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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

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

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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

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Why oncology units should provide a website for their patients

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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 $\rho<0.001$). 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.

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Job sharing senior clinical roles: Heaven or hell!

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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.