

trials has recognised the need for the function of Co-ordinating Research Nurse (CRN) in their team in order to assist and give the necessary support to research nurses in participating institutes, being essential members of the research team.

The main goals of the function of CRN are:

- to judge the medical protocol at an early stage on practical and nursing aspects;
- to support and assist research nurses in participating institutes with the introduction of the trial in the clinic;
- to be attainable for questions and obscurities of nursing issues before and during the trial;
- to provide nursing information and nursing guidelines for the specific trial under investigation.

In practice this means that not only investigators and datamanagers in the participating institute, but also the research nurse receives information as well as nursing guidelines prepared by the CRN - for correct trial performance according to Good Clinical Practice. These nursing guidelines imply for example: nursing protocols, toxicity checklists, patient diary cards, pharmacokinetic sampling instructions and whatever more is necessary for a specific study.

Over the last years the function of CRN at the NDDO has proven to be quite successful. Contacts with research nurses in cancer institutes and university hospitals in Europe and Israel have increased 6-fold (op to 90) and are still ongoing.

With this presentation I would like to demonstrate the importance and in detail the responsibilities of a Co-ordinating Research Nurse and its implications on research nursing at the study site.

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POSTER

### **Regular counselling by an oncology nurse increases coping with side effects during outpatients radiotherapy of gynecological malignancies**

P. Varre, A.M. Jacobsen, A.M. Flovik, E. Skovlund, S.D. Fosså. *The Norwegian Radium Hospital, Oslo, Norway*

**Purpose:** To evaluate the significance of nurse-administrated counselling.

**Methods:** 70 women receiving outpatient radiotherapy for gynecological cancer have been included into this pilot study (april 97-des. 98). 33 pts. have been randomised within an intervention (IV) group, and 37 were controls (C). Pts in the IV group and their relatives were invited to an appointment by an oncology nurse (60 min.) 3 times during the treatment period. Counselling included information on treatment, side effects, dietary advice, sexuality and psycho-social aspects. No such counselling was offered the C group. All pts were seen by their doctor once a week. Before and after treatment all pts completed the EORTC QLQ-C30, HAD and a coping instrument. At radiation discontinuation they also recorded their experience with side effects and psycho-social life.

**Results:** During treatment anxiety decreased, whereas side effects (nausea, fatigue, diarrhoea, pain) increased, similarly in both groups. Compared to the C group pts in the IV group expressed significantly improved coping ability as to adverse effects, and required less information from their doctors.

**Conclusion:** During radiotherapy of gynecological cancer regular nurse-administrated counselling significantly reduces a pt's distress, improves coping with side effects and psycho-social concerns, and saves doctor's consultation time.

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POSTER

### **How important is the role of the research nurse in the care of patients entered into cancer clinical trials?**

S.M. Varcoe, M.E. Elliott. *Imperial Cancer Research Fund, Medical Oncology Unit, The Churchill, Oxford Radcliffe Hospital, Oxford, United Kingdom*

Cancer clinical trials are an increasingly complex area of patient management. As a result patients are faced with an overwhelming depth of information regarding treatment options, ultimately leading to a difficult decision-making process. Treatment as part of a clinical trial is often intensive and both physically and psychologically intrusive for patients and carers. The Research Nurse has a critical role to play in supporting patients from a Clinical Trial first being offered, throughout the study and on its completion. The Research Nurse has an ethical duty to ensure that sufficient non-biased information, both verbal and written, is available for patients regarding the trial and any alternative treatments that may have been offered whilst acting as the patients advocate. Effective trial co-ordination is dependent upon expertise and knowledge of cancer care whilst following the Good Clinical

(Research) Practice guidelines. The Research Nurse provides continuity of care through rapport and a relationship that is based on mutual trust and understanding. Cancer patients have a diversity of needs which rely upon the range of skills of the multiprofessional team, where the Research Nurse has the pivotal role. This poster will demonstrate that the Research Nurse is an essential resource for both the effective management of cancer clinical trials as well as the continuing care of the patient.

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POSTER

### **Group protocol for the administration of adjuvant chemotherapy using cyclophosphamide, methotrexate, and 5fluorouracil (C.M.F.) to patients with breast cancer, by nurses within an out-patient setting**

D. Ryan. *Chemotherapy Clinic, Oncology Department, City Hospital, NHS Trust, Hucknall Road, Nottingham, NG5 1PB, United Kingdom*

This paper sets out to describe the process undertaken to enable named Chemotherapy Nurse Specialists within a regional oncology centre to initiate and prescribe adjuvant (CMF) to those with a diagnosis of breast cancer. In addition to the comprehensive service with regards to management of side effects already provided to this client group

This initiative was facilitated by two documents. The first was the 'Scope of Professional Practice' issued by nurses' professional body, which has paved the way for U.K. nurses to expand their practice to include roles previously undertaken by doctors.

The second was a government report to determine under what circumstances health professionals (other than a doctor) could undertake new roles regarding the prescribing, supply and administration of medicines.

A robust protocol has been developed and implemented in the clinical setting stated above. A comprehensive flow chart was developed for the management of the twenty side effects identified.

Evaluation of the first six months of implementation will be presented, discussing issues raised by the specialist nurses initiating therapy, senior medical staff and patients involved in this initiative.

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POSTER

### **An exploratory study examining patients' perceptions of rehabilitation following bowel cancer**

G. Howard-Jones. *Guy's and St Thomas' Hospital Trust, Cancer Directorate, London, United Kingdom*

**Purpose:** Cancer survival rates have improved considerably in recent years, yet there is little British literature on the experience of those who recover. The aim of this study was to describe patients' experiences of rehabilitation following bowel cancer.

**Methods:** Eight people, disease free, at least one year following treatment for bowel cancer, were interviewed after routine follow up appointments. Thematic analysis of the interview data elicited eight categories.

**Results:** Physical problems following treatment, influences of ageing, self perception, personal attitudes towards illness, personal coping strategies, support, influence of cancer on relationships with others and the influence of cancer and treatment on personal priorities were found to have influenced rehabilitation in the sample.

**Conclusion:** The findings demonstrate that the majority of patients interviewed for this study were successfully recovering from and living with the cancer experience. However the findings also indicated, in all eight categories, that there is a need for continued support and awareness from health care professionals, once treatment for cancer has ended.

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POSTER

### **Continuous nurse education: Improving cancer care through education for nurses**

I. Laze. *Latvian Oncology Center, Riga, Latvia*

This poster will describe present cancer nurse educational model in Latvia.

For almost 50 years nurses have been told to only carry out the instructions and orders of the doctors, mainly involving injections of medicine or other simple treatment actions. This situation created an underqualified health care worker who step by step lost her own self-confidence and authority, prestige and respect. The main questions were how to determine the role of the nurse in cancer care. It demanded a conceptual change in cancer nursing training in Latvia. The new training programme was oriented towards the role of the cancer nurse in cancer care. The curriculum was designed

according to the cancer treatment and its side-effects, pain management, palliative care, nutritional issues, prevention and early detection, supporting therapy.

The first advanced cancer nurse education programme has existed 3 years and 118 cancer nurses have been trained. The course consists of a theoretical (240) hours and practical part. We use educational methods such as lectures, studies, discussions and audio-visual learning methods. The education course with successful final examination prepare cancer nurses to Certification exam in oncology. In 1997 Oncology Nursing Certification was starred as a voluntary process.

This continuing educational process is enabling nurses to improve their knowledge and skills in the care of patients and their families.

It is hoped that the programme the first of its kind, will have positive effects on the provision of care for patients with advanced cancer and on cancer nursing development in Latvia.

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POSTER

### Using the audit cycle to change practice: Developing an holistic approach to delivery of chemotherapy

H. Richardson<sup>1</sup>. <sup>1</sup> University Hospital Birmingham, Oncology, Birmingham, United Kingdom

The administration of chemotherapy is a nursing intervention which requires a high level of skill and expertise. The process involves informed consent, patient information and support, patient assessment, a knowledge of individual cytotoxic drugs and regimes and informed consent. Delivery of chemotherapy is provided in a number of ways according to the individual institution. Within a supra-regional cancer centre chemotherapy provision was assessed. Current delivery was found to be task orientated with chemotherapy being given by a small group of nurses within a limited timeframe. To enable holistic, patient centred care it was decided to expand the roles of nurses working within a specialised cancer setting. This would enable the patient to receive chemotherapy at a time to suit individual needs and would enable the development of ambulatory/day case chemotherapy. To enable this development a key component was to audit current knowledge and expertise. Baseline IV practice was seen to be an essential area to focus on before developments in practice could be initiated.

Twenty registered nurses from four clinical in patient areas had their practice audited.

Key areas included:

- cannula insertion
- care of site
- flushing techniques and administration of drugs
- knowledge of cannulas and equipment.

This paper will identify the clinical audit process used to identify current practice and the development process used to facilitate change. The development included change management, knowledge and skills acquisition, re-engineering care delivery, resource management and continual audit.

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POSTER

### Organisation of chemotherapy services and patient care in a department of medical oncology of a comprehensive cancer centre: Role of a nurse in transitional period of the society

J. Kocanova. Cancer Centre of Latvia, Medical Oncology, Riga, Latvia

During my work as a chief nurse of the Medical Oncology Dept. I was witness of tremendous changes in the drug treatment of cancer as well as changes in a society, now developing into a democratic one. A better understanding of neoplastic process has led to the development of new, effective drugs, which now are available to us due to the increased funding from the Government of our state. It demands continuous education of the staff in safe handling and delivering them. The patient care has become an utmost important part of the work of a nurse, not only in connection with severe illness, its treatment, side effects and prognosis, but also additional social stress in a transitional type society, covering uncertainty of the future, employment, family welfare, life expectation. These are additional tasks we have to cope with. As a nurse is a person patient is in contact most of the time, psychological help is needed not only for patients, but for their relatives also. As a remnant of previous time is a tremendous paperwork we have to deal with, no manager employed.

But, we see positive changes with the time: more new effective drugs, specialised psychological care specialist is working now in department, new equipment available for safe handlings of drugs, more exchanges of experience with nurses from other countries, introduction of CME, certification

in oncology, participation at various courses and other events in oncology, - this allows me as well as other oncology nurses to see perspectives for development of our profession.

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POSTER

### Hospice at Home: A 2 year pilot project providing specialist palliative care at home

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**Background:** In response to an identified need, the current evidence-base and in accordance with national and local recommendations, a multi-professional, multi-agency Hospice at Home (H@H) scheme was devised. This will be subject to full evaluation.

**Aim:** To provide specialist palliative care and interventions, conventionally reserved for hospital admission, for patients with advanced cancer undergoing a crisis (medical, nursing or social) phase of their illness. Referral to the service is via the GP or consultant. Care is delivered by a multi-disciplinary team, following initial assessment of individual need and is available and accessible 24 hours/day.

**Evaluation Methods:** Quantitative and qualitative data, reflecting QOL, outcomes of care, patient, carer and professional satisfaction and service costs will be collected, using both validated and newly designed assessment tools. Control group data will be available for comparison purposes.

**Results:** The project and evaluation is ongoing. Available data will be presented.

**Conclusion:** It is expected that the evaluation data will reflect the envisaged benefits of the H@H service, improving patient choice and control, improving access to palliative care, raising awareness of palliative care issues, facilitating inter-agency learning and co-operation, providing seamless multi-agency care, and will influence future palliative/cancer care developments.

We acknowledge the generosity of the many agencies funding the project, and the work of the H@H Steering, Evaluation and Training Groups. The views expressed are those of the authors and not of the funding bodies.

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POSTER

### Preceptorship package: Finding your way in a new specialty

A. Prince, A. Shrewbridge, D. Cathmoir. Guy's and St Thomas' Hospital Trust, Cancer Directorate, London, United Kingdom

**Purpose:** An audit of the preceptorship packages currently used within the Oncology Directorate identified the need to create a more structured programme, meeting both generic and ward specific needs. This assists the nurse to have a specific professional development plan, supporting the individual new to the unit within a negotiated educational pathway.

**Method:** A questionnaire was circulated to nurses within the Directorate to elicit opinion about educational topics considered essential for inclusion in the revised package. Generic topics were identified including common drugs, drug administration, plus ward specific issues such as caring for patients with breast cancer.

A workbook-style package was favoured, giving a structured framework but allowing flexibility for the individual. This enables the nurse to take responsibility for their development by working through the pack as a reflective document with their own preceptor. A variety of learning styles are incorporated in the pack including self-directed learning, quizzes and competency-based skill acquisition which is assessed.

**Conclusion:** Feedback from staff who have used the package has been favourable and ideas for further topics have been identified subsequently. It is intended to use this pack as part of a nurses appraisal and a document for their professional portfolio.

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POSTER

### Cancer patients seeking information from sources outside the health care system

M. Carlsson. Döbelnsgatan, S-752 37 Uppsala, Sweden

**Purpose:** Several studies have shown that cancer patients consider information to be of great importance. The aim of the study was to survey the degree to which patients seek information from sources outside the health-care system.

**Methods:** All adult cancer patients visiting or being admitted to the On-