

Outcome: The project has now established a network of contacts across Scotland providing an added resource for the island. The outcome of the project has been an increase in knowledge in cancer care for the community as a whole, and most importantly enhanced care for patients with cancer, and their families on Arran.

1478

POSTER

The Nursing Advisor's role at the Norwegian Cancer Society's patient support center, Trondheim, Norway

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The main goal for the Nursing Advisor employed by the Norwegian Cancer Society is to improve the quality of care and support to all cancer patients (both children and adults) and their families, wherever they may live in Norway.

One of the main strategies used by the Nursing advisor is teaching and advising other health professionals involved in the care of cancer patients and their families.

Another strategy is to provide direct patient care via group counselling or individual consultations – but consistent with the general philosophy of the nursing advisor.

This is done to serve as a role model for other health professionals who can then counsel independently.

Our poster presentation will describe the main function of the nursing advisor which is to connect institutional and primary health services – using the methods described above.

We will also have an informative brochure explaining the nursing advisor's role.

1479

POSTER

The Clinical Research Unit – A nurse-led unit for cancer patients receiving chemotherapy in phase I clinical trials

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In a busy oncology ward it is difficult to closely monitor phase I patients and to give them the amount and quality of care and support that they need. The Clinical Research Unit is a new unit which was established to centralize nursing and medical care of patients participating in phase I clinical trials with the aim of improving patient care and data collection. The general structure and functioning of the unit, organisational aspects, statistics, responsibilities of nurses and the benefits and potential disadvantages of the unit will be discussed. Nurses in the unit are involved in a variety of studies including new approaches such as intratumour virus injection in patients with head and neck cancers and also nursing research projects such as a study investigating patients recall and understanding of information given to them prior to consenting to a phase I trial. These will be described. It can be concluded to date that the CRU is an efficient and supportive environment to treat phase I patients, although further evaluation of the unit is necessary.

1480

POSTER

Changing working practices from full time to job share an overview of two oncology Research Nurses's experience

J. Woodhull, K. Mitchell, I. Goodman. *Imperial Cancer Research Fund, Medical Oncology Unit, Churchill Hospital, Oxford, England*

Currently in the U.K. the number of qualified nurses leaving the profession is increasing whilst recruitment is on the decline. Job sharing is considered to be a valuable method of preventing the loss of highly skilled professional nurses, enabling them to continue their career whilst undertaking further education or having a family. It also promotes the National Health Service and individual units as being flexible and forward thinking.

The aim was to ensure the job share was a success whilst maintaining continuity of care for patients, individuality for both job share partners and stability for the team. This poster will describe the experience of two Research Nurses setting up a job share in an oncology research unit highlighting the factors which were involved in the development and evaluation processes. Key factors include an analysis of each partners strengths, weaknesses, opportunities and threats (SWOT), compatibility of personalities, mutual trust, effective communication, philosophy of patient care and flexibility.

1481

POSTER

Bridging the gap, integrating theory and practice for nurses new to oncology

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Purpose: The Calman Report (1995) recognises cancer care as a specialised field and recommends training for professionals involved in the care of cancer patients. This paper evaluates the effectiveness of a clinical education programme for nurses new to this specialty at the Christie Hospital.

Brief Description: Nurses participating in this programme had no oncological qualifications and limited or no previous oncological nursing experience. The Programme required participants to:

- attend a series of seminars with the objective of developing a theoretical knowledge base in oncological nursing.

- work alongside myself (Support/Training Nurse) in their own clinical environment for support, guidance and on-site practical input.

After six months all participants were asked to complete a questionnaire to assess the effectiveness of the theoretical and clinical content.

Conclusion: As a result of the nature and treatments involved in this specialty, many nurses experienced difficulties, but felt without this structured programme they would otherwise have learned through trial and error with limited support.

1482

POSTER

A Radiation-technologist as quality control officer: An evolution in quality?

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Introduction: The challenge for a radiation technologist becoming a quality control (QC) officer is to ensure continuing improvement and introduce a cultural change. This paper presents the improvements we made after 2 years of quality assurance (QA).

Procedures: At the start in 1995, an inventory was made of the existing situation and a QA programme was set up for process control and cultural changes. Data of transfer errors stored in an Exell 5.0 database, during 1995 and 1996, were compared and analysed.

Results: Those data will be shown and discussed. Throughout this data, also the cultural changes will be discussed.

Conclusion: The setting up of a QA system in our department is far from completed. It is extremely important that all members of the department become aware of this process and are stimulated to participate. It's our hope that QC evaluates from a strictly control function, to a management tool.

1483

PUBLICATION

Euthanasia extension of life vs quality of life

Hedva Elhanani. *Hematology Day Care, Hadassah Hospital, Ein Kerem Jerusalem, Israel*

Purpose: Medical and technological advances today, allow for the extension of human life. In many cases, however, this technology cannot improve the quality of one's life and suffers considerably both physically and emotionally. Which is the correct choice? Extension of life Vs Quality of life. This is one of the questions contemplated in this work.

Methods: Who has the authority to decide if one's life should be extended or ended, the patient? the doctor? The patient's family? This dilemma is also addressed in this paper. Is man allowed to shorten another's life? Many philosophical problems arise with regard to this question. Also, where lies the line between mercy and murder.

Results: This work discusses various court cases that demonstrate the attitude of the Israeli public to this subject, and the Euthanasia policies of Israeli hospitals and hospices. This work also considers the religious halachic approach to the issue of holiness of life Vs the prevention of unnecessary suffering.

Conclusions: One must use extreme caution when regarding the issue of Euthanasia and must ask questions that cannot easily be answered. One is obligated, however, to raise these questions in order to improve the awareness and quality of life in the future.