

WEDNESDAY 24 OCTOBER 2001

*Care delivery – from prevention to palliation***Teaching Lecture**

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Between Sickness and Health? Nursing challenges in prevention and screening

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The nursing focus in cancer care is often on optimizing well-being for sick individuals and families, which takes different forms in different phases of disease and treatment. For nurses working with cancer prevention and screening, other issues can be relevant. Preventive efforts may, for example, either be directed toward individuals or toward populations; they can involve different levels of prevention, i.e. health promotion or early detection; and numerous ethical issues may arise. Secondary preventive interventions, such as mammography or cervical screening, use medical technologies to make visible, bodily processes that are usually invisible. Such advances in medical technology both help detect disease earlier, as well as 'diagnose' some individuals as being 'at risk' for various diseases in the future. Such aspects of preventive services mean that the relationships between disease prevention in a population and well-being on an individual or familial level are not always clear cut.

In this teaching lecture, basic concepts in prevention and screening will be addressed, with special focus on aspects of relevance for nursing. Issues related primarily to cervical screening and onco-genetics will be used to illustrate and to problematize new questions which nurses need to address when providing preventive care.

Proffered Papers**Empowered by information and knowledge**

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ORAL

Sun-related behaviours among young adults with hereditary risk for melanoma

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Individuals with dysplastic nevus syndrome (DNS) compose a high-risk group for developing malignant melanoma. In 1987, a pigmented lesion clinic (DNS-clinic) was established, providing regular skin examinations and information concerning risk factors and preventive measures to DNS-patients. The aims of the present study were to examine sun-related behaviours over time and to present data on attitudes towards sunbathing and sun-protection among young patients with DNS in the Stockholm County.

Methods: In 1997, ten consecutive patients were interviewed about attitudes to sunbathing and sun-protection. Questionnaires on sun-related behaviours were sent on three occasions (May 1997, September 1997 and 1998) to all (n = 87) patients with DNS aged 18–30 years, who had visited the DNS-clinic at least twice during the last two years.

Results: Data from focused interviews and structured questionnaires displayed extensive UV-exposure behaviours in this high-risk group. About one third reported sunbathing "Often" or "Very often", in spite of a decrease in sunbathing over time. In addition 35% reported current sunbed use. The most important reason for sunbathing was to be "good looking". The most important reason to refrain from sunbathing was the risk of getting skin cancer. In spite of this and of the facts that these individuals had hereditary increased risk for melanoma, the majority estimated their own risk for melanoma as lower or equal as compared to the general population.

Conclusion: UV-exposure appears to be extensive in this high-risk group. The individual perception of personal risk and the motivation to change behaviours are factors important to consider when designing prevention programmes.

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ORAL

Lump detection in older women performing breast self examination

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Purpose: Although breast self examination (BSE) remains a recommended strategy for detecting early breast cancer in the high risk population of older women, little is known regarding lump detection skills in this group. The purpose of this study was to determine if women over sixty years of age with high and low lump detection skills differed on variables of demographic and breast health characteristics, knowledge about breast cancer or BSE skills.

Methods: The sample consisted of 334 women aged 60 years or older who were recruited from community-based urban settings in the Northeast and Southeast USA to participate in a large intervention study. The typical subject was black (80%), seventy-one years old (M= 71.7 years), educated at the 10th grade level (M= 10.8 years formal education completed) with an annual income below \$10,000 (56%). Subjects were sorted into high or low lump detection groups using number of lumps detected in a simulation model during a baseline demonstration of BSE skills.

Results: The purpose was achieved through descriptive statistics, t tests and chi square analysis. Dependent variables were prior breast health practices, general health and physical functioning, preexisting conditions, knowledge about breast health and discreet BSE skills. Significant factors associated with lump detection success were variables related to education (p=>.001), income (p=>.000), prior BSE education (p>.000) and eight of ten BSE performance skills (p=>.000). Variables not significantly related to lump detection success were age, race, preexisting conditions of arthritis or diabetes, general health status, physical functioning, and knowledge about breast cancer.

Conclusion: Study results identify factors significantly impacting on success in breast lump detection for elder populations. Strategies for educational interventions of nurse practitioners teaching BSE to older women are proposed.

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ORAL

The development of a nursing educational programme resulting in the introduction of community based PICC line care

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Introduction: This abstract describes the introduction of a nursing education package which allowed the development of community care for patients with lines (Peripherally Inserted Central Catheters). Our Chemotherapy Unit offers a PICC line service for patients requiring continuous infusion chemotherapy and for those with poor venous access. However, because of the geographical distribution of our patients many had to travel long distances for their routine line care, a procedure which takes only 10 - 15 minutes. The author proposed that nurses in the Community became involved in the care and maintenance of PICC lines so that patients could avoid this arduous and stressful journey.

Methods: A teaching package was designed to teach the hospital and community staff how to confidently undertake line assessment and dressing change. Each teaching session was between 1 hour and 1 hour 30 minutes in length and included the theory and practice of caring for a patient with a PICC line. The community nurses were invited to attend the sessions at our Unit. Teaching also took place within the community to ensure all staff within the district had the opportunity to learn. The teaching sessions were complemented with a poster containing 8 colour photographs illustrating a clear and concise step-by-step guide on how to correctly change a dressing in accordance to local policy. This has been a useful teaching aid and is available to all nurses in full size for wards and in A4 handouts for individual use and reference. All relevant documentation including discharge checklists and nursing referrals were included in this initiative.

Results: 91 patients have attended the Unit for a PICC line in the last 12 months, an average of 7.5 patients a month. The educational programme was introduced one year ago and is still ongoing. Following its introduction 80% of these patients are now having their lines cared for in the community setting. 36 District Nurses and hospital-based nurses have attended the teaching sessions and are now practicing this procedure competently. Patients now have the choice whether community or hospital-based nurses care for their line.

Conclusion: The introduction of our educational has resulted in the development of community care for patients with PICC lines, so avoiding the need for long journeys to hospital and improving their quality of life.

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ORAL

Continuous parenteral infusion of chemotherapy or anti viral agents in the home environment. A feasible and cost effective alternative to hospitalisation

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Purpose: Medico economic considerations together with the lack of a national network for domiciliary care, led us to reconsider cost effective alternatives to hospitalisation for oncohaematology patients with out compromising continuity, security and overall quality of care. A structured collaboration between the unit and freelance domiciliary nurses has evolved, enabling the continuous infusion treatment of chemotherapy in myeloma patients, or anti viral agents in post transplantation patients, in the home environment

Method: In 2000 a collaboration was initiated between the hospital onco-haematology unit and free lance domiciliary nurses working in the suburbs of Paris and surrounding provinces.

The different actors and their roles in this collaboration were:

- (1) The onco-haematology medical and nursing unit: Writing of procedures, protocols, treatment plans: Selection criteria for suitable patients, telephone follow up of patients.
- (2) Freelance domiciliary nurse: Collaboration in patient care planification/protocols
- (3) Home Care Support Services: Provision of material, ambulatory pumps, supervision of nurse training in manipulation of material.
- (4) Hospital Ambulatory Day unit/Emergency Dept: Indirectly concerned: Provision of 24 h medical and nursing back up in the event of problems.
- (5) Hospital pharmacy: Suitability, stability of agents for continuous infusion, type of material

(6) Local Town pharmacy: Supply of prescribed agents.

(7) Local laboratory for blood analyses

Day 1 of the first treatment course is administered in hospital and the domiciliary nurse comes in to meet the patient and the unit medical and nursing team. The patient nursing/medical file and treatment care plan is common to all participants, thus facilitating access to information between the different members of the team.

Results: After a feasibility study of 1 year, 20 myeloma have received at least 3 chemotherapy courses at home. Nurses have performed over 300 treatments without significant incidents or accidents. An evaluation of patients' and nurses' satisfaction is now underway.

Perspectives/Conclusion: The continuous infusion of chemotherapy or anti-viral agents in the home by freelance domiciliary nurses is a feasible alternative to hospitalisation when implemented within a clearly defined infrastructure and with a 24 h medical and nursing support service. We envisage extending our collaboration to include the follow up of: patients in aplasia after chemotherapy for peripheral stem cell mobilisation: biological and clinical follow up post autologous transplantation (Day 1 to 5) after stem cell perfusion + Molphalan: parenteral nutrition from Day 16 onwards if necessary: protocols will also be established to improve pain control in the home environment.

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ORAL

An information and communication booklet for patients with cancer

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Purpose: Patients diagnosed with cancer are confronted with complex and radical treatment regimes. The amount of information on proceedings and side effect of treatment is often too much for them to comprehend. To support the information given by specialists and nurses there is a lot of written information available. However this is too general for the individual patient. This and the fact that the general practitioner is often badly (and/or too late) informed about the ongoing treatment causes much unnecessary stress for the patient and his family.

As a solution for patients receiving chemotherapy, the Comprehensive Cancer Centre Amsterdam introduced a chemotherapy treatment booklet for patients and his significant other and the Comprehensive Cancer Centre Twente introduced chemotherapy cards for the general practitioner. Both these products were implemented in 9 of the 11 hospitals in the region of the Comprehensive Cancer Centre West. The question remained how to optimize the information for all those patients not receiving chemotherapy.

Method: Thus in 1998 a project was started to develop an information and communication booklet for all the treatment modalities for cancer. The aim being that patients are better informed and the communication between the caregivers is optimized, as also the communication between the caregivers and the patient. The communication section of the chemotherapy booklet had been positively evaluated and was used as a basis. The projectgroup studied all written patient information and consequently developed information booklets for patients receiving, radiotherapy and/or hormone therapy, for cancer patients with pain, patients searching for complementary therapies and patients diagnosed with breast cancer. Four hospitals were selected for a pilot study. After an introduction the different hospitals started giving out the information booklet during 6 months to all new cancer patients. The specialist was asked to give out the booklet with a short explanation on how it was to be used and consequently these patients were seen by an oncology nurse (specialist) who added the information section of the specific treatment modality to the booklet. The patients were instructed to bring the booklet to each appointment they had with their specialist, oncology nurse or general practitioner etc. and to ask these caregivers to write down the information given during the consultation in the booklet.

Results and Conclusion: All caregivers involved in the pilot will receive a questionnaire in april. 25 Patients per booklet per hospital will also receive a questionnaire. The results of this evaluation will be presented.