4183 POSTER

Exploring the Scope of Oncology Specialist Nurse' Practice in the UK

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Background: Over the last decade there have been revolutionary changes to oncology nurses' roles in the UK, however despite many nurses currently undertaking nurse-led services there has been little formal evaluation.
Material and Methods: A survey was undertaken to explore the nature of oncology specialist nurses' roles and scope of clinical practice within the UK. This included nurses' autonomy, clinical skills and prescribing practices within nurse-led oncology services.
Results: A survey of 103 UK oncology specialist nurses highlighted significant developments within nurses' roles and nurse-led clinics, however identified significant differences in the nature of clinical practice and independent prescribing. There was a lack of clarity between nurses' titles and their roles and responsibilities, since many roles had developed ad hoc. Many nurses felt frustrated by deficiencies in the infrastructure and support, which often overshadowed potential benefits. However, overall new roles were greatly valued by the multidisciplinary team, reducing waiting times and providing benefits for patients.
Conclusions: There is a great diversity in oncology specialist nurses' roles; however lack of clarity in titles, training, competencies and responsibilities is creating confusion. Role developments and nurse-led clinics have been ad hoc and poorly evaluated; therefore it is difficult to fully appreciate their impact on patients, staff and service delivery.

4184 POSTER

High Level of Patient Satisfaction With Nurse-led Care in Oncology Outpatient Clinics − Report From Two Surveys

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Background: The improvements in treatment of cancer patients have resulted in an increasing number of patients requiring follow-up. The implementation of nurse-led clinics within the department of oncology has been a way to accomplish greater effectiveness without compromising the quality of care. Systematic surveys of patient satisfaction can give information on issues where patients ask for improvements. In 2007 a survey of patients' satisfaction with nurse-led care was performed. Over all, the results showed high levels of satisfaction but there were room for improvement regarding "continuity" and "information". As a result of the survey, efforts were made to increase continuity. However, the number of patient visits at nurse-led clinics have increased continuously since 2007. The purpose of this study was to investigate any changes in patients' satisfaction with the nurse-led care at Radiumhemmet, the Department of Oncology, Karolinska University Hospital.
Material and Methods: In 2009, a questionnaire was sent together with a prepaid envelop to consecutive patients who had attended a nurse led-clinic during a period of 4 weeks. The questionnaire consisted of 15 multiple-choice items concerning waiting time, interpersonal skills, continuity of care, information and expectations. The procedure was identical to the previous survey except that the study period was limited to 3 weeks in 2007.
Results: A total of 392 patients responded to the 2009 survey compared to 142 patients in the 2007 survey, corresponding to 47 patients/week in 2007 and 98/patients /week in 2009. Over all, there were no statistically significant differences between the two assessment points on any of items in the questionnaire. In general, high levels of satisfaction were reported but still there are room for improvements regarding "continuity" and "information" despite the efforts to increase continuity. However, in the survey performed 2009, a 10% higher proportion of patients reported "continuity". The results will be further analyzed regarding type of visits. Data are categorized according the main purpose of the visit, e.g. "information" (before start of cancer treatment) and "assessments" (side effects).
Conclusions: Continuity and information issues remains areas were improvements are wanted and strategies need to be elaborated. Analysis needs to consider changes in workload and staff turnover.

4185 POSTER

Development of Evidence-informed Guidelines for a Breast Cancer Nursing Consult

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Background: Breast care nurses (BCN) are an important partner in the multidisciplinary team of breast cancer patients. Their support, knowledge, commitment and availability may accompany and route women through their disease and treatment. The aim of this study was to develop evidence-informed guidelines for BCN, taking into account the patients' experiences and perspectives, to offer supportive care in a nursing consultation.
Method: A literature review was conducted to identify evidence concerning needs and effective interventions. In addition, a qualitative study based on the principles of the grounded theory was used. Both patients and BCN were interviewed to identify needs, care provided and the evaluation of such care. Both individual interviews (with ten patients) and focus group interviews (ten focus group interviews with BCN and four focus group interviews with breast cancer patients) were used. Data-analysis was supported by Nvivo8. Researcher triangulation was used to increase the validity of the analysis.
Results: BCN provide care mainly during diagnosis and around the surgery. The BCN is not regularly available during adjuvant therapy and care is mostly provided only on the patients' request. However, patients strongly appreciate a supply-driven support. BCN have to be all-round. They assist women to cope with breast cancer and guide them to find the way to 'normal life'. They are not only in charge of direct patient care, but they also take responsibility in structural and organizational developments. Some of the BCN lack the necessary competences in this area. BCN hold a rather solo-position and cooperation with the other members of the multidisciplinary team sometimes seems to be hard.
The analysis of the focus group interviews and the in-depth interviews with women who have used the BCN consultations', stresses the importance of the BCN as one of the most prominent actors in psychosocial care. Their warm personality, holistic approach and sincere interest make them very accesible for patients. The BCN know the needs of the individual patient and can attune support to the patient's specific care demands. The BCN must be available not only at the critical points during the disease trajectory, but also at those moments where the patients feel 'good care' is not provided by the other professionals.
Conclusions: The study of the patients' experiences and perspectives and their confrontation with the BCN' practices and viewpoints allowed to develop evidence-informed guidelines that can be used flexibly by BCN to set up a nursing consultation or to optimize an existing one. The guidelines enable a response to the current shortcomings, offer opportunities to the organization of a consult and strive for continuity in the care for breast cancer patients on a long term base.

4186 POSTER

The Experiences of Breast Cancer Patients With the Care of the Breast Care Nurse

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Background: The purpose of this project is to develop guidelines for the organisation and content of a nurse consultation in a breast unit. The guidelines are meant for all breast care nurses (BCN), the partners of the multidisciplinary team and the management staff. In the literature there is evidence for the added value of working with specialist (breast) nurses and information about their role in practice. The development of these guidelines must offer the practice more detailed information about the content of the interventions of a BCN.
Material and Methods: The project exists out of four major phases: a literature study, a qualitative study with BCN and the perspectives about their role, a qualitative study with patients about their experiences of the care and finally the development of the guidelines. Information about the perspectives of breast cancer patients with the care of a BCN was collected through ten focus group interviews, a multicentric approach. All patients completed their treatment (n = 36) and received care from a BCN at different key moments. A phenomenological approach was used. The interviews were transcribed and coded (Nvivo9) and constant comparison was used to analyse the data.
Results: Analyses revealed two major themes: how patients with breast cancer experienced their illness and treatment and how the BCN can support them in the best way. The BCN has to support the patient at the right moments by giving individualised information and psychosocial support. She represents humanity in a complex organisation and the clinical

pathway the patient has to endure. The patient gives the BCN her trust and the challenge is to manage this relation in all her meanings. The supporting activities of the BCN must be clear for the patient and not only problem based. Taking spontaneous contact with the patient is a comforting thought, because patients often wait to call for help from the BCN.

Conclusions: This project shows differences and similarities between the two perspectives. Beside her role toward the patient, the BCN has an important task in taking action when the care fails. Education, coaching en recognition of the BCN is essential for a patient centered and qualitative care. The guidelines must provide information and support for the BCN and her team how to organize a nurse consultation at each important phase in the total clinical pathway.

4187 POSTER

Patients' Perception of Nurse-led Telephone Follow-up After Radiotherapy for Prostate Cancer

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Background: Implementation of nurse-led clinics and follow-up by mail or telephone for selected patient groups is a way to meet the challenge with an increasing number of patients in follow-up within the department of oncology. Surveys of patient satisfaction can give information on patient views on e.g. changed routines for follow-up. The aim of this study was to describe patients' perception of getting test results by phone from an oncology nurse. nurse.

Material and Methods: All patients (n = 578) during 8 weeks that got their test results and follow-up by phone of a nurse were sent a questionnaire, an information letter and a pre-paid envelope one week after the phone call. The questionnaire consisted of six multiple-choice questions about satisfaction with getting the result by phone, information, search for further information, time since treatment ended, age and previous experiences of getting the follow-up by phone. The three last questions are open-ended and concerns pros and cons and suggestions for improvements with getting the test result by telephone.

Results: A total of 511 patients responded to the questionnaire, 8 patients were excluded as they responded they got the answer by mail, resulting in a response rate of 88% (n = 503). Most patients (56%) were 65−74 years old. For 342 (68%) patients this was the first time they received their test results (PSA) by telephone. Most patients 431 (86%) stated they thought that it was "very good" or "good" to get the test results by phone. Of the remaining patients, 54 (11%) thought it was "neither nor" and 14 (3%) thought it was "bad" or "very bad" to get the results by phone. Regarding the information during the telephone follow-up, 433 patients (86%) reported that it "completely" fulfilled their needs, 41 patients (8%) stated that their information needs were "partly" met and 10 patients (2%) thought it "hardly" or "not at all" met their needs. A total of 12 patients reported they "didn't need any information". A small number of patients (n = 31, 6%) reported they had searched for further information after the telephone follow-up; from "internet", "nurse", "physician", "other health care establishment" or "patient association". Analysis is on-going and data will be presented from the open-ended items.

Conclusions: Most patients were content with getting their test results by phone an also with the information from the nurse. However, a small number reported they rather wished to visit the clinic.

4188 POSTER

A Central Contact Unit at a Big Oncological Department

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Background: When patients and relatives contacted the department of oncology at Herlev Hospital, telephone calls were often switched over several times to various professionals unrelated to the raised question. The emergency doctor was contacted about many problems not related to his job and the treating nurses and secretaries were often disturbed. The problems raised were often not addressed to a person with the relevant competence qualifications. Consequently daily work was dominated by many disturbing interruptions with increased stress and impatient and frustrated patients.

Method: A central contact unit was established as a 1-year project from 2008 to 2009 in a oncological department with 4000 new patients and 90.000 ambulatory visits per year. All telephone call not related to transport or time reservations was answered by four nurses specialised in four major cancer groups (GI, HN +lung, breast, urogenital). Opening hours on working days were 8 to15. All calls were registered in a database. After ending the project it was evaluated by 100 questionaries to the staff (response 76%). One year after the project 55 questionaries was addressed to the patients and 20 to the relatives (response 70% and 60%).

Results: In the project period 8.714 calls were registered, 46.3% from patients in treatment and 20.1% from relatives and 34% from other collaborators or patients not in treatment. Of the problems raised 52.7% was solved by the contact nurses and only 13.5% were handed over to a physician. From the staff 72% answers that they experienced a positive improvement in the working environment with increased peace of work (36.2%), fewer interruptions (40.2%) and increased improvement in the contact to patients and relatives (23.5%). For the patients and the relatives 97.5% experienced qualified and 95.7% quick help solving the problems they had raised. In later calls 69.2% wanted to talk to the same specialised nurse.

Conclusion: The contact unit had a very positive impact on the working environment. Physicians, nurses and secretaries were less stressed and were primarily presented to relevant problems, and gained possibility of increased focus on individual patient therapy and care. Patients and relatives experience increased safety and satisfaction with a fast and qualified help. Surprisingly the expectation from many patients and relatives were to talk to a competent person.

4189 POSTER

Using the Flush- out Technique for Managing Vesicant Chemotherapy Extravasations

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Background: Extravasation is a complication of Chemotherapy where there is accidental administration of a vesicant drug into the tissue surrounding an intravenous device (RCN 2010; INS 2011). Many treatments exist for the management of extravasation although the evidence base for their use is weak. The flush out technique has been used successfully to manage extravasation by plastics surgeons in the UK. This technique involves making a number of stab incisions and administering large volumes of 0.9% sodium chloride subcutaneously to flush out the extravasated drugs. It has been suggested that is a less traumatic and cheaper than surgery and prevents under treatment of patients (Gault & Chellands 1997).

The aim of this poster is to describe the flush out technique and describe how a programme for training nurses has been developed in order to provide a more timely intervention.

Results: The South West London Cancer Network Chemotherapy Nurses Group worked with the plastic surgery team at St George's hospital to set up policies, procedures and training on the flush out technique. This has now been disseminated to other Cancer Networks and where it has been used has been shown to have successful outcomes for patients.

Conclusion: Nurses working as advanced practitioners in chemotherapy are well placed to develop expertise in flush out technique for managing small peripheral vesicant extravasation. Nurse appreciated the ability to incorporate this new skill to enhance autonomous practice, provide prompt and effective treatment of extravasation and minimise the risk of injury and patient distress.

4190 POSTER

Impact of Preoperative Visits on Anxiety Levels in Patients With Breast Cancer Undergoing Surgery: Reporting a French Nursing Project in Progress

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Introduction: Surgery is a source of anxiety and is a stressful event for patients with cancer.1. A nurse led, pre-operative visit (POV) system was instigated at Paul Strauss Cancer Centre, Strasbourg taking place the day before surgical intervention. POV consists of an operating room nurse explaining to the patient the main experiences they can expect, by using verbal information and photographs as illustration. She/he then welcomes the next day at the entrance of the theatre and conducts the patient to the operation room.

A first evaluation was carried out in 2008. 466 pre-operative were performed in 2007, 467 during the first three trimester in 2008. Satisfaction levels at this stage were rated at 88% by patients.

Since 2010 a prospective randomized study to analyze the impact of the POV on the anxiety of the patient with breast cancer undergoing surgery with or without breast reconstruction has been running.

Aim: The aim of this study was to establish whether, and to what extent, the preoperative nurse-led visit reduced anxiety in patients with breast cancer undergoing surgery.

Method: 140 women $\geqslant$ 18 years old with breast cancer treated with radical surgery (mastectomy and/or mastectomy with lymphadenectomy) or conservative surgery (with or without lymphadenectomy, with or without