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 with educational sessions and training with the relevant medical oncologists will provide them with a thorough knowledge of the diseases and therapies. They can now demonstrate real expertise in their field and they are able to make independent decisions as each representative at the MCC.

Poster Presentations

Nursing Oncology − Impact of Cancer on Patients and Families

4194 POSTER

Sometimes It's Cancer − an Educational Programme to Promote Early Presentation in Teenagers With Cancer Symptoms

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Objectives: Cancer is the most common cause of non-accidental death in teenagers and young adults (TYA), however delayed diagnosis is common in this population. TYA's are not educated within schools about classic symptoms and do not recognise important signs of teenage cancers. Previous health campaigns have been successful in influencing early help-seeking behaviour in cancer patients The 'Christie Crew' is a TYA Service User Group who wanted to educate young people in the common signs and symptoms of teenage cancers to improve early help-seeking behaviour in young people in order to contribute to a more timely diagnosis of cancer.
Methods: The group have produced a 10 minute cancer DVD and education pack to be used in schools which has been piloted and evaluated. The DVD is age appropriate for those aged 11−18 years and highlights individual stories regarding the signs, symptoms and experiences of diagnosis. A poster campaign has also been developed by the young people to raise awareness in the wider community.
Results: The education pack has been delivered in over 280 schools in the Northwest of England. Evaluation and feedback has been analyzed and the DVD/ Education pack have been modified. Sometimes Its Cancer is an age appropriate resource which encourages young people to recognise classic symptoms. The local project was presented to the Department of Health and was approved for national roll out.
Conclusion: Raising awareness of common cancer symptoms is an urgent priority in this age group. Sometimes Its Cancer is now being implemented and is part of wider national research study to examine whether a change in young peoples knowledge and behaviour occurs following the implementation of the programme. Sometimes Its Cancer is an example of how working in partnership with young people can result in national success and influence changes in healthcare and health promotion.

4195 POSTER

The Project of Sense Making a Part of Illness: Exploring the Lived Experience of People With Cancer

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This presentation begins from the premise that being able to participate in the search to make sense of life is an important aspect of being human. Using an interpretative phenomenological approach, and guided by the philosophy of Martin Heidegger and the works of Viktor Frankl, this study used semi-structured interviews to explore the lived experience of this sense making process in the lives of fifteen people who had experience of cancer. Although previous studies have explored aspects of the search for meaning in illness, this study attempts to focus closely on, and offer an in-depth exploration of, this searching activity and what it can teach us about the personal story of illness.

For the participants in this study this searching process moved beyond reflection to one that engaged the whole person. It was a search that led each person in this study to question aspects of their taken for granted world, including the realisation and challenge of not being in control of parts of their lives, and of attempting to cope with this reality. This search involved making sense of the personal experience of cancer which includes but extends beyond the bio-medical aspects of disease. The presentation will illustrate that the search to find meaning in illness, including the experience of pain and loss does not occur in isolation but is influenced by many other life issues which also may be re-visited in the light of illness. Amidst the activity of searching, many important relationships exist which may offer support but may also cause distress.

Paying attention to this sense making activity may help in directing the focus away from the idea of 'the patient' and by providing a useful account of what might be demanded if we take the idea of 'person centred care' seriously. Having explored the search for meaning in illness and having illuminated the sometimes overlooked personal story behind cancer, this presentation will offer practical insights into better understanding and responding to the personal story of illness.

4196 POSTER

Psychosocial Support of Cancer Patients Having Children at Home − the Role of Oncology Nurses

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Background: Several research findings have shown that cancer in a parent may be a significant stressor for children en adolescents. Parental cancer brings insecurity into family life. Oncology healthcare providers should be aware that parental cancer has an impact on all family members. Cancer patients having children at home may need more psychosocial support from these healthcare providers. This study examined whether oncology nurses feel capable for this task.
Material and Methods: A qualitative study using semi-structured interviews with oncology nurses was performed. Interviews were audio-taped and transcribed verbatim. Data were analyzed by content analysis.
Results: Twelve female oncology nurses from different care settings participated. They experienced psychosocial support as a core part of oncology nursing care. The psychosocial support for cancer patients with children at home was primarily led by their own assumptions (e.g.: 'small children don't suffer from parental cancer' or 'it has the most impact on the family when the mother is ill') and by the degree they felt personally involved (e.g.: 'when the patient has children in the same age range as my own'). The oncology nurses offered psychosocial support only when a parent raised concrete demands or showed obvious signs of psychosocial problems. They suggested that the psychosocial support for parents with cancer could benefit from a more systematic approach. However, they lacked knowledge and appropriate skills to offer tailored support. All respondents indicated that they needed additional training concerning the psychosocial impact of parental cancer on children and adolescents, in particular concerning grief. Furthermore, they perceived a knowledge deficit with regard to family communication about cancer, information resources for these families, and referral possibilities when professional help is needed.
Conclusions: Oncology nurses perceived the psychosocial care for cancer patients having children at home as a nursing task, but seemed to provide this care in a non-systematic way. They lacked appropriate knowledge and skills to offer tailored psychosocial support for this patient group and expressed the need for additional training.

4197 POSTER

Hellenic Nurses' Patients' and Their Caregivers' Caring Behaviours in Cancer Care

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Background: Caring is a complex concept that is context and culturally defined. Previous studies in other countries compared caring behaviors perceptions between oncology nurses and patients. However caregivers perceptions have not been investigated yet. The purpose of this descriptive, exploratory study is to compare caring behaviors as perceived by nurses, patients and their caregivers in cancer care in Hellas.
Methods: Convenience sampling was used to recruit 72 nurses, 138 patients undergoing chemotherapy and their caregivers from three oncology centres in Attica area. Nurses and patients were from the same ward, while the caregivers were identified by the patients as their primary ones. Data were collected from January-August 2010 using the validated in Greek language Caring Behaviour Inventory (CBI) consisted of 24 items scored in a six point Likert scale. CBI-24 has four subscales: F1 Assurance of human presence, F2 Knowledge and skill, F3 Respectful deference to others, and F4 Positive connectedness. Collected data were analyzed using SPSS software version 17.0. Level of statistical significance was set at $p < 0.05$.
Results: Subscale F2: knowledge and skill was perceived as the most important by nurses ($mean = 5 \pm 0.7$), patients ($mean 5.2 \pm 0.7$) and their caregivers ($mean 5.2 \pm 0.7$). The other three subscales were rated in the same order (F1: Assurance of human presence,. F3: Respectful deference to others, and F4: Positive connectedness) by all the studied groups The three top items (Knowing how to give shots, IVs, etc., Giving the patient's treatments and medications on time, Managing equipment skilfully) were the same in the three groups. There was not statistically significant difference between patients and their caregivers scores in all subscales. Nurses scored significantly lower in subscales F2: knowledge and skill, F1: Assurance of human presence, and F4: Positive connectedness, compared to patients. Moreover caregivers scored significantly higher in all subscales than nurses.
Conclusions: Despite nurses, patients and their caregivers encouraging agreement of caring behaviours, these findings reflect a mainly technical