (2007). NKWs are planned for other cancer types over the next year.

The Steering Committee for each NKW include the Cancer Specialist Library staff, a National Clinical Lead considered an expert in the relevant cancer field, and a major Cancer Charity to provide 'User' input. Between ten and twenty health professionals are invited to form the NKW Advisory Panel, and together with the Steering Group suggest topic areas. Cancer Library staff conducts a thorough search of relevant data bases to match resources to the chosen topic areas.

The resources identified are for the most part presented as abstracts, with links to full text in a proportion of cases.

Learning modules are being developed and will be piloted during 2007.

Conclusion: The Cancer Specialist Library is building a comprehensive and easily accessible range of documents relating to all aspects of cancer care, and has the potential to be used for the training and education of cancer health care professionals with access to a computer, encouraging evidence based practice.