

1381

ORAL

Improvement in quality of pain relief for patients by academic detailing programme for Macmillan nurses

K. Sandler, E. Williams. *Cancer Relief Macmillan, Christie Hospital NHS Trust, Manchester, UK*

Purpose: The quality of patient's pain relief was improved by education for Macmillan Nurses in 'academic detailing', which has been used by drug representatives in successful marketing.

Method: Training in academic detailing technique and building on social style differences improved interaction between Macmillan nurses in regular contact with patients suffering pain and the doctors who prescribed treatment and the subsequent quality of care. The social styles of the nurses were identified prior to the workshop as: "Driver", "Analytical", "Amiable" and "Expressive", from analysis of precourse scales completed by colleagues. Techniques were taught to enable nurses to both determine the social styles of their medical colleagues, and methods of building on differences.

Result: The effectiveness of the training in improving the quality of pain relief was measured by qualitative methods (self assessment scales, individual interviews, focus group interviews and critical incidents)

Conclusion: Academic detailing proves an effective method of improving the quality of pain relief for patients by improved inter-professional communication.

1382

ORAL

Eroding the boundaries: Improving the interface between hospital and community palliative care services

Ingrid Ablett-Spence. *Macmillan Clinical Nurse Specialist, South Durham NHS Trust, England*

Purpose: In Britain traditionally many Macmillan Clinical Nurse Specialists (CNS's) were based in the community, providing specialist care to both professionals and patients in their own homes. More recently, the Macmillan Hospital support role has developed, providing staff and patients in the hospital setting with the same specialist intervention. The presentation highlights the benefits of altering working practices to encompass both settings.

Method: Staff were surveyed in order to identify deficits in the existing (community) service.

Results: The Hospital had no access to Specialist Palliative Care advice. Continuity of care between the Hospital/Community interface was poor. Patients did not receive support at time of diagnosis.

Conclusion: A new service was introduced which involved the Macmillan CNS's working across the boundaries. This has resulted in increased patient satisfaction, improved communication between health care providers, the implementation of joint educational initiatives, and a more appropriate delivery and planning of Specialist Palliative Care.

1383

ORAL

The multi-disciplinary team in palliative care

A. Bird. *Marie Curie Centre, Liverpool, Speke Road, Liverpool, England*

Aims of the Study: were to investigate the perceptions of hospice nurses as to:

- (1) The role of multi-disciplinary teamwork.
- (2) The nature of the multi-disciplinary team.
- (3) The working of the multi-disciplinary team.

Method: 100 independent hospices were selected for the study, questionnaires were sent to the Senior Nurse. Data were coded and analysed using SPSS-PC.

Results: Eighty-five hospices responded to the questionnaire, all gave positive feedback on the multi-disciplinary team. On analysis, there was no standardised team approach, no significant relation between the size of the hospice, its range of services and the health professionals employed. Multi-disciplinary teams appear to work on an informal basis, with little outcome evaluation.

Conclusion: This is an opportunity for nurses to be proactive in establishing a unique place in the multi-disciplinary team in palliative care.

1384

ORAL

Specialist hospital based palliative care service in Ireland

Morna Hogan. *St. James Hospital, Dublin, Ireland*

Introduction and Aim: A specialist palliative care service is one with palliative care as its core speciality and is analogous to secondary or tertiary health care services. It offers support to the patient in hospital, in nursing homes, at home or in palliative care units and provides care for those patients suffering from malignant and non malignant disease. The first such hospital based palliative care service was established in Ireland in 1991. Since then, the service has been extended to two other general hospitals one of which in St. James's Hospital in Dublin., a major 3rd referral centre and teaching hospital with 730 beds. The aim of this study was to review this service, on year post inception.

Methods: The hospital based palliative care service was reviewed between March 1996 and February 1997. The number of referrals to this service, number of in-patient deaths while in hospital, the number of patients discharged to specialist home care services or to hospice care were recorded for each month.

Results: In all, 338 patients were referred to the Palliative Care team. Of these, 127 (37.5%) died in St. James's Hospital, 92 (27.2%) were referred to specialist home care service and 57 (16.8%) were admitted to a hospice on discharge. When estimated by month the number of patients reviewed steadily increased from 20 in March 1996 to 35 in February 1997. Similarly, the rate of referral to specialist home care and the admission rate to hospice care increased in this period.

Conclusion: Over the one year period since its inception the palliative care service offered in St. James's hospital had dramatically increased. The growth of this service has many implications in terms of care of people with advanced disease. It highlights indisputable advantages of palliative care involvement when active curative management is no longer appropriate with particular reference to overall cost effectiveness. The significance of collaboration with community agencies ensuring continuity of care will also be addressed.

Patient education

1385

ORAL

Informed consent in cancer clinical trials and nurses role: An intervention study

E.W.C. Ambaum. *D.A.M.A. Hombergen, Comprehensive Cancer Center Utrecht, Servaasbolwerk 14, 3512 NK Utrecht, The Netherlands*

To improve standard treatments it is necessary that patients participate in clinical trials. To obtain cooperation, patients need to be fully informed about all aspects concerning the trial and treatment options, before they can make a decision. Evidence exists that consent should be obtained: in at least 5-7 days delay; patients should have at least 2 conversations before making their decision and nurses should act as patients ally by supporting them in making decisions. The aim of this intervention-study is to improve the informed consent process at the University Hospital Utrecht where nurses do not play a role in the informed consent process. The intervention consists of 3 conversations: 1 conversation with their doctor (day 1), a telephone based contact with an oncology nurse (day 3-4) and another conversation with their doctor wherein patient gives his treatment decision (day 6-7). The purpose of this study is to investigate the concept that patients will be better informed and more aware of their own choice if they receive information by both their doctor and their nurse. Also subject of investigation is the feasibility and effectiveness of the nurses involvement. This study has a quasi-experimental design. During a 7-month period cancer patients were approached who were asked to participate in a phase II or phase III trial. These patients received standard information. After this period, the intervention was implemented, also during a 7-month period. Patients received the standard information plus the supplementary telephone based contact with an oncology nurse. Face-to-face interviews were conducted with all patients, approximately 1 week after the informed consent process had been completed.

Data-analyses will be conducted on patients level of awareness, satisfaction - and anxiety level. Doctors and nurses will also be interviewed about their opinion of this new implemented approach of the informed consent process.