

importance of patient's perspective for technology appraisal. The effect of perceived anxiety incurred prolonged procedure. Optimal utilization and sharing of resources might require identification of patients with persistent apprehension, who might need improved communication and/or support.

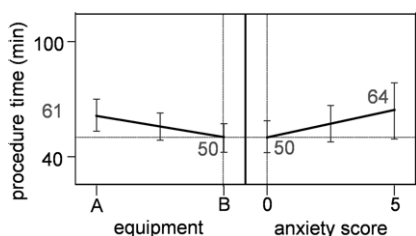


Figure 1. Modeled effect of equipment and patient apprehension. A change from equipment A to the more performing equipment B reduces procedure time from 61 to 50 minutes. But a cumulative anxiety score from 0 to 5 (the theoretical maximum score is 9) incurs an increased procedure time from 50 to 64 minutes. Vertical bars represent 95% confidence intervals.

1630

POSTER

#### The detection of post-traumatic-stress-disorder/post-traumatic-stress-disorder like symptoms in cancer patients during hospitalization

M. Lioussis, M. Kapella. *Hippokraton General Hospital of Athens – Greece, Nursing Education, Athens, Greece*

Hospitalization is the period of time where an individual enters the environment of "health institutions" due to matters concerning his health. Hospitalization can be stress-producing for the patient, to a smaller or larger extent. This is particularly true when the patients' autonomy is reduced due to the increase in his dependence on the medical and nursing staff.

There are reports of psychiatric disorders detected during or due to hospitalization. A recently described syndrome, posttraumatic stress disorder (PTSD) can also appear in patients during hospitalization. Chronic-illness survivors can experience limitations in functioning properly, because of PTSD.

The patient with cancer is faced with the life-threatening nature of his illness, including pain and suffering. The diagnosis of cancer – no matter how favorable the prognosis may be – puts patients to a sudden confrontation with their own possible death. As a consequence they are expected to develop high levels of psychological distress.

Several investigations have documented the development of PTSD in cancer patients.

The aim of this study is a review of the literature on the appearance of PTSD/PTSD-like symptoms in cancer patients as a result of the hospitalization-related events per se.

1631

POSTER

#### Older women's experience of chemotherapy treatment: a qualitative study

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For many women with breast cancer their daily life following a long period of treatment, is forever changed. This can in different ways influence their quality of life. Studies shows that the research regarding quality of life in breast cancer has been mainly descriptive, through the use of standardized questionnaires, and there have been difficulties in implementing the results in cancer care. One reason for this could be that these quantitative instruments have difficulties capturing the unique in patients' experiences, and important issues that patient's may have expressed in a study with a qualitative approach is therefore missed.

This presentation will illustrates the experience of older women with breast cancer who have received adjuvant chemotherapy treatment. The presentation is based on a qualitative study with interviews of narrative nature, and analysed with content analysis. The result is presented with themes and sub themes describing these women's life during treatment as a journey from the negative experiences to the more positive. The treatment was affecting these women, and her family, in a very strong way, and where even compared with an assault on the body. The women described feelings and experiences from a constant worry, the different responses from others to support from significant others and sharing with others. They were forced to consider different demands from one self and others, different values and finally take a stance to the new life. Their experience of health care professionals during this journey were both positive and negative. They also

expressed variation in the professional's attitude, knowledge, and empathy. The women who choose to stay at home and not work during the treatment felt pressure from society and health care professionals, to get back to work.

## Wednesday, 2 November 2005

### Teaching Lecture

1632

INVITED

#### Education in Europe: are we ready for the future?

S. Faithfull. *University of Surrey, European Inst of Health & Medical Science, Guildford, United Kingdom*

Education is an important tool in the development of specialist nursing within Europe. Awareness of cancer and its treatment and the impact it has on individuals and families helps in reducing negative perceptions and fatalistic attitudes. Education not only improves care, but can influence outcomes; research studies have identified that appropriate and timely nursing can make a difference. The ever changing and increasing complexity of cancer treatment delivery is demanding wider skills and critical thinking. Nurses are now working with those individuals with cancer in community or ambulatory settings and this has created the need for widening cancer knowledge to nurses working in specialties such as older people care and community health professionals. There are also social pressures that are influencing change; the demographic shift within Europe will mean increasing numbers of older people and a corresponding increase in cancer incidence. Political pressure to ensure the effectiveness and efficacy of cancer care is creating a shift towards competency assessment of health professionals. The challenge for the 21<sup>st</sup> century is to share skills across Europe recognising differences in cancer nursing practice but also in defining key skills and competencies as a standard for post basic education. The developments within education have been quite dramatic in the last 5 years with the advent of the Bologna declaration and the subsequent changes in academic and vocational educational structures within Europe which are planned to be complete by 2010. There are several action lines for educational development in the future: adoption of a system of easily readable and comparable degrees, adoption of a two cycle education system (degree, masters), establishment of a transferable credit system, competency assessment, promotion of mobility, promotion of educational quality assurance, promotion of lifelong learning, higher education and vocational courses and promoting learning through e technology and distance learning. Challenges for the future are to provide education that meets these requirements. Are we ready for this future? Those in nursing education face many challenges not only in how cancer education is provided but in redefining cancer curriculum for the future.

### Proffered papers

#### Developing the nursing workforce

1633

ORAL

#### The development of an interprofessional education course for those working in cancer care

A. Menon. *King's College London University, London, United Kingdom*

Policy and professional literature support the notion that interprofessional working in cancer care is essential for quality patient care (Department of health 1995, 2000, Corner 2003). Interprofessional education maybe one way of improving teamwork by educating a number of healthcare workers at one time. A short course in cancer care offered to nurses for a number of years at the university was more recently delivered at a Trust site to a number of different healthcare workers. Such courses have been recognised to benefit a variety of healthcare workers (Wood & Ward 2000) and present a good opportunity for networking. This service development project aimed to develop the existing university based Introduction to Cancer Care course to meet the learning needs of a multiprofessional group.

Stakeholders from education and service provision were invited to form a curriculum development group. Work began on developing a curriculum which would reflect the cancer patient journey, incorporating care from a multiprofessional perspective. Three Interprofessional courses based on the new curriculum were delivered at the university (n = 29) as well as two