consider inclusion of high willingness of cancer patients into public relations of MLU-study group "organ donation". Thinkable is co-operation with cancer self-help groups.

157 POSTER

The role of the research sister in MRI/oncology

N. Price. *St George's Hospital Medical School, London, United Kingdom*

MRS (magnetic resonance spectroscopy) is one of only two methods that allows non-invasive pharmacokinetics ie. measurement of cytotoxic drugs and chemicals in diseased tissue without taking samples. It is also of great interest for monitoring the progress of disease and response to treatment. The departments of Biochemistry, Medical Oncology and the (MR) Magnetic Resonance Unit at St George's Hospital and the Medical School currently collaborate on several projects. The departments have a wide range of clinical and scientific expertise and these skills are used in applications of the MR technique to cancer. The role of the Research Sister is unique as one plays the pivotal role of support nurse to the oncology patient as well as being the treatment nurse. The Research Sister is the only clinician amongst the scientists, being the vital link between science and medicine.

The CRC have funded a position for a Research Sister (RS). The person must be experienced in Oncology and Research. It is the RS's responsibility to liaise with Research Fellows and other staff in the departments, identify and recruit appropriate patients, give chemotherapy and to work within Good Clinical Practice and Local Research Ethics Committee standards and guidelines. It is also the RS's responsibility to provide appropriate care and management of patients undergoing MR scans and to educate patients and other members of the health care team about current trials. The RS is also responsible for maintaining patient records and the monitoring of the physiological and psychological well being of the patient.

158 POSTER

A new approach for nurses new to oncology nursing

Ann Burton, Gary Witham. *Ward 10, Christie Hospital NHS Trust, Manchester, United Kingdom*

Purpose: This poster will look at the effectiveness of a rotational programme for nurses new to the speciality of oncology. The Calman report (1995) acknowledges the need for training when working in that field of oncology.

Methods: A descriptive study of how nurses employed following a recent recruitment day have been placed on e rotational programme. On this programme they are spending four months working in each of the specialised areas in oncology, ie. surgery, radiotherapy, and chemotherapy. The nurses attend formal sessions organised by the hospital Support/Training Nurse. On the wards they are undergoing a training programme in that field of nursing. Knowledge of cancer care influences and supports the post registration nurse (S. Wilkinson 1997). While on the Surgical Unit they have the option of working in the surgical theatres for a month.

Results: At the present the programme is ongoing. The staff recruited have been agreeable to participating in this programme.

Conclusion: By the end of the programme it is anticipated that the nurses will have a better insight into the different areas of nursing within oncology, possibly areas they would not have thought of working in. All participants have been guaranteed a job in the area of their choice on completion of the programme. Hopefully this will assist in retaining staff.

159 POSTER

Harvesting of peripheral blood stem cells using venesection and subsequent reinfusion of whole blood

Jackie Hodgetts, Lynn Lomax. *Department of medical oncology, Christie Hospital, Manchester, United Kingdom*

In recent years peripheral blood stem cells (PBSC) harvested by leucopheresis have been used extensively in order to intensify chemotherapy treatments, with the aim of achieving improved median and overall survival figures.

Leuopheresis, however, is an expensive, time consuming procedure, which can often be traumatic for patients and is not without risks. This is particularly relevant when sequential harvests are necessary between several courses of chemotherapy.

At the Christie Hospital we have developed a method of collecting PBSC in whole blood using venesection and subsequent reinfusion of this whole blood.

This poster aims to provide an overview of PBSC harvesting using venesection. Explaining the rationale and methods used, in order to ensure safe venesection and subsequent autotransfusion of whole blood.

160 POSTER

Handbook for administration of cytostatic agents in order to obtain uniformity in dealing with these

E. Nielsen. *Odense University Hospital, Dept. of Oncology, Odense, Denmark*

Background: In our department it is the nurses who give chemotherapy to the patients. At one stage, we got so many new staff members that we found it difficult to find enough time and resources for training and follow-up. Often there were only 1–2 experienced nurses for both patient care, chemotherapy treatment, and training of the new staff members. It resulted in 1) the patients feeling uncomfortable because the treatment was given in different ways, 2) the new staff members feeling uncomfortable having to give the treatment as we give many different kinds of treatment and every treatment is given in accordance with a specific "recipe", and 3) experienced nurses became frustrated having to deal with so many tasks.

Idea: When we have to give chemotherapy, it is important to know exactly what we do and when. By talking to both new and old members of the staff, I discovered a need for written guidelines concerning the chemotherapeutic regimens.

Elaboration: For every different chemotherapy treatment I have made a handbook covering issues like how to give the treatment, subsidiary materials etc.

Plan: In the medicine room there is a copy of the handbook, so it can be used as a work of reference. It is, however, not replacing training and follow-up, but serves as an assisting tool/working tool.

161 POSTER

Application of educational programme "To Learn How to Live with Cancer" in patients with breast cancer for psychosocial adaptation

Lj. Milović, S. Nikolić, A. Djurdjević. *Institut za onkologiju i radiologiju Srbije, Belgrade, Yugoslavia*

Purpose: One of the most significant factors for good adaptation of breast cancer patients in informing, beginning with telling them their diagnoses, explaining possible methods of treatment, therapeutic side effect and also education of members of their families from the very beginning of the treatment. If the breast cancer patients are well informed about their disease and have emotional support, the patients and their families are able to cope with the situation they are in. Education of the patients and their families according to European Programme "To Learn How to Live with Cancer" (which is in charge of Grahn G) is a concept and way of thinking in many oncology institutions through- out the Europe. national Cancer Institute in Belgrade has accepted this Programme and modified it for its conditions. The Programme has been started in October this year and the results will be obtained in 1999.

Aim: To investigate importance of supportive education through congitively-behaveoral and experimental approaches in order to reduce anxiety, depressiveness, provide social support, cope with the disease, fulfill individual needs and improve quality of life.

Conclusion: We expect that individual assessment of effect of education will place in the first plan social support by the members of the family and a member of the group. Results of our investigation will be presented in London upon completion of the programme in 1999.

162 POSTER

Clinical paths: To increase the quality of nursing in a haematologic center

L. Van Asch, L. Gelissen, C. Van Clapdurp, R. Casteels, J. Daniels, P. Zacheé. *Departement of haematology A.Z. Stuivenberg, Antwerpen, Belgium*

Purpose: The workload can be very heavy in a departement of haematology. With the developement of clinical paths, we will try to ameliorate our efficiency and efficacy.

Methods: We developed four clinical paths:, VIM, DHAP and two for peripheral stem cell transplantation. On the level of the departement are in forced some conditions. It is important that the nurse who makes the procedures, has to work on that departement. There must be also a near cooperation with the medical staff. The contents of nursingfiles needs to support the methodical nursing. A good active support from the head of the departement is necessary.

The functions of clinical paths are: an expedient for the way of nursing; a learning instrument for new colleagues; an expedient for testing the quality of nursing.

Results: After a short period of testing these procedures, we became the following results. The nurses have more time to solve the problems of patients, especially the first day of admission. The quality of nursing is increasing. Patients are more satisfied. The new members have more confidence to do their job. The lay-days are decreased in some sheduals with 10%. The cooperation between the departement and the one-day-clinic is tending upwards with 15% in a week.

Conclusion: Clinical paths are useful on any departement. Nurses are very satisfied to work with the system, but it takes a lot of time to make it happen. Even that time will be compensaded with the results you get.

Innovations in cancer nursing II

163 ORAL

An interactive patient information CD ROM on specific side effects in chemo- and radiotherapy

G. Vandevelde[1], J. Peeters[2], G. Ponnet[3], J. Vandebotermet[4], L. Verpoorten[5]. [1]*UZ Gasthuisberg, Radiotherapy, Leuven;* [2]*Inst. J. Bordet, Oncology, Brussels;* [3]*Free University, Haematology, Brussels;* [4]*Hospital St. Luc, Pediatric oncology, Brussels;* [5]*Virga Jesse ZH, Oncology, Belgium, Belgium*

Patients receiving chemo- and/or radiotherapie are eager to get as much information as possible on how to manage the burden of their treatment. Providing them with adequate and detailed information will help to control their own problems much better and will influence the quality of life in a positive way. A working group of oncology nurses from 8 different hospitals had developed a package of information leaflets on 25 different acute side effects. Each leaflet contained very specific information on the nature, the onset, intensity and duration of the side effects. Useful information on how to cope with was provided as well as recommendations when major symptoms became apparent wre available. The content of this information package has recently be reviewed by a core group of oncology nurses resulting in an interactive CD ROM. As patients as well as health care professionals will have increasing access to information technology, patient information should be made available in a more advanced way. The benefits of patient information on CD ROM format are continuous access to the data, the ability to produce an unlimited number of copies at the lowest cost and finally the freedom to adopt the content for specific situations and patient groups by mixing common text processes and data, based on local experience and situations.

This project has been supported with a grant of Smith Kline beecham.

164 ORAL

Why oncology units should provide a website for their patients

L. Dalton[1], A. Deary[1], K. Akass[1], R. Thomas[1,2]. [1]*Primrose Oncology Unit, Oncology, Bedford;* [2]*Addenbrooke's Hospital, Cambridge University NHS Trust, Oncology, Cambridge, United Kingdom*

Purpose: The level of information patients require following a diagnosis of cancer is high[1]. Our muticentre audit presented at ECCO '97 showed that 87% of our patients looked for additional information outside the clinic with 17% of these from the internet[2] We repeated this audit to establish a trend in internet usage over the last 2 years. We also aimed to established methods how best to harness the internet to help future patients find information they wish.

Methods: 100 questionnaires were given to patients over 2 weeks (March '99) during 24 separate oncology clinics. Patients who used the internet were contacted and their experiences of useful sites discussed in a series multidisciplinary focus group meetings.

Results: 85 (85%) of the questionnaires were retrieved from 37 males 48 females, average age 58 years. 26 (31%) had used the internet to gain additional information on their disease or treatment. This represented a 14% increase form two years ago (17% v 31% Binomial chi-squared test $p < 0.001$). The decision form the focus group was to develop an internet site for our future patients using the information gained from the multidisciplinary discussions. (www.cancernet.co.uk). This site provides local logistical fact, information on cancer, radiotherapy and chemotherapy, it contains the official advise leaflets giving advise on diet, skin care, diarrhoea etc. Gives useful contacts to directs patients to other useful sources of information such as videocassettes (eg HEP Tel: (44)1222 403022, health.education@btinternet.com). It provides a gateway to other useful sites.

Conclusions: The internet is here to stay, this study shows a significant proportion of our patients use it to gain additional information on their disease and this portion is increasing rapidly. Developing a local web provides a useful bulletin board for patients and directs them towards useful information sites internationally. We are now conducting a prospective study with integrated software to see which areas of the web site are used most frequently in order to adapt to future patients demands.

[1] Audit commission. What seems to be the mater? HMSO London, 1993
[2] Shingler G. Where do patients seeks additional information? EJC '97. 33 (8). 1426

165 ORAL

Caring for cancer patients in diverse healthcare environments – Meeting the challenge to educate nurses and healthcare professionals

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Purpose: Nurses and Healthcare professionals, irrespective of the clinical environment in which they work, come into contact with people who have a diagnosis of cancer. Evidence suggests that many professionals lack the relevant knowledge and skills to effectively care for cancer patients (Hancock, 1996, RCN, 1996, Calman-Hine, 1995). The *Oncology Foundation Programme* has been developed out of a need to bridge this gap across today's multi-sector, multi-agency, multi-professional society.

Method: Using a collaborative, partnership approach a project group was established to develop an *Oncology Foundation Programme.* A systematic training needs analysis approach generated emergent themes from which specific learning outcomes were identified. This culminated in the design and subsequent delivery of an innovative, multi-professional education programme which utilises a flexible, student-centred approach to facilitate the application of the theoretical perspectives into the individual's practice and practice setting.

Results: The 12-week programme, facilitated by a Clinical Educator, with multi-professional, cross-Trust participation encourages staff development through diverse educational approaches, sharing of knowledge and experiences and the creation of communication and support networks. A comprehensive evaluation strategy has demonstrated the benefits of shared learning and the ability of the programme to facilitate the integration of theory into practice.

Conclusion: The success of the *Oncology Foundation Programme* lies in its flexible, lucid, pragmatic approach, which has made accessible specialist cancer care knowledge to healthcare professionals working within quite diverse environments. This project has demonstrated that rigorous, credible multi-professional programmes, grounded in clinical practice, without the constraints of academic accreditation, have a valuable role to play in the education and training of healthcare professionals caring for cancer patients.

166 ORAL

Job sharing senior clinical roles: Heaven or hell!

D. Cathmoir, C. Mullooly, D. Brewer, C. Miller. *Guy's and St Thomas' Hospital Trust, Cancer Directorate, London, United Kingdom*

Purpose: Recruitment and retention of advanced clinical nurses are vital to maintain clinical leadership and excellence in cancer care during a time of acute nursing shortages. This study looks at how to optimise the complexity of job sharing by using the Lifestyles Inventory.

Methods: The Lifestyles Inventory was undertaken by 3 CNS job sharing 2 roles. The individuals' profiles were analysed by an independent management consultant. Objectives and projects for the forthcoming six months were discussed and, using their individual inventory, the 3 staff selected to lead initiatives, given their specific aptitudes and developmental needs.

Results: The paper outlines the processes each nurse undertook to determine a lead project and how this met organisational and individual needs.