

Given the prevalence and impact of cancer-related fatigue, there have been remarkably few studies of the phenomenon. Its epidemiology has been poorly defined, and the variety of clinical presentations remains anecdotal. The existence of discrete fatigue syndromes linked with predisposing factors of potential etiologies has not been confirmed, and clinical trials to evaluate putative therapies for specific types of cancer-related fatigue are almost entirely lacking.

It is important to begin to characterize the phenomenon of cancer-related fatigue and offer guidelines for management.

**Objective:** To determine if the health education from nurses decreases the perception of fatigue in patients with digestive cancer.

**Settings and Subjects of Study:** Patients diagnosed of digestive cancer who are going to take treatment in the Catalan Oncology Institute.

**Design:** Experimental randomised study, lasting two years.

**Variables:** Fatigue level, health education, differences in the treatments, level of patient satisfaction about nurse intervention.

**Intervention:** Individualized and structured health education intervention to the case group. To the two groups we will take note about the treatments they have received which could affect to the fatigue level.

**Analysis:** Statistical, descriptive and analytic study of the acquired information. We will use statistical program SPSS 9.0

Our study tries to give tools to the oncology patient to manage the fatigue through individualized health education, counselling.

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POSTER

### "Woman, cancer and therapies" training experience in planning improved reception of patients in a senology ward with the participation of a cancer patients' association

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The National Cancer Institute of Milan has been developing an information and assistance program for oncology patients, called the Ulysses Project.

This meaningful experience has given us the opportunity to emphasise the importance of the patients, who attended the courses, as an essential resource for evaluation and for gathering ideas in order to improve the services offered by our Institute.

These patients, after receiving information and assistance to help them to cope with their cancer disease, offered suggestions from their own experience on how to improve the relationship between the medical centre, the personnel and the patients. Some of them actively collaborate in training programmes for medical and nursing staff: 8 Workshops were held on 'Communication and the Cancer Patient' in two general hospitals in Lombardy. The patients participated in the final round table and described the attitudes and qualities that communications should have to be effective during the crisis provoked by the disease.

Subsequent to these courses, a training-organisation experiment was organized for the nursing staff of the senology ward at the National Cancer Institute. The Association 'Salute Donna' offered its assistance and actively participated in the work of the 'Woman, Cancer and Therapies' sessions that were held in April, May and June 2000.

Three new projects have been planned in this training setting for the reception of patients in the senology ward:-

1. Extension of the first reception interview to include psychological and emotional aspects as a fundamental aspect of the relationship between the hospitalised patient and the nurse; an information and assistance talk between patient and nurse the night before the operation and a phone call after discharge.

2. Organisation of weekly meeting to give information and general knowledge about the ward for the patients awaiting hospitalisation: this meeting should help to occupy the particularly anxious waiting period for the patients and facilitate their arrival in the ward.

3. Preparation of a booklet with information and instructions, to be given to the patient at the time of hospital reservation.

We think that it is very important and useful to involve patients and their associations in the improvement of the quality of training and assistance in oncology. The project is involving other four oncological wards during this year.

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POSTER

### Cancer patients on the Internet. Who surf? Why and where?

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Personal computers and the Internet have revolutionised access to information (info) including treatment of cancer (c.). More than 50% of Danish households have a PC with Internet and PCs are freely available on our libraries. Still more patients seek info on the Internet – but about what, and why? To get answers we conducted an enquiry in our out-patient clinics, October 2000, using a questionnaire with open and closed questions. Many pts. were reluctant because they did not surf, but 471 patients filled in forms - 179 at FC and 292 at HUH. 163 of these pts. (35%) had sought info on the Internet. Females were more frequent surfers than males: 37% vs. 31%. Above average were pts. with: testicular c. (50%), breast c. (48%), colon c. (44%), and ovarian c. (42%) and below average were: lung c. (32%), head & neck c. (22%), and other gynecologic c. (18%). Younger age groups were above average surfers: 20–29 yrs. of age (59%), 30–39 yrs. (74%), 40–49 yrs. (43%), 50–59 yrs. (43%) and below: 60–69 yrs. (24%), 70–79 yrs. (8%) and 80+ yrs. (10%). What did surfers search? 'Causes of cancer': 72% of the pts. 'Info about therapy': 91% 'Side effects': 81% 'The prognosis': 77% 'Info on alternative (non-authorised) therapy': 59%. Only 40% felt they found what they searched. All surfing pts had visited Danish sites, 46% also foreign web-sites. The most frequently visited sites were those of the Danish Cancer Society (63% of the surfers) and 'Netdoctor' (40%). The Ministry of Health's web-site was only visited by 3% and 4% had visited sites on the other two Danish university hospitals, while nobody had visited our own web-site: [www.skaccd.org](http://www.skaccd.org). Two 'alternative therapy' web-sites had been visited by 6% and 2% of the surfers. Of those surfing abroad, 56% had visited USA, 28% Germany, 9% Sweden, 9% UK, 2% Canada, and 2% Italy. Examples: Medscape, CancerNet, VVT News, Lancet and BMJ.

**Commentary:** The Internet is a source of info but also a challenge to us as nurses and doctors. More than ever it is urgent to be frank and honest about diagnosis, prognosis and options of treatment. Knowledge oblige, so we all have to surf – regularly and systematically. Can we manage? Do we have time?

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POSTER

### I.V. Medication administration in a safe and effective way

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The chemotherapy treatments of haematology patients are becoming more and more intensive, depressing the bone marrow function of the patients to a great extent. The nursing tasks are therefore very much concentrated on the increasing number of medications, among these especially administration of antibiotics. In our ward we often have 50, 60, or 70 medication forms on our medicine board which have to be administered as infusions or injections 1–4 times each day and night.

We found that overviewing the large number of forms was becoming more and more difficult, and so was administering the medicine in a safe and secure way. Besides we needed a simple way to visualize the impact that medication tasks had on our available nursing resources. We therefore developed a system of 'Medication Administration Instruments' to improve on this fact. The instruments concern:

- Drug working form
- Drug instruction
- Drug number documentation

After taking the system into use we see less medication errors, and a much easier and quicker overview of the medication forms. Also that the rapidly increasing number of medications in our ward have been visualized in such a way that more nurses have been added to our ward.

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POSTER

### Information needs of women with a recently diagnosed ovarian cancer

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**Introduction:** A cancer diagnosis is still, more than other diagnoses, strongly associated with feelings like anxiety and agony. This, in com-

bination with more and more advanced and tyering treatments result in many patients feeling helpless. Receiving the correct quantity and kind of information is therefore of extreme importance for these patients. A well adapted and carefully prepared information may be of help to these patients in order to make them understand and accept their situation and treatment.

**Methods:** a consecutive sample of 55 women with recently diagnosed ovarian cancer were asked to participate. The information needs were evaluated by means of a structured interview and were based on the paired comparison approach described by Thurstone. The patient had to rank nine categories of information covering physical, psychological and social aspects of care and treatment. Each information need was compared with every other information need. The preference order for all patients formed a profile of information needs for these patients. Socio demographic variables such as age, education, social status and how much knowledge about disease and treatment they had was also recorded.

**Results:** On the whole, women ranked information about the likelihood of cure, stage and different types of treatment as the priority information need. Information regarding sexual attractiveness was ranked lowest in the profile. There were no differences found in the ranking of the items between the older women >60 years and the total ranking of all women. Women < 60 ranked information about how the treatment might affect their ability to carry out social activities higher and information about caring for themselves at home as less important compared with the whole group. When comparing low- and well educated the result showed that the well educated considered the information about the risk for the children/other family members developing the disease was more important. Conclusion: The result of this study was, not completely surprising, the same as in a number of previous studies of various diagnoses groups. The question about sexual aspects and hereditariness that here was ranked lowest would probably be ranked higher if a longitudinal perspective is used. Information needs is influenced by a number of different factors and its therefore important that its an on going process, which starts when the patient get the diagnosis and continues long after the treatment is finished.

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POSTER

### Chemotherapy information cards for staff administering chemotherapy

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**Purpose:** This paper will examine the use of instigating chemotherapy information cards for staff administering chemotherapy within an oncology setting.

**Background:** It is recognised that there is a need to improve and refresh knowledge when administering chemotherapy within oncology. An initial series of 4 pocket sized A5 cards have been compiled and distributed to all qualified nurses within the centre. These are only aimed at being guidelines, the individual Consultants may differ slightly in their requirements.

**Card 1:** Entitled common regimens; this card includes abbreviations of regimes and details what drugs are involved with each regime. Additional information details what blood tests and tumour markers are required for each regime.

**Card 2:** Provides details of acceptable blood values to allow chemotherapy to commence, pre-chemotherapy tests and glomerular Filtration rate (GFR).

**Card 3:** This card provides information on additional reminders, patient evaluation prior to chemotherapy and advice on chemotherapy prescriptions. This card is aimed at reducing possible errors due to poor prescriptions as it reinforces the message not to proceed until satisfied with a clear prescription.

**Card 4:** The last card in the initial series includes common side effects and the drugs most likely to cause the specific symptoms.

**Conclusion:** By the development and distribution of these pocket sized chemotherapy information cards it is felt that a safer service will be provided. As an example of good practice it will allow nurses to improve their skills with the administration of chemotherapy and inform patients with greater detail on their treatment. The initial 4 cards will be developed to include additions such as, cannulation, vesicants, extravasation, research, line care, oncological emergencies etc. This will be expanded and evaluated over the coming 12 months.

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POSTER

### Attitudes and experiences of helpline staff working with cancer related telephone helplines

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Both qualitative and quantitative research methods have been combined in this research study to gain insight into the attitudes and experiences of a hitherto neglected group of nurses and lay staff, working on cancer related telephone helplines.

Questionnaires were sent to staff working with three telephone helpline services, covering the continuum of pre-diagnosis to palliative care issues (n= 25). The remit of the questionnaires was to gain insight into the attitudes that these helpline staff held toward cancer, and health promotion issues surrounding this. Follow-up telephone interviews with 9 helpline staff from the initial questionnaire sample were conducted to explore the experiences of the sample group and to contextualise the results gained from the questionnaires.

The results from the questionnaire survey show that helpline staff with a personal medical history of cancer held less positive attitudes toward cancer and health promotion than those staff members with no personal diagnosis. Volunteers were also found to be less positive in attitude toward health promotion issues than paid helpline staff. It is speculated that lack of training may influence these groups, as they are less likely to hold professional nursing or health qualifications.

Interviews indicate a population that gains satisfaction from helping others. They also confirm that helpline work fulfils both information giving and emotional support roles for callers. Some difficulties are noted for helpline staff dealing with the emotional workload of their jobs, caused by dealing with distressing calls or distressed callers.

This study recommends that clinical supervision should be mandatory for all helpline operators to help alleviate the burden associated with this. Further research with this population is necessary to discover how attitudes toward cancer and health promotion, and experiences affect actual working practices.

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POSTER

### Medication exam for new staff nurses: a tool for ensuring proper practice

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In order to function as independent members of our staff, new nurses undergo a specialized intensive orientation program aimed at introducing them to the field of oncology. An important part of this program includes the study of chemotherapeutic agents, protocols and unit policies. Before beginning to work independently, new nurses are required to pass a written exam which tests knowledge in these areas.

**Aims:** Our aims in the designing of this exam included: a) testing general knowledge of medications; b) testing knowledge of chemotherapeutic protocols and agents - their uses, potential dangers, and safety precautions; c) testing knowledge of medications used in palliation; d) designating a minimal level of knowledge needed to ensure proper and safe practice.

**Procedure:** A team of three senior nurses worked together to develop an exam to be used in the orientation program of new nurses. A sample was given to the nurse supervisor and head doctor for feedback and suggestions. The staff was used as a testing ground for the exam before it was incorporated into the orientation program of six new nurses. Feedback was requested of both the existing staff and new nurses and the exam revised as needed.

**Results:** The staff nurses who have taken the exam reported that they felt it was a good measure of basic knowledge and agreed it is a necessary part of a good orientation program. The new nurses felt the knowledge of the existence of the exam and desire to work independently motivated study.

**Conclusions:** The medication exam has proven a valuable tool for measuring basic knowledge and motivating learning. It needs to be periodically updated and will continue to be used as an integral part of our orientation process.