6. Nurses’ limited understanding of different cultures
7. Recruitment system and lack of facilities to accommodate minority ethnic patients.

Patients’ and nurses’ suggestions for strategies to improve recruitment of minority ethnic groups to cancer research were grouped into four themes:

1. Improve communication between patients and nurses
2. Improve patients’ understanding of cancer and research
3. Improve nurses’ understanding of different cultures
4. Improve recruitment system and facilities.

Conclusion: Factors related to patients, nurses, and services were identified as barriers to research participation and recruitment. Recommendations include providing cultural awareness training for nurses, and more time and space for nurses to establish trust with patients and their families, more effective interpreter services, translated materials, patients’ education, and support for patients to share cancer experience with others.

4236 POSTER

Developing information for patients – working together

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Background: Bone marrow (BM) biopsy and aspiration are invasive procedures often performed in haematoncology patients (pts). Our outpatient team was aware of the complexity of the pathway for pts undergoing the procedure, in terms of administration, personal preparation, what to expect, potential complications and support available. The team wanted to know pts views of the information received about the procedure and ways it could be improved.

Material and Methods: A questionnaire was given to 20 pts either undergoing or having undergone the procedure. It looked at verbal information currently provided regarding the procedures. Results were analyzed; a thorough literature and peer review was undertaken and an information booklet was produced. This was evaluated by another group of 20 pts assessing its utility and suggestions for further improvements.

Results: In the initial questionnaire assessing information needs, 60% pts didn’t feel adequately informed about risks/complications of the procedure. Over half (55%) said they were informed about the consequences of not undergoing the procedure and its use in the future management of their condition (65%). 13 pts weren’t adequately informed about alternative options. 11 pts said they were aware of the general nature of the procedure, and 10 pts were aware of the technical detail of the procedure. 11 pts (69%) said they preferred written information to compliment the verbal information provided. On this basis, an 8-page booklet was devised to cover the procedure and the aspects highlighted in the initial questionnaire. We evaluated perceptions of 20 pts of the booklet. All 20 respondents had read the booklet. Overall feedback was positive. All respondents reported that the booklet was the correct length, easy to read, and the majority said the print size was correct (95%, n = 19). 90% (n = 18) said they felt all arguments had been covered. 2 pts suggested that hematoma and bleeding should have been covered and it was unclear whether they would be ‘unwell’.

Conclusion: We worked with patients to identify their information needs regarding an invasive procedure. From the analysis of the questionnaires in the first stage, we developed a booklet that was successfully implemented and we observed a very positive feedback. Further areas such as pain and detail regarding potential for bleeding need to be developed. This method of developing patient information could be applied to other clinical areas and procedures.

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Development and daily use of a nurses electronic diary form, for hospitalized patients

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Background: Since June 2000 we have developed and adopted in our Department an Electronic Oncological Patient Record (EOPR), for the total management of cancer patients (Ann. Oncol; 20, 2, 2009). The electronic management of hospitalized patients however, represents a great informatics challenge, because of the multiple hospital days, the number of laboratory and instrumental test, the management of evolving clinical conditions and corresponding therapies, the various professionals involved, who even change on duties.

Material and Methods: We have developed a specific nurses diary form for hospitalized patients, based on a users centred design. Once developed, the prototype was long refined by a small task group, through a continuous interactive-iterative feedback process, to optimize the system architecture and users interface. An educational session was than provided to all users, to clarify structure and functions, followed by a training of new activities in small groups.

Results: The nurses diary form was strictly integrated with the doctors diaries and the unified therapy form, where any single patient prescription and timing of drug administration are reported, and the name of prescribing doctors and administrating nurses are traced. Moreover, a synthetic and updated summary of the patient course was provided, with significant clinical events, relevant tests, decisions and therapies, automatically extracted from the detailed forms. This summary resulted particularly useful for the équipe duty reports and for home prescriptions and recommendations, at patient discharge. After 2 months of daily use, a specific questionnaire administered to the majority of nurses, revealed high levels of nurses satisfaction (10/15) and the new informatics tool was considered complete (14/15), facilitating data retrieval (13/15) and well integrated in the EOPR (13/15), but at the cost of additional work 13/15.

Conclusions: An electronic nurses diary form, may be successfully developed for hospitalized patients and integrated in an EOPR. Its acceptance by the équipe however, largely depends by the users-centred design, the proper education and the training provided.

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Caregivers’ needs in oncology: information, information, information!

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Background: Cancer is not only an individual problem, but it affects the entire family, in particular the patient’s caregivers. Involvement of family caregivers is essential for optimal treatment of cancer patients in ensuring treatment compliance, continuity of care, and social support.

Based upon scientific research, the present study is aimed at focusing attention to caregivers trying to provide an understanding their unmet needs, in order to plan interventions for providing them support.

Patients and Methods: In the first step of the study a survey focusing on the main needs was designed.

Among the others, the explored needs were: medical and nursing information, psycological support, social welfare. The items also investigated the details of the caregiver (age, sex, degree of kinship, knowledge of the type and stage of cancer of the patient . . .). The surveys were distributed to the caregivers of all the consecutive cancer patients coming in one specified week to the Day Hospital of all the four Dept of Oncology (Ancona, Fabriano, Jesi, Senigallia) in our Province. At the same time, the medical oncologist completed a questionnaire reporting the personal and clinical information of the patient.

Results: 137 caregivers answered to the survey. Median age of the patients was 65 years (range 30−87), while median age of the caregivers was 59 years (range 21−78), M/F ratio was 71/66 for the patients and 46/91 for the caregivers. In 64% of cases, the partner was the accompanying person.

Among the medical needs, the most reported was having a medical and nursing assistance during the nights and the weekends. The need of having anly one referential medical oncologist was also reported as important.

Among all the explored needs, the most reported was receiving a human, correct, simple and full information regarding the disease, the therapeutic options (in particular in the place of residence) and prognosis.

Conclusions: The present study showed that the need of an exhaustive and simple information is still unmet in the internet age. On the basis of this results, we decided to improve the information given to the patients with an ongoing project which includes a web site as well as booklets dedicated to the patients living in our region and periodical meetings with the patients and their caregivers.