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PUBLICATION

The role of the coordinator-nurse when a new clinical trial will be introduced on the ward

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To introduce a new Clinical Trial (CT) on the ward demands a close cooperation between the Clinical Research Unit (CRU) and the nurses of the ward. To obtain that nurses of the ward understand and are able to administrate the CT, it is necessary to elect one or two nurses as nurse(s).

The tasks of the coordinator-nurse are:

- (a) To join the necessary meetings.
- (b) To describe the procedures of nursing.
- (c) To describe new cytostatics and their administration.
- (d) In cooperation with the CRU to develop a treatmentdocument that can be used by nurses.
- (e) Together with the CRU to inform and educate nurses.
- (f) Under the CT to conduct as a resource person for the nurses.
- (g) To continue being a coordinator-nurse between CRU and the nurses of the ward.

Several tasks will be presented.

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PUBLICATION

Nurse-supervision to the newly employed nurses, and to the nurses changing wards during reorganisation at Finsen Center, of the National University Hospital of Denmark

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Purpose: Developing a method of introduction for two groups: the newly employed nurses and the nurses changing wards, in order to help them to adapt the new culture at their ward. The nurses meet many new skills and being confronted to excellent nurses they lose confidence.

Methods: A descriptive study of two groups of nurses. both groups were asked to participate in a supervision programme consisting of four two

hourly sessions, every third week. Evaluation by questionnaires with open questions and groupinterviews.

Evaluation: Both groups need more support in order to obtain ability to be reflective and get new ideas to look at the situations with patients and colleges. They need to be in a group, where they have confidence to tell their thoughts being able to cope with the severely ill oncology patients.

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PUBLICATION

How could be estimate the satisfaction grade for nursing care in an oncologic centre?

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Purpose: The hospital treatment for oncologic Patients must assure the best quality of life during the hospital stay and during the return to active life. The Authors use a questionnaire delivered to admitted patients to estimate the satisfaction grade for nursing care and for hospital facilities.

Methods: A specific questionnaire with 15 questions (each item has 5 possible answers) is delivered to admitted Patients in the European Institute of Oncology (E.I.O., Milan – Italy). After achievement of "Informed consent", the questionnaire is filled in and returned by the Patients. For statistical analysis, more than 100 oncologic Patients (admitted in 3 Departments of the E.I.O.) are necessary.

Results: At present, after achievement of the questionnaire elaboration, the study is ongoing. The Patients recruited until now are satisfied to participate to the study. The level of acceptance of this inquiry is very high.

Conclusion: The satisfaction grade of the Patients in an Oncologic Centre comes from the quality of the medical/nursing care and of the hospital facilities; the Patients must be followed up also during their discharge for an acceptable return to active life in the family and in the community. The quality of the care in an Oncologic Centre can be monitored by a self-filled questionnaire to assess physiologic, psychologic and social needs and the satisfaction grade of the admitted patients.