It was found that the young nurses cope with death better than the more experienced ones, that nurses cope better than physicians and social workers, and that the greater ones' fear of ones' own death. the less one is able to cope with the death of the patient.

Methods of improving coping with death by staff are suggested.

1372 POSTER

MULTI DISCIPLINARY COUNSELLING-EFFECTS IN COMMUNICATION WITH CANCER PATIENTS

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Presentation of effects multi disciplinary counselling may have for the whole staff cooperation work—nurses and doctors, their ability to deal with patients suffering and how they manage to communicate/giving information to patients and their families.

Doctors, nurses and nurse assistants have got counselling together in one group for one hour, every 14 days. They have been doing this for a three year period. The counsellor is the psychiatrist working at the hospital.

This group of doctors and nurses are working together at the same ward—giving medical treatment and care for patients with lung cancer and long coming malign melanoma—mostly palliation treatment and care to patients with short expected life times.

1373 POSTER

TELEPHONE HELP-LINE: UPPSALA CANCER COUNSELLING AND CANCER INFORMATION

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A telephone help-line for cancer counselling and information was started in 1990 at the University Hospital of Uppsala, Sweden. During the first 3 years 735 calls were registered. Most of the calls were made by next-of-kin and patients (30% + 28%), mostly by women (77%). The issues addressed were mainly medical or psycho-social ones. The medical questions were in most cases related to the patient's illness or treatment. The psycho-social questions were addressing the call-makers' (patient or next-of-kin) own anxiety and these calls ended up as supportive talks.

Patients, compared to next-of-kin made more medical inquiries, whereas family members were more concerned with psycho-social questions ($P < 0.01$). Breast cancer accounted for a great part of the calls from patients, but significantly less from the relatives ($P < 0.0001$), whereas the opposite was true for colorectal carcinomas ($P < 0.001$). These findings and cultural differences, compared with other countries are discussed.

1374 POSTER

VIRTUAL REALITY AND COMPUTER TRAINING IN ONCOLOGICAL NURSING: EXPERIENCE AND PROSPECTS

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In finding a balance between innovation and organization, training must be considered the main requirement in coping with the present technological advance. Oncological nursing requires continuous updating even through new technologies. Following our two previous studies for ECCO 6 and 7 on computer and multimedia training respectively, now we look at Virtual Reality, a computer tool to look at and interact with objects which do not exist or cannot be reached in the real world. Virtual Reality allows real or imaginary worlds to be explored without fixed procedures. It is now possible to train nursing staff by simulating activities which are impossible or risky in reality, e.g.: invasive therapy or emergency situations. Virtual Reality is a valid teaching instrument in nursing practice. Various experiences applied to the training of oncological nurses and carried out by I.N.T. and Ratio Uno are illustrated, particularly: (1) physiopathology of symptoms, (2) main pharmacological mechanisms in palliative care, (3) the care and treatment of the terminally ill and relative teaching skills. A course will be proposed on the general principles of computers, multimedia and Virtual Reality so that a sound basis for the application of these new techniques for oncological nursing can be established.

1375 POSTER

CONTINUED NURSING CARE FOR PATIENTS WHO NEED CHEMOTHERAPY

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Chemotherapy consists of cycles of treatment. In case of inpatients, this means patients have to be admitted to the oncology ward on a regular basis. To ensure an optimal continuity of nursing care in between the admissions, a Standard Nursing Care Plan (SNCP) and a Treatment Resume were introduced in the oncology ward (32 beds) in June 1994 based on our experience and the literature. The aim of the SNCP is to inform the patient about the (potential) side effects of treatment, how to handle the problems and to improve his/her knowledge about the disease.

The SNCP covers the following areas: (1) (Potential) Knowledge deficit related to treatment and side effects of the administered cytotoxic drugs; (2) (Potential) Knowledge deficit related to specific cancer patient organizations and patient information brochures.

The treatment resume aims at continuity of nursing care, it consists of three parts: (1) Evaluate the period in between treatment cycles; (2) Recording of the side effects that occur; (3) Recording of the nursing interventions and their outcome. Our results with the continued nursing care are presented after one year of experience. In our opinion the SNCP and the treatment resume stream line the patient information and enable the nurse to anticipate potential problems.

1376 POSTER

ASSESSMENT OF PLURIDISCIPLINARY MOBILE TEAM SUPPORT IN TERMINAL CARE

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The aim of the study was to determine nurses expectations regarding the interventions of a pluridisciplinary mobile team for pain management and palliative care when dealing with terminally ill patients.

A questionnaire was sent to 100 nurses working in all the departments of the university hospital. Amongst the 47 nurses who answered, 76% worked with patients in terminal care and 54% thought that pain management was a problem. They mainly expected the consulting nurse to provide suggestions for pain management and appropriate nursing interventions (57%), as well as support for patients and for themselves (33%). The nurses expected of the consulting physician that he provide antalgic treatments (72%) and information on pain management (33%). Their global appreciation was that supervision and support would help in coping with the stress of terminal care (39%) and that the consultants didn't offer enough support (39%).

Conclusion: This study underlines the need for psychological support for the nursing teams who work with terminally ill patients in a general hospital. In terminal care, team support should be a priority and be given the same attention as technical aspects of symptom management.

1377 POSTER

THE ONCOLOGY NURSE AS TEACHER, FRIEND AND ADVOCATE

U.M. Courtney

The role of the oncology nurse has expanded beyond our wildest dreams. We give information to ensure adequate informed consent is obtained. We educate patients to be safely self caring and also teach significant others to adopt the role of carer when necessary. Due to our continuous communication daily at the bedside, we act as advocates to ensure patient care, especially to those too ill to express their wishes. We must learn to develop our advocacy skills in order to remain part of a multidisciplinary team caring for all patients.

1378 POSTER

CONSISTENCY OF INFORMATION GIVEN TO WOMEN UNDERGOING INTRACAVITY CAESIUM TREATMENT

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Patients undergoing intracavity caesium treatment often experience problems with diarrhea, cystitis and sexual activity, especially if they have gone through external radiotherapy.

In June 1993, a multidisciplinary meeting of radiotherapist, radiographers and nurses, raised the concern that these women tended to receive conflicting or insufficient information at that time. Results showed that there were inconsistencies in information given across all disciplines. Advice on sexual issues was particularly variable. A discharge booklet has now been produced in consultation with members of the multidisciplinary team. Practical suggestions on sexual activity, the use of vaginal dilators, skin care and side-effects are covered. We are now developing a pre-admission pack, although this has been delayed due to a shift from manually loaded caesium to an after-loading system. The process has highlighted the length of time involved in producing information which reflects changes in practice and enables multidisciplinary contribution.

It is hoped that the above initiatives will ensure that appropriate information and practical advice is provided for women undergoing intracavity caesium treatment. Our next step will be to evaluate our patients' views, to see if we have been successful in our aim.

1379 POSTER

SELF-ASSESSMENT QUESTIONNAIRE TO EVALUATE PATIENT'S PERCEPTION OF TREATMENT FOR PROSTATE CANCER

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A prospective phase II study for localized prostate cancer was started in 1990. The conservative therapeutic approach consists of surgical staging of the obturator nodes in patients with Mo prostate cancer. This staging is followed by conform radiotherapy to the prostate loge up to 66 Gy in 33 fractions in patients selecting this treatment with pNo disease.

The preliminary results encourage us to continue this treatment but a self assessment questionnaire to evaluate quality of life, sexual activity, complications and overall satisfaction was assessed. The results of a 100% response show a good quality of life in close to 80%, a 20% drop in sexual activity, moderate complaints of both treatments with [illegible]

[illegible]

of patients wanted to choose the treatment again if they had to select the treatment again. We conclude that this is a patient friendly treatment.

1380 POSTER

VISUAL PATIENT INFORMATION

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1382 POSTER

A SHORT COURSE IN CANCER CARE FOR HOSPITAL AND COMMUNITY NURSES

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Concern at the need for specialist education in oncology and palliative care was highlighted by a hospital based clinical nurse specialist.

A questionnaire survey was sent to nurses in hospital and community to identify learning needs in cancer care, treatment and symptom management.

Results showed that 95% of respondents would welcome education in oncology topics. Some respondents expressed anxiety related to communication skills such as coping with difficult questions. Many nurses highlighted lack of knowledge related to cancer treatments, side effects, pain and symptom management and also ethical issues and informed consent.

A 5 day short oncology course "Care of the Cancer Patient" was therefore developed and organised twice yearly in response to the survey. Aims and objectives were discussed by course members in experiential groups and these were fully evaluated. The final day included lectures of choice and an oral presentation session. Course members were encouraged to research, prepare and present projects from clinical practice. The multidisciplinary oncology team was fully involved in teaching sessions.

This research based model of learning has developed collaborative practice in the education setting, demonstrating continuing care for cancer patients and their families in both primary and secondary health care.

1383 POSTER

[illegible]

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The administration of cytostatics is increasingly moving from clinics towards outpatients departments. As a result of this development, family doctors and home nurses have to deal with the side-effects of the chemotherapy. Due to the small number of patients per family doctor, it did not seem useful to organize educational programmes on cytostat-