

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

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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

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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

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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

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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-