

students of Basic Nursing Education in a Nursing School, who had a experience of four months in a gynaecological ward. The data are explored by techniques of content analysis.

The results, discussions and conclusions will be presented at the Conference, as at this time, the study is in course and it was yet not possible to treat the data. We hope to contribute to enhance the skills of the future nurses to approach sexuality issues of the numerous women who face breast cancer.

8135

POSTER

Oncology nursing education in basic nursing

A. Espadinha¹, T. Reis¹, M.I. Rebelo¹, M. Pinto Coelho¹, M. Carrageta².

¹Escola Sup. Enf. Enfermagem Francisco Gentil, Department of the adult and the elderly, Lisbon, Portugal; ²Escola Sup. Enf. Enfermagem Coimbra, Department of the adult and the elderly, Coimbra, Portugal

Nowadays, the teaching of oncology nursing in the basic level nursing programs is little emphasized in Nursing Schools. The oncology disease represents a serious public health problem in the world. It is urgent that nurses are able to adopt positive attitudes facing this disease, to care the patient and the family at different levels of prevention and to play an important role as health educators.

The aim of this study was to analyze the nurses' opinion about the contributes of the basic level nursing education in oncology to the nursing care of oncology patients.

It is a qualitative-descriptive research, based on the analysis of the questionnaires used at Nursing Schools in Lisbon and the interviews of six new graduate nurses who just started their professional activity on oncology wards. The interviews have been evaluated according to contents analysis techniques.

The main conclusions in the participant schools were: oncology nursing does not exist as course or program in the curricula and the contents about oncology are scattered in different scientific areas; the course contents and the teaching load differ from school to school and the approach is not satisfactory; the fundaments of the courses are essentially biomedical; there is no planned clinical practice in oncology wards for all students. In some schools this is an elective experience.

The main difficulties referred by the nurses caring for oncology patients were: related to their insufficient theoretical and practical learning during their basic level education. These difficulties were more relevant in communication and in the aid relation with patients and families, during the treatment and end of life care, facing new situations, changes of body image and confronting death.

The support of the nursing team and the bibliographic search were the mentioned strategies to solve these difficulties. Trying to ignore the problem or keeping it at distance were less desirable strategies.

The participants suggested creating a scientific field in basic level education and clinical experiences in oncology wards. Both should be included in the curricula. The improvement of the interrelation of theory and practice has been suggested. These results are similar to those of Pope (1992) and Krcmar (2000) study. We should reflect on the fact that the results 15 years later remain the same. Could a law alter this fact as raised by Kearney et al in 2000?

8136

POSTER

Cancer pain management in the elderly, are we doing the right work?

F. Charnay-Sonnek. Hôpital de Haute-pierre, UF 6938 Onco-Hématology, Strasbourg, France

Background: Pain is a permanent preoccupation of oncology health care professionals: they are continually confronted to patients with pain (bound to illness itself, the diagnostic and/or therapeutic procedures). Elderly patients need a special attention regarding the comorbidities associated with cancer. The half of cancer patients suffers from moderate pains to stern at the time of the diagnosis and 80% of the aged patients have important pains with advanced cancer. The nurses have a very important role to play in pain management. They spend the most of their time at the patients bedside, to their contact. One of their first roles consists in assessing pain. The assessment is the first primordial step. Analgesic treatment and pain care depend on it.

Materials and Methods: An investigation has been led from October to December 2006 by healthcare professionals of different institutions, where elderly cancer patients are hospitalised. The aim was to make a general state on pain management by elderly patients with cancer. 70 questionnaires were analysed, 35 from medical units and 35 from surgical ones.

Results: This investigation shows that pain is assessed. But the VAS is nearly the only assessment scale used. A large number of health care professionals are educated in pain management. The physicians specialist

in pain management are often required to give their advice. Nevertheless, the nurses estimate that the pain remains only partially relieved.

How to improve pain management for elderly cancer patients? We would like to develop here some proposals concerning: assessment with the DOLOPLUS® tool, nursing continue education regarding pain and elderly patients, clinical questionnaire by old patient with cancer before starting a morphine treatment (Jane Gatineau Center Sainte Périne Hospital Paris) and review of the organisation of nursing tasks likely known to generate pain.

Conclusion: The most important step in pain management is the assessment. Especially for aged patients, the tool must be adapted to the person and the circumstances in collaboration with all professionals working at the bedside of the patient. All it requires knowledge, skills, but also the use of the 5 human senses to be able to discern, to identify best the needs of the patients.

8137

POSTER

A two-day chemotherapy course improves nurses' knowledge

G. Gudmundsdottir, N. Fridriksdottir. Landspítali University Hospital, Medical & Radiation Oncology Hematology & Palliative Care, Reykjavik, Iceland

Introduction: Specialized education for nurses who administer cancer chemotherapy is considered important to ensure a safe and quality level of care. Since 2003 two clinical nurse specialists have run a two-day chemotherapy course for all nurses working within medical oncology and haematology at Landspítali University Hospital in Iceland. The course is based on Chemotherapy and Biotherapy Guidelines and Recommendations for Practice from the Oncology Nursing Society (ONS). The purpose of the course is to improve nurses knowledge in cancer chemotherapy and prepare them to administer chemotherapy safely.

Methods: The course is run over two consecutive days, sixteen hours in total. Furthermore, each nurse who completes the course is evaluated during the administration of three different chemotherapy treatments. The course content includes all key aspects of chemotherapy such as chemotherapeutic agents, administration and safety issues, side-effects and symptom management. Several ways of tutoring are used. To assess nurses knowledge before and after the 2-day course, a questionnaire of 30 multiple choice questions was developed on important topics covered in the course. Furthermore participants are asked to complete an evaluation on the course.

Results: Since 2003 eight courses have been completed by 94 nurses. The majority was highly satisfied with the course. The mean knowledge-test score before and after the course increased significantly from 4.8 to 7.8, respectively (actual range 1.7–9.7, possible range 0–10). Pre-course right answers for individual questions ranged from 12.8–95.7% and post-course right answers ranged from 25.5–100.0%. The results showed that in the pre-course test 12.8–25% scored right answers on questions on chemotherapeutic agents compared to 25.5–97.7% in the post-course test. Regarding safety issues 38.3–77.3% scored right answers in the pre-course test compared to 75.5–95.7% post-course. On questions on side-effects 13.8%–95.7% scored right pre-course compared to 41.5%–100% post-course. Finally 38.3–62.8% scored right on intervention questions pre-course compared to 63.8–93.6% post-course.

Conclusion: Based on these results it is important to provide nurses with specialized education on cancer chemotherapy. This two-day course was effective in improving nurse's knowledge and will be ongoing for all new nurses entering practice in medical oncology and haematology at Landspítali University Hospital.

Poster Session

Quality of cancer care and prevention

8138

POSTER

Assessment of functional capability in elderly colorectal cancer patients, being treated with adjuvant capecitabine

S. Nikolic¹, D. Gavrilovic², J. Aleksic³, M. Paunovic³. ¹Institut za onkologiju i radiologiju Srbije, Medical Oncology Department, Beograd, Serbia; ²Institut za onkologiju i radiologiju Srbije, Data Center, Beograd, Serbia; ³Institut za onkologiju i radiologiju Srbije, Department Medical Oncology, Beograd, Serbia

Background: Although the incidence of chronic diseases and functional incapability are increasing in elderly, the aging does not mean obviously being ill. According to current definition of health, functional capacity is the mixture of biologic, psychological and social capacities, which should be united optimally to allow individual normal everyday activities. The

increased health needs in elderly, combined with diagnosis of malignancy, could decrease the overall functional capacity. The malignancy treatment efficacy, thus depends not only on stage at diagnosis, and involvement of vital organs, but also on the age, comorbidity other than malignancy and functional capacity.

Patients and Methods: In the aim to analyze the influence of comorbidity, anticancer treatment and adverse events on the functional capability of elderly colorectal cancer patients, being treated with adjuvant capecitabine, the questionnaire for functional capacity assessment (KATZ index) was used initially and after the third cycle of chemotherapy, in 24 elderly colorectal cancer pts, aged 67–79. All patients started the treatment in January 2007 on an outpatients basis. Body weight, as well as the creatinine clearans, concomitant diseases, capecitabine adverse effects and the consecutive dose reduction were registered.

Results: Initial cardiac, neurology, endocrine and musculo-skeletal comorbidity was found in 12.8%, 4.2%, 12.5% and 8.3% patients, respectively, not being either increased in frequency, or worsening during the treatment. No significant change in body weight or creatinine clearance was noted. The low grade adverse events such as skin toxicity, hand-and-foot syndrome and loss of appetite were registered in 4.2%, 8.3% and 4.2% pts, respectively, causing the dose reduction in 4.2%. KATZ index did not change during the treatment, being scored as 4 in 16.7%, and 6 in the remaining patients. Slightly decreased functional capability was caused by comorbidity, while the anticancer treatment and the adverse effects did not cause further decrease.

Conclusions: Our results confirm that the overall health care measures are important for the maintenance of the optimal functional capacity in elderly colorectal cancer patients, being on adjuvant capecitabine treatment.

8139

Cancer and the City

P. Trevatt, North East London Cancer Network, London, United Kingdom

A national report published by the audit office in 2005 examined the cancer patient experience in England. The report's purpose was to assess if cancer services had improved following publication of "The NHS Cancer Plan" in 2000. While progress had been made in a number of areas it was interesting to note that cancer patients living in London scored a poorer experience when compared to those living elsewhere. This score was not reflected in either survival or mortality data which remained the same for all English cancer patients. London cancer patients recorded poorer experiences relating to psychological support and information needs, as well as having less satisfying encounters with their community physician and outpatient doctor.

London has a significant number of social and healthcare challenges that continue to cause concern among health advisors, clinicians and policy makers. It has a growing younger population, an increasingly large black and minority ethnic (BME) community, and areas which are marked by serious deprivation and poverty.

An analysis of a number of national patient surveys and audits revealed a series of commonalities that may have caused variations in the patients' experience (CHI 2004, MORI 2004, The Healthcare Commission 2005). These included:

- Ethnicity – BME patients tended to score less positive experiences.
- Deprivation – Scores were poorer for those residents living within deprived localities.
- Age – Those who were younger tended to be less satisfied with services available to them than those who are older.

It is possible to hypothesise that the factors listed above may have influenced the London cancer patient experience. Previous research has shown that younger people, BME groups and those affected by poverty and deprivation, experience inequalities when using cancer services (for example, accessing quality cancer information in an appropriate format). This paper seeks to determine why London cancer patients scored a poorer experience; to determine if the problem is unique to London or whether it could be applied to urban areas in general; and to develop a meaningful action plan that could be shared with others.

It concludes with the recommendation that policy advisors and strategists need to take account of the needs of the local populations when devising healthcare policies, especially when developing and planning cancer services within a multicultural setting.

References

- Commission for Health Improvement (2004) Unpicking the Patients' Perspective: Variations in NHS patient experience in England.
- Commission for Healthcare Audit and Inspection (2005) Variations in the experience of patients in England: Analysis of the Healthcare Commission's 2003 / 2004 national survey of patients. Healthcare Commission.

MORI (2004) Frontiers of Performance in the NHS <http://www.ipsos-mori.com/publications/bp/frontiers2.shtml> Accessed December 28th 2006.

8140

Immigration in a day cancer unit: four biographical experiences

L. Purcallas, I. Brao, A. Capdevila, C. Lopez, N. Muñoz, A. Quesada. Catalan Institute of Oncology, Day Cancer Unit, Girona, Spain

Introduction: Given that an immigrant is considered those coming from another country in order to establish themselves in the guest one, it is obvious that since several decades, immigration in Spain has increased in a progressive way.

Traditionally, our region, Girona, Catalonia and the rest of Spain, have received immigrants with diverse origins. Africa and North African firstly followed by South American, Eastern Europe and Asia lastly. The immigrant rate in our context adds up to 12.1%, which represents an amount of 83,271 people totally.

Despite there is not high incidence in cancer among the immigrants population, opposed to native people, the increasing number of immigrants in our Day Care Unit at the Institut Català d'Oncologia located in Girona, has generated in some way a big challenge for nurses, due different manners in understanding health and disease, care, linguistic, cultural and religious issues.

Aims: Our study tries to describe the biographical experience of four immigrants from different nationalities, to explore the cancer experience and chemotherapy treatment implications in their lives

Methods: Design: Qualitative and Phenomenological exploratory research. Area of study: Day Care Unit from the Institut Català d'Oncologia located in Girona, which covers a population close to 687.331 inhabitants. Procedure: Semi-structured interview to last one hour approximately, with the possibility of second meeting if necessary, plus the information from informal talks during the treatment sessions. All interviews were audio taped and recollected by 2 nurses from the study group.

Details from socio-demographic variables, type of treatment and stage of disease, were collected. Some other variables related with information received about diagnosis, perceptions, believes and professional support needed. A written Informed Consent document explaining data Confidentiality policy was given to all participants. Participants: Inclusion criteria: Well understanding in Spanish language or able to understand us, from different countries and backgrounds, with a neoplastic diagnosis, receiving or finished in the treatment of Chemotherapy. Sex and genre were divided in two women and two men with different ages criteria.

Results: Sample mean age was young population, with low educational level and with difference attending reasons to migrate. It has been a positive experience for nurses themselves increasing our knowledge on patients. This study will be the starting point for new research in future improving quality of cancer nursing care.

Discussion: With the study results we want to draw our attention to no specific conclusion. We intend to explore and increase our knowledge of migration repercussion in Health and cultural diversity, as well as to increase our understanding on different lifestyles to, finally improve Quality of nursing care.

8141

Integrating diversity into a nurse led cancer information service

K. Leonard, K. Hardwick, J. Drescher, H. Broughton. Cancerbackup, 3 Bath Place, London, United Kingdom

Background: Cancerbackup is the United Kingdom's (UK) leading cancer information charity, providing cancer information and support by experienced cancer nurses to anyone affected by cancer. The charity identified a need to make the service more accessible to black and minority ethnic (BME) communities and funding was secured in 2002 for two posts: an outreach officer who researched the specific cancer information needs of BME communities, and a cancer information specialist whose role was to develop a strong BME network through which to promote appropriate resources. This poster will demonstrate how these two posts have enabled Cancerbackup to development of a variety of culturally sensitive services for BME communities. Our results focus on our free telephone interpreting service, Cancer in Your Language (CIYL).

Materials and Methods: The cancer information needs of BME communities were identified through the research carried out by the appointed BME posts. All staff received diversity awareness training. A number of key cancer information booklets and video tapes were translated into other languages. The telephone interpreting service was launched in 2004 and has expanded to offer direct dial numbers for the twelve most commonly spoken languages in the UK. Over 100 question and answer pages specifically related to BME cancer issues have been added to the