

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.

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POSTER

The role of the research sister in MRI/oncology

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MRS (magnetic resonance spectroscopy) is one of only two methods that allows non-invasive pharmacokinetics i.e. 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.

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POSTER

A new approach for nurses new to oncology nursing

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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 a rotational programme. On this programme they are spending four months working in each of the specialised areas in oncology, i.e. 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.

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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.

Leucopheresis, 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.

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POSTER

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

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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.

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POSTER

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

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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 throughout 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 congenitively-behavioural 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.

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POSTER

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

L. Van Asch, L. Gelissen, C. Van Clapdorp, R. Casteels, J. Daniels, P. Zacheé. *Departement of haematology A.Z. Sturvenberg, 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