

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.

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POSTER

Oncology nursing education in basic nursing

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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?

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POSTER

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

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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.

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POSTER

A two-day chemotherapy course improves nurses' knowledge

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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

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POSTER

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

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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