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POSTER

Improving fundamental aspects of nursing care through clinical practice benchmarking within a regional cancer centre

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Through the health service ombudsman, a total of 37% of complaints within the UK were related to the fundamental aspects of nursing care.

Due to the development of 'Super Sexy Roles' the essential and basic nursing care may not be attracting the attention that it deserved.

Clinical Practice Benchmarking is a new Government, nurse-led initiative, which is more than relevant to clients undergoing cancer treatments, including Chemotherapy, Radiotherapy and Surgery.

Clinical Practice Benchmarking was first identified in 1999 Department of Health 'Making a Difference' document. Its implementation within a cancer centre is paramount to achieve best standards of general nursing care, when our roles within such a developmental area are extending all the time.

Integrating care using patient focused evidence based outcomes, through comparison and sharing locally and nationally, aims to achieve best practice.

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POSTER

Malignant brain tumor patients' attitude towards food and alternative treatment

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Purpose: To gain an understanding of the degree to which malignant brain tumor patients choose to turn to alternative treatment and abstain from certain food, and to find out what factors play a role in this preference.

Methods: The study was carried out at the Linkou Chang Gung Memorial Hospital (CGMH) from November 1 1997 to July 15 1999. One hundred and twenty-six patients were enrolled in the study, being malignant brain tumor patients undergoing radiotherapy (RT) at the hospitals' Radiation Oncology Department (RTO). Admission was based on a questionnaire that had to be filled in by the malignant brain tumor patients, in which senior nursing staff of the RTO assisted them. This questionnaire had to be filled in twice, the first time in the first week after starting RT and the second time within 6 months after completion of the treatment.

Results: Eighty-seven patients fully understood their condition, 81 patients had confidence in the RT treatment, while 70 patients were afraid of the treatment. Of those patients who turned to alternative treatment either before or during RT, most would choose more than one alternative, but mostly in the form of popular treatment methods primarily taking medicinal herbs. There were 20 patients believing that the alternative treatments were effective, while 19 patients would recommend such treatments to other patients. Seventy-nine patients thought that nutrition would accelerate tumor growth, and 108 patients believed that cancer would not be contracted through the sharing of food.

Conclusion: A correlation was found between the degree of understanding of the patients condition and whether the patient had confidence in the treatment ($P=0.004$). A relation was also found between fear of the treatment and whether the patient had confidence in the treatment ($P=0.001$). No relationship was found between fear of the treatment and the degree of understanding of the patients condition ($P>0.05$). There was no significant relationship between the patients confidence in the treatment and the patients turning to alternative treatment before RT ($P>0.05$); however, during RT the patients confidence in the treatment affected his inclination to turn to alternative treatment ($P<0.03$). Whether alternative treatment was effective or not directly influenced the patients inclination to recommend such treatments to other patients ($P<0.0001$).

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POSTER

Implementation of the European quality program in a health care unit. A step to the excellence

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Introduction: Changes in the relation between organizations, companies and their customers have influenced the concept and evolution of quality meaning. In health care organizations, this evolution has been done only in the last twenty years. The last step of this evolution is known as "Total Quality", defined as a global management strategy of the whole organization. Total quality concept is oriented to satisfy the client' and professional'

spectatives, to obtain positive health care results, economic results and clear social benefits. It is believed that a good tool for a global strategy to approach to the excellence in a health utility company is the European Model of Quality (EMQ).

Objectives:

- To implement the EMQ in the Hematology Service, analysing the 9 criteria established by the program for the actual description of the service.
- To detect the weakness and strongness of our work organisation.
- To define main areas for promotion and for improvement.
- To compare other companies work and results.

Methods: Since January 2000 to December 2000 we developed a program to implement the EMQ in the Hematological Service of the Catalan Institut of Oncology. In a monthly meeting basis calendar we analyzed the weak and strong spots to determine the main improvement areas.

Results: We have made a document with the results of the analysis of the 9 criteria of the EMQ program.

We have recognized the strong areas for promotion and the weak ones for improvement.

An invitation to all the team for the discussion of the best way to empower our best skills an to improve the weak ones was done.

Conclusions: This document has being the basis for the prioritization of actions taken to improve and to really implement this Quality Program (EMQ) in the way to get the excellence.

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POSTER

Managed clinical networks in cancer care: developing the nursing contribution

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Managed Clinical Networks (MCNs) provide a framework for organising and developing cancer services. It has been stated that they are the most important strategic issue for the National Health Service in Scotland. MCNs have been defined as "linked groups of professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner unconstrained by existing professional and health board boundaries to ensure equitable provision of high quality clinically effective services". The North East Scotland Cancer Co-ordinating and Advisory Group (NESCCAG) provides a structure for the establishment of a regional MCN. As part of the overall development of cancer services the "Cancer Nursing Strategy for Grampian, Orkney & Shetland" identified the development of the nursing contribution to NESCCAG as one of its key objectives.

This paper reports NESCCAG's experience of developing the nursing contribution to a MCN. In particular, the challenges of ensuring adequate and appropriate representation from both primary and secondary care and also the inclusion of representation from remote and rural areas are considered. Further issues considered relate to the remit of the nursing representatives, methods of networking with colleagues, and working within the context of an evidence base such as the Clinical Standards Board Cancer Standards.

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POSTER

Staff support groups in an oncology hospital

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Purpose: Staff support groups are considered as a useful way of reducing the stresses involved in the care of cancer patients and promoting job satisfaction. This presentation is based on the authors' experience of running support groups for nurses in an oncology hospital for six years. Attempt was made to answer three questions (a) what are the most stressful aspects of working with cancer patients? (b) do staff support groups have a role in reducing these stresses? (c) what are the advantages of participating in a nursing support group?

Methods: The groups that were formed had the following characteristics: time-limited group ranging from 12 to 16 sessions, group size of 8-10 members, weekly meetings of one and a half hours duration, stable membership. Group leaders were a psychologist, group psychotherapist and a clinical nurse. Stressful aspects of the work were examined by means of content analysis of topics discussed in the groups. The usefulness of the groups was assessed by means of a questionnaire, which asked group participants about helpful and unhelpful aspects of the groups as well as about the benefits of group membership.

Results: The two major stresses stemmed from the death of patients (81% groups) and the psychological care of patients (75% groups). Helpful aspects of the groups described were discussion of problems, sharing of experience, expression of feelings, reduction of work stress, and better understanding of patients' holistic needs. The most unhelpful aspect was the time of carrying out the group, i.e. after the end of the day shift. Clarification of own needs concerning self-growth and self-differentiation, as well as re-evaluation of professional goals set in an oncology setting were among the benefits got.

Conclusion: Nursing support groups can form a safe and trustful environment in which work-related issues and personal feelings can be explored and shared among members. Stress minimization and job accomplishments can be considered and achieved.

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POSTER

Intra-uterine brachytherapy: educational needs for nurses undertaking direct patient care

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Purpose: Nurses have a responsibility to update and develop in order to maintain and increase standards of care by enabling staff to increase standards of knowledge and competence.

Methods: Nurses have a responsibility to update and develop their practice in order to maintain standards of care. No formal training of the nursing staff looking after patients receiving brachytherapy for uterine cancers was recorded. A research-based teaching pack was initiated and teaching sessions were implemented. This training initiative was not only supported by management but also at a higher level. In its document 'Improving the Quality of Cancer Services' the Government is committed to 'ensure that all Health Care Professionals involved in cancer care receive appropriate training and continuing professional development'.

Results: This resulted in the nursing practice of the staff on the gynae-brachytherapy ward being able to provide research-based nursing care. The teaching pack was audited and staff were assessed with competency based practice forms which will be updated yearly.

Conclusion: Brachytherapy training had been neglected on a formal basis. This was addressed and resulted in in-house training sessions for all staff and the development of competencies to ensure safe practice which were theoretically based. Brachytherapy is a specialised treatment. Nurses need to be highly trained in order to deliver the best care possible. Side effects/complications of the treatment can be as disfiguring/psychologically damaging as the cancer itself. The nurses need to be highly trained in order to prevent/deal with problems that may occur with intra-uterine brachytherapy.

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POSTER

An evaluation of the UK experience of a 'training the trainers' workshop for the 'learning to live with cancer' programme

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Introduction: A 'Training the Trainers' workshop was piloted in the UK for nurses interested in running a 'Learning to live with cancer', patient education programme. Over three days, the participants learnt in depth about the aims and objectives of the 'Learning to live with cancer' programme and the practical issues leading to successful implementation. Group dynamics were explored through experiential workshops. A manual for use in the UK was also piloted at the workshop.

Method: The workshop was evaluated in three stages, starting with the selection process for accepting participants on to the workshop. By the end of the course, each participant had devised an action plan for implementing a programme and finally, they completed a questionnaire about the workshop.

Findings: Feedback from the questionnaire was positive and the participants benefited from sharing experiences. The selection criteria were judged as being appropriate, as all the participants felt in a strong position to implement the programme in their own workplaces. Participants will be followed up regularly, to assess the progress of the action plans and to identify any barriers to successful implementation.

Recommendations: The 'Training the Trainers' workshops are an essential component of implementing the 'Learning to live with cancer' programme. In addition to these workshops, there is also a need to train more

nurses in hospitals where the programme is already in place, to ensure a viable future for patient education.

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POSTER

Clinical trial assessing the delivery of a replication deficient adenovirus delivery for therapy of cancers of the liver or head & neck

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Purpose: To provide an overview of the current gene therapy study within the university of Birmingham.

Background: Genes are the biological units of heredity, which determine obvious traits such as hair and eye colour. They consist of deoxyribonucleic acid or DNA, a highly organised molecule which forms the basis of the genetic code. Translation of this code within a cell leads to the production of specified proteins involved in a multitude of various functions. Recent advances in the study of DNA have enabled the identification of specific genes with known functions and the manipulation of those genes into specific viral vectors. These vectors are able to carry the genes into target cells and cause expression of foreign proteins within that cell.

Within the clinical trials unit we are currently carrying out research with the administration of a genetically modified Adenovirus. This virus has been specifically engineered for therapeutic application so that it can still infect target cells but can no longer replicate itself once inside the cell. The virus also carries an inserted gene expressing an enzyme (nitroreductase - Ntr) capable of converting a normally harmless compound (CB1954) into a cytotoxic drug.

The virus will be administered by intra-tumoural injection either into a liver tumour or a squamous cell carcinoma of the Head & Neck.

Aim: The primary aim of the study is to monitor the safety and tolerability of the Adenovirus construct and verify suitable expression of Ntr within the tumour. Following identification of Ntr expression administration of the Prodrug (CB1954) will be evaluated.

Results: Six patients have been recruited into the liver arm of the trial and one patient into the Head & Neck arm of the trial. Administration of the adenovirus has not been associated with any reported problems to date and dose escalation continues to determine the viral dose required to activate the nitroreductase enzyme.

Conclusion: Gene therapy is a very new and exciting concept in the field of clinical research, and offers a new treatment paradigm for curing human disease. However it is unlikely, that gene therapy alone will play a curative role in cancer treatments for some years.

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POSTER

The positive effects of specialist nursing intervention for patients receiving radiotherapy to the head and neck

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Radical radiotherapy to the head and neck is an intensive treatment whose acute side effects, notably mucositis, can be associated with potentially serious and even fatal complications. Many of these complications can be minimised by thorough preparation and close monitoring of the patient throughout the course of treatment. The specialist nurse is ideally placed within the multi-disciplinary team to co-ordinate this.

Expert assessment of, for example, nutritional status, oral hygiene, the tracheostomy (if present) and any unhealed wounds, allows problems to be identified and addressed before the patient starts treatment. Once the acute side effects of radiotherapy have started, the patient's condition can deteriorate rapidly, over 24 to 48 hours. It is therefore essential to have a named person, within the hospital, that the patient and the hospital staff can call upon outside of clinic sessions. This person should be able to assess whether interventions such as increased analgesia, antibiotics or instigation of enteral feeding are required. Two other important aspects of care are information-giving and health promotion, especially advice on and help with smoking cessation - a major issue in this patient group. It can be argued that all of the above are best dealt with by a specialist nurse through direct action or be referral to other health care professionals.

This presentation will examine the specific needs of head and neck radiotherapy patients, the positive effects of specialist nursing intervention and the role of the specialist nurse within the head and neck oncology multidisciplinary team and.