

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

J. Bryce¹, G. Catania², M. Falanga³, L. Callegaro⁴, S. Liptrott⁵, I. Feroce⁶, A. Colussi⁷, D. Grosso⁸, M. Connola⁹. ¹National Cancer Institute, Clinical Trials Unit, Napoli, Italy; ²National Cancer Institute, Clinical Research, Genova, Italy; ³S.G. Moscati Hospital, Oncology, Avellino, Italy; ⁴Hospital San Raffaele, Oncology, Milano, Italy; ⁵European Institute of Oncology, Hematology, Milano, Italy; ⁶European Institute of Oncology, Genetics, Milano, Italy; ⁷National Cancer Institute, Medical Oncology, Aviano, Italy; ⁸Veneto Cancer Institute, Medical Oncology, Padova, Italy; ⁹National Cancer Institute, Surgical Oncology, Napoli, Italy

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

H. Roe¹. ¹North Cumbria University Hospitals NHS Trust, Department of Clinical Oncology, Carlisle, United Kingdom

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

A. McLoughlin¹, A. Shewbridge¹, R. Owers¹. ¹Guys and St Thomas NHS Foundation trust, Oncology and Haematology Directorate, London, United Kingdom

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