professionals can be obtained through the Bristol Regional Oncology Centre. An out of hours call system is currently in place on the inpatient ward to deal with all chemotherapy related queries from patients and carers. It had recently been highlighted through informal observation that there has been an increase in the number of out of hour's calls to the ward. Recent recorded clinical incidents had also occurred where inappropriate, dangerous advice had been given.

Aim: Were to reduce the number of inappropriate calls to the ward, to ensure all staff are trained appropriately in taking out of hour's calls. To develop an effective and practical system of dealing with out of hour's calls on the ward, especially during busy periods and to increase patient education regarding chemotherapy related side effects.

Objective: Over a six month period, February 2006 – July 2006 all Avon Somerset and Wiltshire cancer service network 24 hour telephone enquires were reviewed, looking at the following aspects.

- Types of calls received-number of appropriate calls
- Nursing time spent
- Outcomes of calls – number of patients admitted to BHOC, Number of patients seen by GP/admitted to other wards
- Number of calls adhering to policy
- Appropriate advice given
- Who took the call? What training do they have/are they chemo trained/senior or junior staff.

Results: The results and findings indicated that a number of recommend changes needed to be carried forward to improve the quality, effectiveness and safety of the service. In the time examined there had been a huge increase in the volume of calls to the ward, a high number of these calls were deemed to be inappropriate, with a high percentage of them being dealt with, in the community by their own GP. Of the calls received 98% were given appropriate advice, by a range of band 5 and 6 nurses, who had varied oncology experience.

Conclusion: There were three key areas in which recommendations were suggested, Patient education, Staff training and development and the development of an out of hours pager system.

8160 POSTER

Suffering: a study to explore palliative care nurse specialists understanding

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Background: Palliative care nurses are challenged to fully assess patients in their care and find ways to manage suffering.

Methodology: A hermeneutical phenomenological study was undertaken to explore pcns understanding of suffering.

Results: Suffering was found hard to describe although 'they knew it when they saw it'. A number of strategies to enable the articulation of the concept of suffering were used. Suffering was seen as subjective where the sufferer explains their suffering and objective where suffering can only be inferred by a third party. Physical, psychological and social suffering were discussed and the relief of suffering. Suffering was a unique and subjective experience with loss as a central feature. There were difficulties in inferring suffering and patient led care. At times assumptions of suffering must be made based on prior knowledge of causes or presenting behaviours. Suffering can then be anticipated and alleviated although arguably this is not patient led care. Relief of overwhelming symptoms may exacerbate other aspects of their predicament leading to greater suffering.

Although suffering was hard to describe a deep understanding of their patients distress was articulated. Understanding of suffering had developed from experience rather than formal education. Expert level practice (Benner, 1984) was apparent with learning that had evolved through reflecting in, and on, action. Aspects of the suffering experience described by Morse (2001) were in evidence arrived at through tacit knowledge and intuition rather than formal education.

Conclusion: Suffering is a difficult concept to describe. The individuality of the suffering experience makes person centred care imperative if suffering is to be alleviated. There is a fine balance between working with the patients views of suffering, and providing care that anticipates and alleviates suffering that is not acknowledged or communicated by the patient.

Specific education about suffering may enable greater understanding at the start of a career in palliative care. This study indicates that support for those working with suffering should focus on clinical practice, the development of care and the suffering experience in relation to the palliative care nurse specialists role.

8161 POSTER

"Sports were my whole life – I had a perfect body before getting cancer": young athletes rediscover aspects of former body identity during exercise – qualitative findings

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Background: To explore the nature of body perception, including physical performance, appearance and well-being in young, pre-illness athletic female and male cancer patients participating in an exercise programme and concurrently undergoing chemotherapy.

The programme comprised of resistance- and fitness training, massage, relaxation and body-awareness training. The patients trained in mixed groups for 9 hours weekly for 6 weeks.

Patients and Methods: Semi structured qualitative interviews were conducted with 22 cancer patients (mean age 28) prior to and at termination of the exercise programme. The patients were at pre-illness considered athletes, engaging in intense physical activity for more than 4 h/week

Results: As a result of disease and treatment young pre-illness athletic cancer patients experienced a change from a high level of physical activity, body satisfaction and a positive body identity into a low level of physical activity, body denial and a negative body identity. By participating in the exercise programme, the patients experienced increased physical strength and recapturing certain aspects of their former positive body perception. Essential appearance alterations such as baldness, weight loss, and scars were partly normalised by meeting with fellow-sufferers, but a cancer diagnosis and treatment still gave a feeling of being different and thus stigmatised.

Conclusion: Participation in the exercise programme in groups during illness and chemotherapy supported young athletes to rediscover aspects of former bodily resources. Current research identified younger cancer patients of mixed gender as underprivileged with respect to the need for exercise interventions.

8162 POSTER

Re-evaluation of a support group for people affected by mesothelioma within the South East London cancer network

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Background: With mesothelioma steadily increasing in frequency and a median survival of less than a year from diagnosis, there has long been a perception that little can be done to treat this cancer (Tan and Treasure 2007). The 'Hands of Time' mesothelioma support group, set up in response to a patient requesting further support and information, was first established at Guy's and St Thomas' NHS Trust in 2004. Cancer support groups can provide 'practical assistance, emotional support, a sense of belonging and realistic information relating to the 'normal' cause of the illness' (Docherty 2004) highlighting the need to evaluate cancer groups, not in relation to their provision of group therapy but in relation to the individual experiences to each member (Docherty 2004).

Aim of study:

- Re-evaluate the uptake of the support group
- Identify reasons for non-attendance
- Identify levels of satisfaction for those who have attended

Methodology: Questionnaires were sent to:

i. all patients listed on the support group database (current and previous attendees); and
ii. all mesothelioma patients who had attended the Lung clinic at Guy's Hospital the previous month for follow up (this was to ensure a representative sample of the mesothelioma population in South East London Cancer Network).

Two questionnaires were sent per patient in order to capture carer/family member's views (37 patients in total).

Results: The poster will describe the questionnaire format, response rate. Specific results will be discussed and implications for future practice and recommendations will be explored.

References

Docherty A. (2004) Experiences, functions and benefits of a cancer support group. Patient Education and Counselling. 55 (1), 87–93.

Tan C, Treasure T (2007) UK surgical trials in mesothelioma. Lung Cancer in practice. 3 (2), 8–9.