

was rarely indicated. The boxes resulted in an easier prescription (only an indication of box type is needed). There was an agreement between all interviewed subjects that the use of the prefilled medication box resulted in an improved medication usage with less side effects.

**Conclusions:** The introduction of a uniform policy regarding anti-emetic drugs using a prefilled medication box resulted in alleviation of chemotherapy associated symptoms.

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ORAL

#### **Oncology patients' experience at the interface between hospital and community care: a mixed method investigation**

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**Background:** Oncology patients often experience breakdowns in care when transitioning between care settings.

**Aims and Objectives:** To examine the experience of oncology patients at the transition between hospital and community care and identify factors which promote or inhibit fragmentation.

**Methods:** We used a complementary mixed method approach. Qualitative phase: semi structured interviews and focus groups were conducted with patients and their caregivers, nurses, social workers, physicians and medical administrators. Quantitative phase: a survey was administered to 400 oncology patients of a large tertiary medical center in Northern Israel. Patients who were discharged from the hospital were asked to complete a validated questionnaire on their transition from the hospital to the community and on their perceptions of the quality of their primary care. The surveys were administered in Hebrew, Arabic, and Russian.

**Results:** The qualitative data analysis revealed four broad themes: (1) lack of clear boundaries regarding the responsibility for care, (2) the burden posed by the administrative and bureaucratic demands of each of the organizations, (3) the creation of informal routes of communication and care management in an effort to overcome the breakdowns in care, (4) cultural barriers exacerbate problems with information flow and ability to coordinate care. The regression analysis examined the effect of patient characteristics and showed that patients' language accounted for most of the variance in quality scores (XX). Russian speaking patients reported poorer quality of care and Arabic speaking patients reported better quality of care, as compared to Hebrew speakers, in all primary care domains. Both Arabic and Russian speakers scored significantly higher on the Care Transition Measure than Hebrew speakers.

**Conclusions:** The differences between sub-groups found here suggest that avoidable variations in care exist. To enable a more streamlined process, cultural issues need to be addressed at the interface between care settings. Further research should examine the causes for such cultural differences.

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ORAL

#### **Oral Chemotherapy: a collaborative project between acute hospital and community services**

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**Background:** The toxic effects of chemotherapy are serious and distressing: appropriate response to side effects is essential. Patients receiving intravenous chemotherapy attend hospital and have the opportunity to discuss concerns with chemotherapy trained staff. However patients taking oral chemotherapy do not always have this interaction and may rely on support from non-specialist professionals. The aim of this project was to improve outcomes for patients taking oral chemotherapy and to address problems arising from incorrect administration and storage, and the inadequate reporting and care of side effects. We also aimed to improve communication between hospital and community.

**Methods:** Health care professionals from primary and secondary settings met to review practice and create an improved patient pathway. A baseline survey was carried out on patients receiving oral chemotherapy in the 2 months prior to the new interventions. The new interventions comprised of enhanced hospital and community support. The latter was enabled by a programme of education to community nurses delivered by the hospital team. Four months following the intervention, surveys were sent to patients who had received the enhanced hospital and community support. At the completion of the pilot, a focus group was held with the community nurses to explore their experience.

**Results:** The response to all surveys showed that patients felt well informed and supported. However, respondents who received enhanced intervention reported increased severity of all reported symptoms suggesting a heightened awareness of treatment side-effects. Interestingly, patients who received enhanced hospital support only, reported missing fewer doses than those in the baseline survey and those who received enhanced hospital and community support. Community nurses who took part in the project felt more confident in addressing side effects and valued the improved communication with the referring hospital.

**Conclusion:** The main difficulty was in matching patients with the limited number of trained community nurses. However, all patients receiving oral chemotherapy are now given structured information and ongoing support. Each patient meets with a specialist nurse at the beginning of each new cycle of treatment for symptom assessment and guidance on symptom management. In addition all patients will be offered community support in the form of a home visit or telephone support following the commencement of treatment.

4185

ORAL

#### **The development of evidence-based guidelines for a nurse consultation in a breast unit, part 1: the perspectives of breast care nurses**

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**Background:** The objective of this project is to develop evidence-based guidelines for the organisation and content of a nurse consultation in a breast unit. The guidelines are meant for all breast care nurses (BCN) in Belgium and their significant others. 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 through the total clinical pathway of a patient with breast cancer.

**Material and Methods:** The project exists out of five major phases: (1) a literature study of the information- and psychosocial needs of breast cancer patients, (2) a qualitative study with BCN and patients about their experiences of the care, (3) developing the guidelines based on the literature and the results of the qualitative research and evaluating them by an expertgroup, (4) a monocentric implementation of the guidelines in a breast unit and (5) an evaluation of the outcomes based on interventions by the BCN following the new guidelines. Information about the perspectives of BCN about their role supporting a breast cancer patient was collected through five focus group interviews. A phenomenological approach was used. Participants were 30 BCN working 1 to 6 years in a breast unit. Three topics were explored: the role, the position and the competence of a BCN.

**Results:** Two main themes were identified: patient centered roles en organisation centered roles. In the first role themes such as assessing physical and psychosocial status of the patient, providing information, providing psychosocial support and being their for the family are explored. Having an important role as BCN in the total organisation of a breast unit was translated in themes as coordinating the entire care and acting as an important player in the multidisciplinary team.

**Conclusions:** In Belgium, the role of a BCN is not informed or implemented by evidence-based guidelines and there isn't a national education program for these specific (rather new) nurse roles. By this project the guidelines must provide information and support for the BCN how to organize a specialised nurse consultation at each important phase in the total clinical pathway of a patient with breast cancer. The guidelines will be flexible and acceptable for implementation in all breast units in Belgium.

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ORAL

#### **Development of a sexual rehabilitation service for cancer patients**

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**Background:** Approximately 35–50% of cancer survivors suffer a sexual dysfunction as a consequence of their treatment. Psychosexual therapy has been found to be of potential benefit to a majority of patients and can encourage adjustment and facilitate optimal sexual functioning even when all medical treatment options have been exhausted. Unfortunately, professionals rarely initiate discussions about sexuality and sexual rehabilitation is not provided in most oncology settings.

A pilot-funded sexual rehabilitation service for cancer patients was set up to assess acceptability, uptake and outcomes.

**Materials & Methods:** A descriptive statistical analysis of referral patterns and length and types of interventions required is presented. Patient

surveys were conducted to assess outcome and user views regarding the importance of and satisfaction with the service.

Semi-structured interviews were conducted with potential referrers to determine factors influencing their ability to make referrals into the service. **Results:** A total of 264 sessions were offered. Results confirm earlier suggestions that many patients respond to information and specific suggestions without need for specialist (tier 4) intervention. Results also confirm that 70% of patients respond to short to medium term interventions. Clinically significant improvements in sexual and relationship functioning are reported. Receiving information about how cancer impacts on sexual functioning and being offered a service to address these difficulties is seen as very important by service users. Satisfaction with the service is high. Staff members vary in their degree of confidence and willingness to raise sexual topics with patients. Other barriers to making referrals are also identified.

**Conclusions:** Recommendations are made for the development of future services. An intradisciplinary team approach with dedicated time from professionals with medical/nursing, psychological and sex therapy expertise is recommended to take on complex cases and support professionals in the rest of the cancer service.

## Poster presentations

### Advanced nursing roles

4200

POSTER

#### Creating an oncology nurse cooperative research group: the GIRC experience

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**Background:** Recent literature confirms the emergence of models for conducting nursing research within cancer cooperative groups (CCGs) and clinical research networks. The purpose of this presentation is to describe an innovative cooperative oncology nursing research group developed by Italian clinical research nurses (CRNs).

**Materials and Methods:** CRNs working in clinical trials across the spectrum of hematology-oncology adult and pediatric settings joined to form a cooperative oncology nursing research network (GIRC), with overall aim of promoting nursing research. Through brainstorming, review of literature and review of ongoing and proposed CCG protocols three initial objectives were established: to identify a model for promoting, developing, conducting multicentered nursing research; to identify research priorities of the GIRC group; and to select feasible projects for early implementation.

**Results:** A trans-cooperative group structure was chosen as the collaborative model, permitting CRN collaboration and networking within/across CCGs. Advantages include sharing resources/expertise across groups, development of intra/inter-group studies, using existing research infrastructures for multicentered-multidisciplinary studies, creating nursing-led research infrastructures. Starting with Multicentered Italian Trials in Ovarian Cancer (MITO) group, CCG buy-in is being obtained. GIRC studies are led by steering committees(SC), with primary or secondary GIRC identification. Several themes emerged in the analysis of research priorities: evaluating symptom burden of different treatments and impact on global distress/QOL indicators; symptom clusters along the continuum of disease; prediagnostic symptom patterns and patient/clinician responses; quality of information given to patients in clinical trials. Two multicentered studies are underway: GIRC-01: Quality of informed consent (data collection complete); GIRC-02: Pathway to diagnosis of ovarian cancer: an exploratory study (in progress). Ongoing studies of CRN role are: GIRC-05: CRNs exemplars of expert practice (ongoing), GIRC-06: Clinical trials and Italian oncology nurses: a learning needs analysis (SC).

**Conclusions:** The trans-cooperative group model is a feasible way to share resources, promote a culture of research, and to plan/conduct multicentered nursing research.

4201

POSTER

#### Pilot study to compare the effectiveness of assessment by a consultant cancer nurse compared to consultant oncologist for patients receiving chemotherapy in terms of toxicities experienced

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As a consultant cancer nurse the author provides a nurse led service including review of patients receiving chemotherapy and needed to assess her practice in terms of effectiveness, rather than just from the patient perspective, as most other evidence looks at patient satisfaction and does not discuss patient safety. Also consultant nurses are an example of the development of nursing roles and the blurring of professional boundaries in the Health Service in the United Kingdom, as well as there often being comparisons made between consultant nurses and consultants.

The study utilised a qualitative design using a triangulation of interviews and transcripts. The patient group were adjuvant breast cancer patients who are received chemotherapy in the outpatient setting. The patients were selected so half were reviewed by the consultant oncologist and half by the consultant cancer nurse.

Analysis involved cross over analysis by both the consultant oncologist and the consultant cancer nurse who reviewed initial information provided by the patient prior to their consultation, the transcripts of the consultation and medical notes to determine if their management was appropriate and effective.

Results of the study demonstrated that the consultant cancer nurse review was as effective as that provided by the consultant oncologist in terms of detecting side effects, offering management strategies and monitoring outcomes of previous interventions.

The conclusion of the study was that patient care was not compromised by them being reviewed by the consultant cancer nurse.

4202

POSTER

#### Developing competencies for advanced nurse practitioners within a breast unit

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**Background:** Breast units face challenges in terms of rising numbers of new referrals. The Cancer Reform Strategy (Department of Health, 2007) states that by the end of 2009 all patients with symptomatic breast disease referred to a clinic should be assessed within a two week time frame. In June 2008 an "Advanced Nurse Practitioner" role was introduced to the breast unit of a London teaching hospital. The post holders are expected to formulate clinical decisions and complex management plans in the diagnosis and treatment of benign breast disease and suspected cancer cases. As this was a new role it was important to consider what training, education and competency was expected within the role.

**Materials and Methods:** A literature review was undertaken relating to advanced practice nursing, education, training and competence. Other units where the role was established were contacted and asked about training and competency parameters. This highlighted that there is no national consensus relating to training and competency assessment.

**Results:** A document: "Practice guidelines for the Advanced Nurse Practitioner role" was produced. This defines the value and potential of the Advanced Nurse Practitioner in Breast care (ANPB) and describes the educational development of the role. The following information is incorporated:

- Supportive information:
- Guidelines for nurses practising within diagnostic clinics
- Competency and assessment form for assessment, diagnosis and discharge within diagnostic clinics
- Breast radiology requests from ANPB
- Clinical protocols for breast diagnostic clinics

The hospital breast multi disciplinary team (MDT) requires a new ANPB to undertake 400 supervised patient assessments checked for concordance and an experienced ANPB to undergo a month of supervised practice. The "Competency and assessment form for assessment, diagnosis and discharge within One-Stop Breast Clinics" is then completed and signed before the practitioner can function autonomously. Once approved as competent, ANPB's work within breast unit guidelines. The named lead Consultant Surgeon remains responsible for overall clinic activity and outcomes. This robust approach ensures Guys and St Thomas NHS Foundation Trust indemnifies the ANPB role within its' governance frameworks.

**Conclusion:** The competencies and guidelines enable nurses to develop and use their expert skills to improve patient outcomes within a robust framework. The role of the Advanced Nurse Practitioner provides a unique