

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 anesthetic 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 thirteenth prize Helioscope in 2009.

4191

POSTER

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

G.G. Cummings¹, C.A. Estabrooks¹, H. Laschinger². ¹University of Alberta, Faculty of Nursing, Edmonton, Canada; ²University of Western Ontario, Faculty of Nursing, London, Canada

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

D. Grosso¹, O. Diamanti¹, C. Magro¹, J. Bryce², N. Galtarossa¹, M. Giacobbo¹, M. Padovan¹. ¹Istituto Oncologico Veneto, Medical Oncology, Padua, Italy; ²Istituto Nazionale Tumori, Clinical Trials Unit, Napoli, Italy

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

M. Ortega Solano¹, A. Soria Verdugo¹, J. Martin Moreno¹, M.E. Garcia Vega¹, J.J. Garcia Arroyo¹, M.R. Lopez Melero¹, D. Gonzalez Bravo¹, C.G. Nogueiras Quintas², T. Sebastian Viana³, J.A. Guerra Martínez¹.

¹Hospital Universitario de Fuenlabrada, Medical Oncology, Madrid, Spain; ²Hospital Universitario de Fuenlabrada, Surgery, Madrid, Spain; ³Hospital Universitario de Fuenlabrada, Knowledge and Innovation, Madrid, Spain

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