

1489

POSTER

A multi-professional communication skills programme: challenges and evaluation

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This presentation describes a multi-professional four-day communication skills programme in which participants explore the challenges of communicating with cancer patients and their families.

Effective communication is a vital component of the care of patients with cancer which facilitates patients' adaptation and enhances professional assessment. Despite the availability of a variety of programmes in cancer and palliative care, this aspect of care continues to present major challenges to nurses and other health care professionals. Frequently, professionals report unease and lack confidence when discussing sensitive issues, such as death, dying and sexuality, to this client group. It is acknowledged that health professionals often lack the requisite skills to communicate meaningfully with this patient group and that tangible benefits accrue from training in this area.

Using simulated patients, video feedback and small group discussions; this multi-professional programme seeks to provide a forum that enables participants to acquire confidence and competence in a safe, comfortable and non-threatening environment.

The programme structure presents several organisational challenges in terms of providing a learning experience that addresses the educational needs of participants from a variety of clinical backgrounds and prior educational level.

Initial evaluations suggest that the programme is successful in addressing these challenges and in providing a meaningful and rewarding learning experience.

1490

POSTER

Can your personality affect the way in which you communicate?

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Introduction: The way in which we perceive the world and make judgments has long been shown to impact on the way we communicate with each other. Recent research into nurses personality types has shown that 'sensing' and 'feeling' individuals demonstrate greater warmth, empathy and the ability to relate well to others whilst preferring established routine and factually based information. Whilst ample evidence exists that skills-focussed training can enhance the ability to communicate more effectively with others, the link between personality type and the effectiveness of communication skills training remains largely unexplored. **Aim:** To investigate the link between personality and the effectiveness of a skills-based communication training programme. **Method:** Cancer/palliative care nurses completed the 16PF personality inventory prior to undertaking communication skills training. Audio taped patient assessments were rated across 9 communication areas pre and post training. Pre and post scores on the 9 areas were compared (pair t-tests) and relationships between personality, communication skills and demographic variables investigated (Pearson's correlation coefficient). **Results:** 167 nurses completed the study. Training led to statistically significant improvements across all 9 areas ($p < .001$). Of the four areas of communication that revealed the greatest improvement, three carried a high emotional loading. Emotionally sensitive individuals perform better on areas which are more emotionally laden, whereas those who are more practical and down to earth perform better in areas requiring straightforward information giving and taking. The results will be discussed in relation to their importance for communication skills training.

1491

POSTER

The research nurse job profile in The Netherlands

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Due to the increased involvement of nurses in clinical trials, the stricter quality requirements and rules, the need to define the profession of research nurse (RN), it was felt that the drafting of a Research Nurse Job profile would be desirable. On the basis of which a definition can be developed with reference to the functions, responsibilities, level of qualifications and the

boundaries of the profession. The aim was to pursue recognition of the local authorities for the Dutch educational program and curriculum, which implies the registration as a nursing specialization, registration of the program for research nursing. The document the professional core business.

Methods: The Research Dutch Nurse Job Profile working group was set up for this purpose. It is composed of research nurses from the different establishments where research nurses work. A literature study of the role of the RN was performed. The resulting job profile was also submitted to a reference group in order to obtain more public support for this initiative (Delphi method). The RNJ Profile is derived from the Nursing Profession Profile as published by the National Council for Public. The objectives are: to draft an unambiguous job profile for research nurses; to clarify the specific expertise of the research nurse; to standardize a professional name, to promote the systematic education of research nurses.

Results: The profile contents covers qualifications, skills and responsibilities, a career ladder, professional attitude and the research related problems. The skills are classified in six key skills with their related sub-skills; 1. participate in co-operative frameworks and consultative structures; 2. co-ordinate the different phases of clinical trials in compliance with the applicable national and international regulatory requirements; 3. guide and assist the trial subject in a client-based approach before, during and after participation in the trial; 4. take care of the drug accountability and other trial material and of the safety of the trial subject; 5. safely prepare, carry out, evaluate and support investigational tests and nursing actions; 6. process the trial documents and the administration of clinical trials.

Conclusion: This document is important for every nurse involved in research; the RNJ profile will make a significant contribution to further the professional career development of research nurses by introducing more uniformity into the various roles they have to play and what is expected of them.

1492

POSTER

The role of the plastic surgery clinical nurse specialist in an oncological setting

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Purpose: The role of the clinical nurse specialist within an oncological plastic surgery department has had a positive response. At the Christie Hospital in Manchester, two clinical nurse specialists task share and impact in pre-operative clinics, nurse led dressing clinics, ward rounds and assist in the operating theatre. These roles enable patients to receive holistic care.

Method: An audit of the roles and service was undertaken, assessment being performed by the use of questionnaires to patients and colleagues. A time log was maintained for the duration of the audit.

Results: The audit results have now been collated and the benefit to patients and the service in terms of improved care, reduction in care costs, reduction in operative cancellation have been demonstrated. Improvements in patient education and communication with a high degree of patient satisfaction have all been expressed in the questionnaires.

Conclusion: In plastic surgery, the development of the role of the clinical nurse specialists has evolved as a result of the changes within the NHS which is an ongoing national issue incorporating the reduction of junior doctors hours. In line with the Patients Charter, the provision of clear information and explanation of proposed treatment are mandatory. Preoperative assessment has a vital role to play in obtaining informed consent to oncological surgical intervention. The preoperative assessment clinic facilitates health promotion and health education, enabling continuity of care from diagnosis throughout treatment.

The service provided by the clinical nurse specialist has been shown to be beneficial not only to the patients but to the care team and to the care provision service itself. Plans to expand the service have been vilified.

1493

POSTER

Transmural multidisciplinary communication training

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Good communication between caregiver and patient and among caregivers is of major concern for a careful support of the oncology patient. To improve the quality of communication Twenteborg Hospital has developed a training in cooperation with NIGZ and IKST. The main objects of this training are:

- To stimulate participants to bring up problems in the internal tune of care in a more constructive way and to help to solve the problem.
- To give participants more selfconfidence in supporting the oncology patient.

The construction of one single group of participants consists of: GPs, district nurses, oncology nurses, nurses, medical assistants, specialists, social workers, psychologist and other caregivers.

Such an extensive construction, which has a multidisciplinary as well as a transmutal character, should be called unique. Especially through such an extensive construction the oncology care process in all her aspects can be mapped very well.

The participants will gain insight in each others part around the oncology patient's process of treatment and care. They will become aware of the bottlenecks that can arise in this process of care.

During the training a declaration of intent is made up which the participants subscribe unanimously. Appointments of continuation about issues of improvement between the different disciplines are made. At this moment the results of the training on short terms as well as on long terms are examined. The results of this exam will be presented at ECCO 11. The results of this exam can also be used to evaluate and readjust the training.

1494

POSTER

Nurse consultation for patients prior to surgery for breast cancer and Sentinel Node Biopsy

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Problematic: Axillary lymph node status is an important predictor of outcome in the management of breast cancer patients. In early breast cancer (tumour < 2 cm) 70–80% of node dissections are negative. However in order to determine node status most patients until recently underwent axillary sampling or lymphadenectomy with its associated morbidity of increased risk of lymphoedema and paresthesia. The advent of sentinel node biopsy (SNB) in breast cancer has focused examination on a single node and is a minimally invasive method of staging the axilla. As a result lymphadenectomy can now be confined to patients who have a positive SNB. A nurse counselling service for breast cancer surgery patients was set up to explain the modifications in the operative procedures and reinforce the information given by the surgeon prior to surgery.

Method: The nurse first sees the patient, preferably with a relative, one week prior to surgery, following the preoperative anaesthesia consultation. The information needs of the patient with regards to the administrative aspects of hospitalisation and the type of surgery are explored and psychosocial problems evaluated. The information given by the surgeon concerning the procedure for SN mapping is further reinforced, by the nurse.

- The patient is hospitalised either 24 h before surgery or on the day of surgery. In the Dept of Nuclear Medicine four subcutaneous injections of 0.2 ml of a radio-colloid are injected around the periphery of the breast tumour. A scintigraphy is performed 4 hours later or on the day of surgery.

- The sentinel node is identified per-operatively by means of a miniature probe, and by patent blue staining, and routine histology is performed extemporaneously.

- If the SNB is negative surgery is confined to a lumpectomy and SNB biopsy

- If the SNB is positive lumpectomy is extended to include axillary dissection.

Results: Since 1999 patent blue and radio-colloid mapping have been used to localise SN at Institut Gustave Roussy and lymphadenectomy has been restricted to patients with positive SNB, thus reducing surgical morbidity.

- In the case of negative SN, the patient is discharged the day after surgery.

- In the case of positive SN, drains are withdrawn on Day 4 and the patient is discharged with a prescription for physiotherapy.

- In the case of a false-negative axillary dissection is performed 10 days after lumpectomy.

Conclusion: SNB in patients with breast cancer can predict axillary nodal status. (tumour size < 2 cm) Nurse counselling is important in making patients aware of the inherent surgical procedures related to negative, positive and false-negative SNB and is paramount in allaying patient anxiety.

1495

POSTER

Collaboration between oncology unit and pharmacy department - benefits for nursing practice

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Treatment of oncology patients requires good collaboration of the whole healthcare team. In all Slovenian medical departments, that prescribe and administer chemotherapy, nurses prepare and administer cytostatic drugs by themselves. With this poster we would like to show the influence of collaboration between two departments in our Medical Centre on providing the best care for our patients.

Our oncology unit within Department of gastroenterology was established in June 2000. At the same time we started to collaborate with specially equipped unit of Pharmacy Dep. In almost one year period 50 patients in our unit were treated with chemotherapy, and the Pharmacy Dep. was involved in all of them. They were in charge to provide, prepare and transport the cytostatic drugs, by doctors order, to our unit. All pharmacy standards and safety requirements were implemented. We had monthly meetings to discuss and solve all possible problems. Nurses were co-ordinating the whole procedure.

This kind of collaboration enabled the nurses to gain a valuable time for a nursing process implementation as foundation for nursing practice. The time we used to spend for preparing the cytostatic drugs is now used for gathering the information about patients needs and formulating the nursing diagnoses. The nursing care plan can then be developed and implemented for each patient individually. This kind of nursing practice ensures good care of oncology patients.

We are going to continue with the collaboration to make sure that our patients will have the best care in the future.

1496

POSTER

The needs of the post-basic course development in cancer-related fatigue management

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Cancer is one of the most serious health problems in Latvia. In 2000 cancer incidence rate was 358,3 per 100 000 population. Cancer nurses in new millenium are being challenged to think about their practice in new ways. All cancer patients who have received three basic treatment approaches either alone or in combination such as surgery, radiotherapy and chemotherapy suffer from fatigue to some degree and nurses have play important role to identify cancer - related fatigue and to provide management of fatigue and support cancer patients. Lack of information about cancer - related fatigue and fatigue management has hindered nursing practice in Latvia. Appropriate knowledge of fatigue is essential for effective nursing practice to improve quality of life in the cancer care. Although fatigue is a common experience for all individuals it is often a major problem for cancer patients.

In interviews with cancer patients fatigue has repeatedly been identified as one of the most common and often one of the most distressing problems for them especially exacerbated by chemotherapy and radiotherapy treatment. Most of them allow that fatigue often has a profound negative impact on the quality of life. Patients usually employ traditional methods of reducing this symptom, such as sleep and rest, but it is not successful during treatment.

Nurse is the person who spends most time with the patient. Alleviation of fatigue is one of the central nursing responsibilities to care cancer patients suffering from fatigue. These aspects are important and had influence to develop and adjust completed post -basic course in cancer -related fatigue in cancer nursing. Advances in cancer -related fatigue require new nursing skills.

The aims of the course is:

1. to provide nursing information and nursing practice for cancer patients with fatigue, identify fatigue as cancer patients problem;
2. to identify fatigue risk factors;
3. to determine nurses role in fatigue management reducing fatigue.

During the course nurses get a schedule for analysing nursing contributions in fatigue.

This education course will facilitate nurses to support the patients with fatigue.