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 96% stating that they had been well informed. Most important, 97% 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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Oncology is a dynamic field of nursing. Patients treated with high dose chemotherapy develop a period of pancytopenia. The use of Peripheral Stem Cell Transfusion (PSCT) in the treatment shortens the pancytopenia period, with fewer complications and shorter hospitalization.

Eligible patients for PSCT are informed by the oncologist regarding the treatment and leucopheresis procedure. The apheresis is carried out by the (research) nurses who have been specially trained to work with the machines. The (research) nurses believe that it is their role to inform the patient about the leucopheresis process. The procedure is technical and difficult to explain. It is hard for the patient to imagine what this "alien" concept entails. We have chosen an information book containing photographs and key sentences of each stage of the procedure, starting from inserting the catheters to the end of the procedure. As we gather more experience in the technique and as the procedures change, the book is updated. The information book is short, visual, sharp, low cost and very informative.

1381 POSTER

CHILDREN AND ADULTS IN ONCOLOGY—WHAT CAN WE LEARN FROM EACH OTHER?

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As a staff member of a children's oncology unit I experienced that teenagers and young adults prefer to get treatment at a children's unit rather than at an adult's department whenever they get the chance to make a choice.

I would like to discuss what staff members can learn from the way children live and cope with their illness, as well as for ourselves and our relationship to grown-up cancer patients.

How can we meet the needs of the "inner child" in ourselves and in our patients? What can we do to create a more spontaneous and creative atmosphere in the places we work at? And what is the special help adults can give to children? I would encourage participants to bring in their own experiences and ideas so that we can learn from each other.

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

CYTOSTATICS INFORMATION PROGRAMME

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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 cytostatics for the family doctors. Communication between the treater and the medical assistance in the direct neighbourhood of the patient becomes of considerable importance. Our project is focussed on the communication problems between hospital and family doctor, which are based on insufficient exchange of information.

On 40 of the most commonly used cytostatics, information leaflets were designed, in which action, side-effects and interaction are recorded. On the back of each card advice is given on how to deal with the most common side-effects; a telephone number is added in case there are any questions. At the start of the cytostatic therapy the nurse in the outpatients department sends the information leaflets, which are patient-bound, to the family doctor. For the patients a cytostatics-passport was designed, in which the name and the main side-effects that require medical assistance of the chemotherapy-scheme is given.

After evaluation the cytostatics information programme was implemented in all the outpatients departments (10) in our region (1.2 million inhabitants). The programme was also offered to the other comprehensive cancer centres. It is now being used in almost 35 hospitals throughout the country.

1384 POSTER

DOES CARING FOR DYING PATIENTS INFLUENCE THE DREAMS AND NIGHTMARES EXPERIENCED BY HEALTHCARE WORKERS?

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Caring for patients is a stressful occupation. Death and dying is the most consistent stressor (Wilkinson 1995). Problems experienced are frequently repeated in dreams and nightmares (Cernovsky 1983). A study was set up to identify:

(1) The prevalence of recurrent dreams and nightmares in palliative care workers and student nurses.

(2) Differences in the prevalence and content of recurrent dreams and nightmares between palliative care workers and student nurses.

108 palliative care workers and 184 student nurses completed a self administered questionnaire incorporating demographic data and information on recurrent dreams and nightmares.

The data was analyzed using SPSS and non-parametric statistics. The preliminary analysis indicates a significantly lower incidence of recurrent dreams and nightmares in palliative care workers compared with student nurses. However, the contents of the dreams differed between the 2 groups. The paper will discuss the results and interventions which help those experiencing recurrent dreams and nightmares.

1385 POSTER

THE CANCER TREATMENT UNIT GUIDE FOR PATIENTS

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An individual patient information guide was developed for use in an oncology treatment unit. The aims of the Package were to:

(1) Provide personalised information to support verbal interaction. (2) to provide an easy to read and easily understood guide for every patient relating to their own treatment plan. (3) to facilitate good communication between the patient and health care professionals.

The guide comprises of an A5 loose-leaf binder with separate pages which can be added or removed according to the individual patient needs. A skeleton format of basic information and contact numbers are included with more optional comprehensive and detailed pages e.g. chemotherapy regimens and control of side-effects, investigations and care of skin tunnelled catheters.

An evaluation was carried out to analyse the success in satisfying patient needs. A questionnaire was administered to patients and the results showed that patients felt that it was an informative, clear document that answered most of their queries and relieved their anxieties although some felt the need for more illustrations.

The guide has since been reproduced for use in one other hospital and it is currently being adapted for use in cancer treatment centres throughout the United Kingdom.

1386 POSTER

THE ROLE OF NURSING DIAGNOSIS IN CONTINUOUS CANCER CARE

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The continuity of cancer care is ensured through nursing documentation where nursing diagnoses are used for the sake of better understanding and consistent terminology. In our study which has been under way for two years now, the following nursing diagnoses were found to be most frequent: anxiety, affected oral mucosa, altered body image, liability to infection, persistent pain, malnutrition, sexual dysfunction, decreased physical activity and inability to comprehend and respond due to cancer related problems. It has been found that a stage classification of nursing diagnoses related to skin, mucosa and other tissue damage, as well as to conditions encountered specifically in cancer patients would be necessary. We believe that adequate documentation and consistent nursing diagnosis are essential for effective communication between nurses as well as for continuous cancer care.

1387 POSTER

SOCIAL SUPPORT AND PSYCHOSOCIAL ADAPTATION IN CANCER PATIENTS

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The experience of cancer causes emotional reactions such as anxiety and depression, and can alter communication with family and friends. Good social support improves emotional adaptation but remains difficult to evaluate.

The purpose of the present study is to examine the relationship between the significance and quality of social support in cancer patients and their emotional status.

Randomly selected patients in an outpatient oncology clinic were studied using a questionnaire which included the International Breast Cancer Study Group sociodemographic evaluation, a modified Norbeck social support evaluation, a brief medical report and the Hospital Anxiety and Depression Scale. Our results demonstrate the importance of systematically evaluating the degree of patients satisfaction with their social support network in view of providing appropriate assistance.

1388 POSTER

THE PATIENT-HELD RECORD: AN AID IN THE MANAGEMENT OF CANCER PATIENTS IN A GYNAECOLOGY DEPARTMENT

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In an attempt to improve communication to cancer patients with regard to their illness, a project was started in May 1993 in our Gynaecology Out-Patients Department (OPD). Our aims were the following:

(a) to improve the autonomy of the patient
(b) to enhance the role of nurses in counseling
(c) to improve communication between in- and out-patient department

Analysis of the communication process has resulted in the development of a Patient-Held Record, containing a written condensation of all consultations. Communication between professionals and patients was improved by introducing checklists for the purpose of counselling. The communication between the in- and out-patient department was aided by the introduction of structured referral notes.

Results The information given at the OPD to cancer patients usually has far reaching consequences and occurs at a highly emotional moment. It is therefore quite understandable that the information given by the doctor is usually not completely understood. Many patients will want further information regarding their disease soon after leaving the consulting room. The introduction of the Patient-Held Record enables them to read the information provided at a time of their own choosing and thereby reducing their dependence.

Adding checklists will enable health professionals to ensure that the information given is complete and complies with the recent introduction of legislation on professional conduct. Communication between health workers is greatly improved by structuring the written notes. A postal survey was held amongst the first 80 patients with regards to their experience in the use of the Patient-Held Record, the findings of which will be presented.

1389 POSTER

WHO NEEDS INFORMATION—THE CHANGING TRENDS

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BACUP is a cancer charity which has been providing information, counselling and support for 10 years. The Cancer Information Service has responded to over 200,000 requests for information and support. Analysis of our data reveals changing trends in who asks for information and what they ask for. Factors such as age, gender and social class affect how people access and use the services BACUP provides. Nurses play a crucial role in the direct provision of information and also in referring people to other agencies which can help them. Our experience raises questions about differences in information seeking behaviours which are important for nurses to incorporate into their daily work supporting cancer patients and their families.