

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.

23

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.

24

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.

25

POSTER

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

J. Graham<sup>1</sup>, M. McGill<sup>1</sup>, S. Munroe<sup>1</sup>. Members of H@H Steering Group; <sup>1</sup> Marie Curie Centre Huntershill, Nursing Department, Glasgow, United Kingdom

**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.

26

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.

27

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-

cology Department during one day were asked to complete a questionnaire concerning different information sources outside the hospital.

**Results:** During the day 192 adult patients visited the Oncology Department and the response rate was 74%. The patients had only to a limited degree used an active information-seeking strategy, i.e., had sought information from the following sources; internet (6%), medical books (37%), documentary literature (32%) and telephone-helpline (10%). A more passive information-seeking strategy was more common, the patients obtained information from television and radio (82%), newspapers (86%), other patients (46%) and friends (55%). There was a significant relationship between educational level and information-seeking from internet, medical books and telephone-helpline. Persons with a higher level of formal education had used these sources more than people with less education ( $p < 0.05$ ). Younger patients (<55 years) and those with a higher level of formal education had greater access to internet ( $p < 0.0001$ ) and used documentary literature to a greater degree than older patients ( $p < 0.05$ ).

**Conclusion:** The main result of this study was that the patients only to a limited degree actively sought information about cancer. However, when cancer issues are presented in newspapers and magazines, or on the radio and television, the majority of patients were interested.

## Children and young people with cancer

28

ORAL

### A strategy for advancing practice; paediatric oncology nursing

F. Gibson. *South Bank University and Great Ormond Street Hospital for Children NHS Trust, London, United Kingdom*

Paediatric oncology nurses, in common with our colleagues in adult cancer nursing, are faced with many professional challenges in the rapidly changing healthcare environment. Advances in treatment, technology and multiprofessional care have improved patient outcomes and at the same time drastically altered nursing practice. Although the core values of caring persist, roles and responsibilities have evolved and new opportunities for expanding the boundaries of nursing present themselves to individuals and organisations. As nurses seek to respond to personal, local, national and international imperatives for change, there is a need for clarity and direction in order that role or practice developments can progress with confidence. To this end the Steering Committee of the Paediatric Oncology Nurses Forum (Royal College of Nursing, UK) is in the process of developing a framework for advancing nursing practice.

This paper aims to present our ideas and progress so far: describing the process, and outcomes in the development of the strategy. Our work is founded upon the belief that the interests of the client group, rather than those of the profession or the individual, must remain the primary focus of nursing practice or service provision. The aim of this project is to clarify the key issues and present a strategic framework for planning nursing practice developments. It is our hope that this can offer guidance, or inform the decision making of nurses and organisations as they design new roles or approaches that enhance the care of children and teenagers with cancer and their families.

29

ORAL

### The role of the specialist oncology nurse practitioner in delivering accelerated, dose-intensive chemotherapy with autologous, progenitor cell-enriched whole blood re-infusion

J. Diffley<sup>1</sup>. *<sup>1</sup> St George's Hospital, Oncology, London, United Kingdom*

There is increasing evidence that the dose intensity of cytotoxic drugs improves outcome in chemosensitive tumours. The rationale for intensive chemotherapy is that a log-linear relationship exists between cytotoxic drug dose and the fraction of tumour cells killed. Haematopoietic growth factors such as G-CSF enable planned doses of conventional chemotherapy to be given without delay. They have not, however, allowed major improvements in dose intensity. Previous studies in patients receiving conventional chemotherapy plus G-CSF have shown a 120-fold increase in the number of circulating blood progenitor cells (BPC). These remain viable in whole blood stored at 4°C for up to 48 hours, allowing the use of repeated re-infusions of autologous, BPC-enriched blood alongside intensified chemotherapy regimens.

A phase 1 study is currently in progress at this institution, using combination chemotherapy (carboplatin and paclitaxel) given at intervals of 10 days with BPC support. Patients receiving this treatment require careful, well-co-ordinated management to ensure the safe and efficient delivery of the planned treatment within the reduced time-frame.

The specialist oncology practitioner has a key role in all aspects of this programme, from counselling of patients, assembling and acting on results and liaising with the primary healthcare team, together with practical issues such as venesection of BPC-enriched blood and administration of chemotherapy. This poster aims to illustrate aspects of this extended role.

30

ORAL

### Altered body image following adolescent bone cancer

M.E. Nendick. *Deanesly Centre, New Cross Hospital, Wolverhampton, United Kingdom*

Body image and sexuality are two areas very closely related. For adolescents, the threat of altered body image is often seen as particularly devastating, as they equate sexuality with both physical and psychological factors, physical appearance as well as sexual activity.

Psychological aspects of sexuality include body image which lies at the crux of a person's overall concept of self. When adolescents are facing altered body image, their reactions are similar to those experienced in any loss situation as, in reality, it is a loss as great as death. Whether the altered body image is transient, or permanent, it still alters the body's reality from the body ideal. Within orthopaedic oncology, decisions have to be made to decide what is best for the individual patient. The adolescent faces conflict between preservation of body image, which can be achieved more easily with limb salvage procedures, or the more vigorous function achieved with some amputations. The conspiracy of silence, which often exists around the whole area of sexuality, needs to be addressed to ensure that sexuality and altered body image issues are discussed enabling the adolescent to have an understanding of why the medical treatment may be affecting their biological functioning. It is difficult enough for them to be continually dependant on parents and professionals due to their illness, without the added feeling that they are not allowed to discuss certain aspects of their care. The professional's main task is to ensure that the adolescents feel valued and are confident with their new body image, this involves surveillance through the transitory period, maintaining a truly multi-disciplinary approach to care.

31

ORAL

### Everyday coping of adolescents with cancer

P. Seppänen<sup>1</sup>, T. Jämsä<sup>1</sup>, R. Mikkonen<sup>1</sup>, E.-M. Nousiainen<sup>1</sup>, M. Ryttilähti<sup>1</sup>, R. Vattovaara<sup>1</sup>, H. Kyngäs<sup>2</sup>. *<sup>1</sup> University Hospital of Oulu, Department of Oncology and Radiotherapy, Oulu; <sup>2</sup> University of Oulu, Department of Nursing and Health Administration, Oulu, Finland*

A chronic disease, such as cancer, brings about permanent changes in an individual's lifestyle. The changes in lifestyle are a coping requirement to adolescents with cancer. To cope with their everyday life, adolescents need resources and social support. The support of adolescents with cancer is a challenge for the health care staff. The purpose of this study was to explore the coping requirements and resources of adolescents with cancer.

The convenience sample consisted of 50 adolescents with cancer aged from 16 to 30. The subjects were invited participate by clinical nurses, who gave them questionnaires to be filled in during a control visit at hospital or at home and to be returned by mail. Fourteen of these adolescents were interviewed. The quantitative data are being analysed with the SPSS for Windows statistical software. The qualitative data are being analysed by content analysis.

The process of analysis is going on. The results will be available by the time of the conference.

32

POSTER

### Anaphylaxis within the chemotherapy setting explained

M.E. Nendick. *Deanesly Centre, New Cross Hospital, Wolverhampton, United Kingdom*

With the introduction of new and more sophisticated cytotoxic regimes on the market, the possibility of an increase in anaphylactic reactions to these agents is becoming increasingly more likely. The increased frequency of hypersensitive reactions within the author's unit has led us to review both our guidelines and policies to deal with these potentially lethal situations.