

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.

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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.

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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

opportunity to establish a key collaborative relationship in the delivery of health care.

4203

POSTER

Informed participation in randomized clinical trials for cancer patients; perspectives from a research nurse

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Background: Research nurses have several responsibilities for cancer patients who receive treatment within the conduct of trials. In general, they inform patients about the standard therapy, provide information about treatment in a research trial and address the issue of participation in a trial. An important question is how participation of these patients in research trials can be improved. What kind of information does a cancer patient need to make an accurate decision? And what substantial role do research nurses have in the process of decision-making?

Clinical relevance: An educational programme for consent administrators may help to reduce disparities in research participation by improving communication between research staff and potential participants.

Materials and Methods: Literature search (Pubmed, cochrane, psychlit) with the following strategy between 2000 – present, gave the following hits: information-cancer-trials-communication-nurse research nurse-information-clinical trials-cancer patients-recruitment cancer patients-trials-understanding-research nurse The reference list of the selected publications will be searched for further relevant literature.

Results: For accurate decision making patients need essential information about the various treatment options, which should refer to the patients education level and knowledge. The suggesting was made that patients with better knowledge (e.g. higher education) to randomized trials had a more favourable attitude towards participation in randomized clinical trials. Audiovisual methods can be considered as intervention to inform patients before they give their consent. This method also appeared to reduce anxiety and improved patients knowledge and understanding. Give a patient reasonable time for giving their consent.

Conclusion: The current process for informed consent for research is not standardized and inadequate. Researchers are urged to consider a formal training programme for members of their research teams who will be obtaining participants' consent.

Sufficient time and attention for patients needs are indispensable for good decision making. The research nurse has additional value and is more equipped to inform patients for participating in trials. The research nurse is more approachable and can obtain the confidence of patients.

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POSTER

The development of a European breast care nursing post basic curriculum

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Background: This project was initiated and funded by EONS in response to a need for European guidelines on the training of specialized health professionals dealing with cancer and for nurses working with people affected by breast cancer. Using the EONS Cancer Nursing curriculum as a basis a curriculum was developed for training nurses to care for women with breast cancer.

Materials and Methods: An expert panel of six senior breast care nurses from throughout Europe was convened. A literature search was conducted and members of the panel provided a broad range of literature, policy documents and curricula from throughout Europe. These were reviewed and distilled into a curriculum which could be applied across Europe. Literature from the rest of the world was used where appropriate and compatible with European breast care nursing, particularly curriculum development work from Australia. The expert panel met to discuss the curriculum and core underlying values. The issues discussed and agreed upon were: the role of the breast care nurse, levels of practice, role titles, aims of the curriculum and length and structure of the required curriculum. The curriculum was written and developed in English. Each member country needs to utilise this document as a basis for preparing education in their own language, adapting the curriculum to be culturally and linguistically appropriate locally.

As the provision of and access to nursing education throughout Europe is highly variable it was decided to prepare a curriculum for nurses working at a post-basic level. Further work is recommended to design curricula for nurses working at an advanced level.

Results: A curriculum was developed at diploma/degree level to provide 4 European Credits (ECT), comprising 40 hours of contact time and 80 hours private study and clinical practice. The curriculum has been prepared as a set of practice based competencies and learning outcomes. A nursing model was utilised to draw up the indicative content, which takes the experience of the patient as the starting point and framework.

Conclusions: This curriculum is a welcome step in improving and standardising the nursing care of people with breast cancer throughout Europe. The curriculum may also be used as a benchmark for training breast care nurses against which educational institutions and programmes can be measured.

4205

POSTER

Suffering – difficult to define but recognisable

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Background: Suffering is the individual's response to circumstances that befall them and are perceived to have a negative impact. Nurses aim to help patients integrate suffering into their lives, which requires a deep understanding of the patient. Arguably, what suffering means to palliative care nurses will determine the focus and practical aspects of their care.

Method: The study was guided by the ideas of hermeneutic phenomenology. Thirty one palliative care clinical nurse specialists working in south and mid Wales were interviewed to determine their understanding of suffering. Interviews enabled the exploration of their experiences and views. The data was analysed using the principles of phenomenological interpretation.

Findings: The palliative care nurse specialists had difficulty articulating the concept of suffering but their descriptions, often using clinical scenarios, mirrored the literature. Their understanding of suffering influenced their care management.

Conclusion: Education about suffering may enable palliative care nurses develop skills and knowledge in the care of patients who are suffering and help in identification of suffering in practice.

4206

POSTER

Can we talk about sex at the Radiotherapy unit?

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Background: Cancer and radiotherapy (RT) often changes quality of life for patients. Symptoms of dry mucous membranes, diarrhea, pain and fatigue can affect sexuality negatively. Regardless of the target area, body image and self-image could change and cause sexual problems. Staff members often express that they have little or no experience of raising issues on sexuality in a natural way and that there are no guidelines to follow. The staff of the Radiotherapy Unit (RTU), Karolinska University Hospital has taken the initiative to deal with the difficulty of talking to patients about sexual problems in connection with RT. We have since a couple of years, nurse-led an out-patient clinic for men and mainly patients with prostate cancer. There is no equivalent for female patients.

Aim: To improve the nurses and nurse assistants' knowledge and skill to assess and support cancer patients regarding sexual issues related to RT and cancer disease.

Methods: Workshops for all staff at RTU including students.

The project is implemented as a quality improvement project, with a number of activities. Three lunch seminars for all nurses in the RTU have been held during the winter/spring 2009. Discussion in relation to the cases resulted in a plan for implementation of new guidelines based on the PLISSIT model [1], including tools for improved communication. Cases (patient-nurse) with several possible scenarios, group work and discussions are tested tools to improve communication skills.

This is an on going project and it will be evaluated in a follow-up workshop and by using a questionnaire to all participants.

The results will be analysed in the autumn 2009.

The poster will present the different approaches and the content of the guidelines.

References

- [1] Annon, J. (1976). *The PLISSIT model: A proposed conceptual scheme for behavioral treatment of sexual problems*, Journal of Sex Education Therapy.