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

sentinel node resection), with or without immediate breast reconstruction will be randomized, 70 in one arm with POV and 70 in the arm without POV.
The assessment tool is based on the following indicators: blood pressure and heart pulsations, global evaluation of the anxiety on a rating scale between 0 and 10 and measures a range of issues including verbal flow & emotionality. It was designed specially and was tested before use.
The anesthesic nurse measures blood pressure and pulsation and also assesses anxiety and other measures using the assessment tool. She is not informed whether the patient had a POV or not. Two days after the operation, a theatre nurse returns to the patient and gathers information relating to the POV experience using another questionnaire; one developed specifically for those included in the arm with POV and a different version for those without POV.
The research department of the institution as well as the ethic commission approved the survey.
Result and Conclusion: At the moment, 109 patients have taken part. The results of this study will allow comparisons with the results of the first evaluation performed in 2008. If evaluated positively there is potential for the project to be implemented in the other cancer centres as well as in university hospitals where patients with breast cancer are treated.
This project already received several Awards: in 2007 at the national congress for theatre nurses in France, in July 2007 it was also recognized as example by the High Authority of Health during the accreditation, in October 2008 it won the 'Red Ribbon for Quality of Life' prize, and finally the thirst prize Helioscope in 2009.

4191 POSTER

Coaching for Best Care − Effectiveness of a Two-day Workshop for Healthcare Managers

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Background: Seniors living in long-term residential facilities are among the frailest, ill and elderly citizens of our society. Many have dementia and cancer, and are most often cared for by an unregulated workforce − healthcare aides (HCA) supervised by a small number of nurses and managers. For most HCA, English is a second language and role training was either informal job training or a 6−9 month course. Responsibilities for strengthening HCA performance falls largely on nurses and care managers, yet they rarely see this as their role, nor receive formal training in how to coach performance. In this project, we investigated impact of a 2-day workshop for managers to develop coaching skills.
The purpose of this pilot was to examine experiences of becoming coaches of staff performance, and potential impact on HCA performance that can influence outcomes for residents. Our objectives were to a) identify opportunities for managers to coach performance in residential care facilities, b) understand managers' experiences in developing coaching skills, c) examine opportunities where managers have used coaching skills in practice following the workshop, and d) obtain funding for a full research study using a 2-group crossover design to further assess effectiveness of this intervention.
Materials and Methods: 26 managers from 6 long term care residential settings were recruited to participate in a 2-day workshop facilitated by a master trainer in coaching. Survey data were collected 2 weeks prior and 6 months post workshop. Data sources also included email reminders to use coaching skills and two focus groups 8 weeks post workshop.
Results: The majority of participants reported many more opportunities to coach their after the workshop than they had seen before. Statistically significant differences in many critical feedback processes were seen post workshop, particularly in the willingness of managers to take on the coaching role, and to provide specific feedback on how HCAs could communicate and interact more effectively with residents to improve their quality of life. The full two group cross-over design study is currently underway.
Conclusions: The pilot outcomes yield a rich understanding of the processes of becoming a coach and its potential influence on staff performance in order to improve quality of life outcomes for seniors, most of whom will never leave this residential care facility. The program provides managers with specific skills and techniques to support and reinforce efforts by staff to improve health care services. Developing coaching skills is complex, relational, timely and easier when participants work together to share experiences of their own learning to help staff change behavior.

4192 POSTER

Information Needs of Patients Receiving Chemotherapy, in or out of Clinical Trials: Who Provides the Information and How Is It Received

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Background: Information and education needs of patients receiving chemotherapy has been well documented, as have the needs of oncology patients participating in clinical trials. Advanced oncology nurses and clinical research nurses (CRN) have a key role in patient education and advocacy. The purpose of this study was to describe how and by whom information needs were met, and patient satisfaction with information provided in patients receiving chemotherapy, enrolled and not enrolled in clinical trials.
Materials and Methods: The study was conducted at the Day Hospital of the Istituto Oncologico Veneto, Italy. A 28-item multiple-choice questionnaire was administered to a convenience sample of consecutive patients with lung and colorectal cancers, presenting for chemotherapy from 01/05/2010 to 30/06/2010. Consenting patients were registered in a 2:1 ratio, those receiving standard therapy (ST) and those enrolled in a clinical trial (CT). Patients completed the questionnaires at cycles 1 and 4 of planned 6-cycle chemotherapy protocols.
Results: 47 patients completed questionnaires, 28 ST, 19 CT groups. Most patients reported receiving information from both physician and nurse (24/28 ST; 15 /19 CT). Satisfaction and completeness of information provided by nurses was reported as "satisfied" in 46% and as "very satisfied" in 59% of ST and CT groups respectively. Both satisfied and very satisfied with nursing provided information was >95% in both groups. Patient reported satisfaction of presence of dedicated (primary vs CRN) nurse as 28% and 71% cycles 1 and 4 respectively ST, and 94% and 100% cycles 1 and 4 CT. Patient reported good or excellent comprehension of information was lower in the ST 1st cycle 12/28 vs. CT 14/19. Patient reported autonomy at cycle 4 was 76% and 88%, ST and CT respectively.
Conclusions: Overall patients in both groups received information from nurses that was understandable and satisfactory. Patients enrolled in clinical trials had higher scores on satisfaction with information, comprehension, and autonomy, and were highly satisfied with presence of dedicated nurse as part of health care team. A dedicated CRN is key to advocating for patients along the continuum of therapy.

4193 POSTER

The Oncology Nurse as a Necessary Participant of the Multidisciplinary Cancer Conferences

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Background: Multidisciplinary cancer conferences (MCC) are a forum for health care providers to discuss diagnostic and treatment aspects of a cancer patient's care. Every patient should be discussed in this forum before any decision is made. MCC should guarantee an appropriate staging, a complete review of all the therapeutic possibilities as well as the adherence to main guidelines. MCC at Hospital Universitario de Fuenlabrada (HUF) are only composed of physicians. Suggested attendees include oncology nurses. According to the HUF Cancer Plan, a specialist nurse may have a valuable contribution concerning the patient's individual and social environment better than the consultants. The HUF Commission of Cancer plans integrating nurses as an additional component of MCC.
Material and Methods: Oncology nurses have been designated at our hospital by the Commission of Cancer as external evaluators to review if (1) meetings are held in due times, (2) multidisciplinary attendance is fulfilled, strategies (3) duration of meetings. Oncology nurses will depict how the cancer conferences work, who is the natural leader and how the participation of the attendants is. Finally, they will interview different participants in order to understand threats, strengths and debilities of every cancer conference. During this period they will be trained by the relevant medical oncologists.
Results: A nurse was designated for breast cancer conference, a different one for gastrointestinal cancer conference and a third one for lung cancer conference. They will attend at least 7 meetings per pathology. Definite results will be available for the meeting.
Conclusion: Participation of oncology nurses in MCC as external evaluators is considered a first step before integrating them as members of the MCC. The knowledge obtained from this external evaluation together