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POSTER

**Advanced nursing role to improve care among breast cancer patients**

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**Background:** Breast cancer is a devastating disease for women as it impacts on their intimate, familial, social life. We study the specificities of breast cancer nurse interventions related to demands of support, information and coordination.

**Material and Methods:** More than 300 patients are treated every year in our institution. From 2006 January to 2008 December, the specialist nurse has reported demands of patients and professionals:

1. Patients' needs related to support, information and coordination of care were collected from consultations with her and from their phone calls on using working days help line
2. Demands of breast cancer specialists and general practitioners related to information and coordination for specific patients were collected from their phone calls.

**Results:** The specialist nurse received 679 phone calls respectively 71.5% from patients and 28.5% from professionals. Data are presented in the following table.

Table 1: Evolution of number of patients and professionals demands

	Patients consultations	Patients calls	Professionals calls
2006	93	45	32
2007	210	200	40
2008	245	240	122

- Seventy percent (70%) of women asked for information about exams and treatments by phone and in nurse consultation.
- Forty percent (40%) of women asked for support after announce of diagnosis. The specialist nurse proposed consultations, 2 to 4 consultations were necessary for women to express emotional distress or psychosocial problem. With this specialised nursing support less than 15% of patients were referred to the psycho-oncologist setting.
- Forty percent (40%) of professionals asked support for patients and 60% for information and coordination of care.

**Conclusion:** The interventions of the specialist nurse have improved coordination and quality of care.

The increase of professionals' demands showed that it was necessary that a nurse assures continuity of information between hospital and extra-hospital structures.

The breast cancer nurse empowers patients and helps them to get well by providing support to fulfil specific needs.

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**Development and implementation of national extravasation guideline**

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**Background:** Recognition of the need for collaboration off all health care professionals is one of the major challenges of cancer nursing in Slovenia. Due to increasing incidence of patients with cancer it is not possible any more to offer integrated cancer care to all patients at the only oncology centre in Slovenia, Institute of Oncology Ljubljana (IOL). That is why integrated cancer care for some cancer treatments is moving to oncology wards in secondary hospitals that are rapidly developing and that will be able to offer quality integrated cancer care. During this process, the need of national standards and guidelines as the indicators of quality and effectiveness of cancer care became evident. Namely, analysis of current practice has shown that patients were cared for differently in different institutions for the same treatments and procedures. As the same applies to the area of cancer nursing, development of national guidelines for uniform and integrated cancer nursing in Slovenia are also needed.

**Material and Methods:** Division of nursing at the IOL in collaboration with Oncology Nursing Section started a project to uniform cancer nursing for patients on systemic treatment. The basis for the project was first research on systemic treatment and care in Slovenia from 1998. In 2007 and 2008 the research was repeated and results were compared. In the repeated research participated 185 nurses from all institutions in Slovenia that offer cancer care to patients. The results showed the need of national standards and guidelines in the area of extravasations, administration of systemic treatments, and nursing documentation. All this areas developed into separate projects.

**Results:** In the area of extravasations the research showed that majority of institutions used internal guideline of IOL or did not use any guidelines. The

research also showed that internal guideline of the IOL needed revision and incorporation of EONS extravasations guidelines. As a result of presented findings a working group with representatives from all institutions that treat patients with cancer was formed, and national extravasations guidelines were developed.

**Conclusions:** Contemporary cancer care demands uniformed and integrated patient care. In the field of extravasations we answered to this demand by the development and implementation of national guidelines. The next aim of presented project is establishment of national registry for extravasations which would enable us to research this area that still lacks evidence.

**Poster presentations****Assessment and measurement in cancer care**

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**Simulation-based education for oncology nurses – interactive workshop**

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**Background:** Oncology nurses deal with variety of ethical dilemmas, professional conflicts and biopsychosocial issues of their patients on a daily bases. Coping with intense situations (such as death and grief, medical mistakes, violence etc.) can lead to stress and emotional load. Simulation based medical education can contribute considerably to improving nursing care and coping skills by boosting nurse's performance and enhancing 'patient-nurse' communication.

**Material & Method:** Twenty four oncology nurses from the hemato-oncology department participated in a unique interactive workshop with cooperation of the Israeli Center for Medical Simulation (MSR). In this workshop nurses were pro-actively exposed to challenging clinical and humanistic encounters which trained them to use practical and feasible tools in order to improve communication skills, quality of care and teamwork.

Nurse's needs were mapped through survey prior and after the workshop. Questions were based on personal needs and ethical approach regarding those issues.

Workshop was based on experiential learning. Nurses were asked to deal with extreme situations at a virtual oncology department, in front of a live simulated patient played by professional actors who were trained especially for this workshop. Oncology nurses participated in scenes such as dying patient, newly diagnosed patient, and dealing with medical mistakes, violent patient, braking bad news and more. All scenes, 10 minute each, where audio-visually documented and simultaneously watched live through a one-way glass. Later, through a reflective learning, scenes where analyzed in an open moderator-based discussion and feedback, lead by investigators who where trained by organizational psychologist.

The audio-visual records were analyzed 1, 3 and 6 months after the workshop.

**Results & Conclusions:** Outcomes showed improvement in nurses' coping strategic and performance repertoire. Nurses reported workshop powerfully improved their communication skills and reduced their emotional load associated with their work as oncology nurses.

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**Determinants of patient satisfaction in ambulatory oncology: a prospective study based on the EORTC OUT-PATSAT35 questionnaire**

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Assessment of patient satisfaction has been recognised as a key indicator of hospital care quality monitoring. In the oncology setting, survival has been only marginally improved in many tumour types; therefore there has been an emphasis in evaluating outcomes of treatments in terms of quality of life and patient satisfaction. The aim of our study was to investigate associations between socio-demographic, clinical characteristics, quality of life and satisfaction with care in cancer out-patients.

Patients undergoing ambulatory chemotherapy or radiotherapy in 2 centers in France were invited, at the beginning of the treatment, to complete the OUT-PATSAT35 questionnaire, including 35 item organized into 13 scales, evaluating perception of doctors, nurses or technologists, as well as aspects of care organization and services. All measures range from 0 to 100, a higher score reflecting a higher level of satisfaction. Additionally, for each patient, data were collected on socio-demographic, clinical characteristics and quality of life (EORTC QLQ-C30).