

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 hereditability 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.